

HEALTH AND DISEASE - VENEREAL DISEASE
1993.

Aids message spreads

Sowetan 2/7/93

By Musa Zondi

SOWETO's Zola community celebrated an Aids Awareness Day this week accompanied by drum majorettes in what could easily have been a carnival. (92)

The awareness day was organised by the Zola Clinic in conjunction with local youth clubs and church organisations.

According to the organisers, the awareness day is just part of making the community aware about the plague.

"We can't delude ourselves that the

youth does not engage in sexual activity. What we have to do is to teach them how to be responsible.

"We emphasise the use of condoms which are still the best means of preventing new infections," said Nkosazana Mpulwana, one of the Aids counsellors at the clinic.

Even though talking about sex in black communities is still taboo, the times call for a change in attitude.

"We are trying to reverse this culture. We are also targeting the sexually inactive youth," said Sibanyoni.

Married AIDS claimants on the rise

CAPE TOWN — A disproportionate increase in married AIDS claimants was noted by reinsurer Mercantile & General in its biannual compilation of AIDS statistics reported by life insurers. *BIDay 13/1/93*

Mercantile said the incidence of married claimants reflected the escalating heterosexual spread of AIDS in SA, which appeared to have a significantly higher proportion of married and divorced claimants than in the UK. The country also appeared to have a higher number of female claimants.

In the six months to end-June, the number of claimants rose 36% to 459 (338). The number of married claim-

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ants increased 63% to 186 (114), representing 40% of all claimants.

Female claimants represented 12% of the total, while the number of single claimants rose to 221 (176). About 50% of claimants were in the 31 to 40 age group and the average age was 37 years. *(a2)*

Life insurers reported a 32% increase in the number of AIDS-related claims over the past six months. Most new notifications related to 1992, but some were from 1991 and 1990.

The number of claims had increased by 176, bringing the total since 1987 to 724. These involved a

total sum assured of R25,9m on life policies, of R4,12m on disability policies and a monthly benefit of R103 757 on permanent health insurance policies.

Mercantile found the average duration of a policy from inception to claim stage remained at 5,08 years. More than 60% of all claims occurred within five years of inception.

A total of 44 life claims (15,7% of the total) involving R2,7m were in dispute.

Of these, 13 policies had AIDS-exclusion clauses, while in some of the other cases the life offices alleged that material information had not been disclosed by the claimant.

'Cape AIDS rate lowest'

By JESSICA BEZUIDENHOUT

DESPITE over a 100 new cases a month of people testing HIV-positive in the Cape, the region still has the country's lowest incidence of AIDS.

This was revealed in a report by Cape Town's Medical Officer of Health, Dr Michael Popkiss, who said that in May this year 106 people tested positive for the virus — compared to 80 for the same period last year.

"But this is only a fraction of the figures for the rest of the country," according to a virologist at UCT's Medical School, who asked not to be named.

His laboratory collects information on AIDS infection for the Western Cape as detected by testing on an anonymous basis. 11/7/93

More than 1 700 new cases were reported throughout the country last month. Of these 1 310 were in Natal, 143 in the Transvaal, 136 in the OFS and 106 in the Western Cape.

There also appears to be an increasing number of women being infected, with more females than males testing positive during the last four months of 1992.

The infection of children has also increased dramatically, with 32 children in the Western Cape currently carrying the virus, compared to three detected between 1985 and 1989, Dr Popkiss' report revealed.

New cases during the period of May 1992 to May 1993, revealed a total absence of drug users testing positive for the HIV virus.

"People still walk around with the misconception that AIDS is a homosexual disease and that drug abusers acquire the disease, but statistics show that more heterosexual people are actually infected," he said.

(92)

Stompie still haunts Winnie

Vuyo Mvoko

WINNIE MANDELA'S political resurgence may run aground on the African National Congress' criteria for nominations to parliament.

These pointedly state that candidates "should not have a non-political history of crimes such as assault". In addition, the Electoral Act bars candidates with a criminal record from parliament.

Mandela was convicted in 1991 on charges of kidnapping and assaulting youth activist Stompie Seipel and three others.

The assault charge was overturned on appeal, but the charge of being an accessory to kidnapping was upheld.

If Mandela is nominated, the ANC's criterion will confront the ANC's national executive committee (NEC) with the ticklish question of whether to regard her trial and conviction as political. The final decision will be made by a vetting committee of the NEC.

According to press reports this week, a confidential internal ANC survey found her the organisation's fifth most popular

national leader and a likely MP next year. At the weekend she was elected national deputy president of the South African National Civic Organisation (Sanco).

Two weeks ago she was elected additional executive member of the ANC's PWV region, the largest in the country, where she is said to be the most popular leader behind chairman Tokyo Sexwale.

Commented ANC spokesman Carl Niehaus: "If she is nominated, our NEC will decide. However, I don't think the particular clause, as it stands, excludes her. Since her nomination is still speculative, the concern is useless at this stage."

Despite a series of setbacks — her trial, the collapse of her marriage to ANC president Nelson Mandela and her loss of the chairmanship of the ANC Women's League in the Transvaal — Mandela's militantly populist rhetoric has won her strong support among township youth.

She has bolstered her image through close involvement with the East Rand squatter camps and through calculated jabs at the ANC's national leadership as being out of touch with ordinary members.



Two hours after this photograph was taken, John Lawrence (right) lay dead from bullet wounds in Winnie Mandela's car. Mandela's bodyguard, he was killed on Saturday at the Johannesburg jamboree in an 18-round exchange of fire with an attacker. He had resigned from his bodyguard job and was in his last week of Mandela's employment. PHOTO: CLINTON ASARY

Outrage over 'sweetheart scam' at Cape renal unit

Gaye Davis

RENAL unit staff at Groote Schuur Hospital are outraged that no action has been taken against two former clinicians and the director of a medical supply company allegedly involved in a sweetheart scam which defrauded the unit of almost R1.5-million.

Sources within the unit told the *Mail & Guardian* it was estimated that as many as 50 percent of desperately ill patients referred to the unit for dialysis were sent away because of the cost of the treatment and the hospital's critical shortage of funds.

Yet nothing has come of a police investigation launched two years ago following an extensive hospital audit carried out after fraud was first suspected.

The three have appeared in court — for a succession of postponements which culminated this month in magistrate W Marais provisionally withdrawing charges of fraud and corruption against them.

Charges were not put to former chief clinical technician Willem van Dalen, his assistant Kevin Neil Abraham and Servamed CC director and salesman Marinus Petrus Kruger and they were not asked to plead.

Van Dalen and Abraham were accused of requisitioning unnecessary equipment to the tune of almost R1.5-million. **WM 26/11 - 2/12/93**

Standard Edition Publications and T... 911



It is time to act in fight against AIDS

Star 27/11/93

THE AIDS pandemic will cost South Africa's economy R5 billion a year in treatment, hospitalisation and research by 2000 unless every person takes up the challenge of controlling the disease.

Department of National Health and Population Development director-general Dr Coen Slabber told a Johannesburg Chamber of Business meeting yesterday that the impact on the economy would be devastating — not only with the direct cost of care and treatment, but also in terms of the loss of production, loss of work years and the replacement of workers.

According to the latest statistics, 2 296 cases of full-blown AIDS have been reported, although projections reveal this could be closer to 4 000. There are about 300 000 people at present with the HIV virus which

LOUISE MARSLAND

causes AIDS. Projections for 1999 show there could be 2,2 million HIV cases and 127 000 people with AIDS.

It is estimated that South Africa lost 47 130 work years due to HIV/AIDS in 1991. Slabber said this would increase to 936 029 work years by 2000. "This is the most serious challenge facing not only our health services but our economy and society as a whole." (92)

Serious situation

He said 2,69 percent of 18 000 blood samples taken from pregnant women at ante-natal clinics across the country tested HIV-positive. Just less than half of those women were likely to pass the infection to their babies.

"The situation is so serious in

South Africa that it is now an absolute must to educate our children from an early age. Communities must get involved..." Slabber said.

If the virus was allowed to spread unchecked, South Africa could be looking at a scenario not that different from the rest of Africa, where entire villages had been wiped out and thousands of children left orphaned.

World AIDS Day is on Wednesday and Slabber's department has launched one of its biggest awareness campaigns to date. The world theme is "It's time to act", and a host of events have been arranged in South Africa's major cities.

People have been asked to wear a red ribbon on the day in support of HIV-positive and AIDS-sick individuals. In Johannesburg, a flame of hope will be lit and balloons released during a hand-holding and music event at noon at the Bank City complex in Pritchard Street.

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Baby death case against strikers dropped

98 MM 12-18/11 93

Damaging defence claims contributed to murder charges against hospital strikers being dropped, reports Paul Stober

MURDER charges against five National Education, Health and Allied Workers Union (Nehawu) shopstewards were dropped this week after defence lawyers indicated they would reveal horrific conditions in black provincial hospitals and renew allegations of the possible involvement of Sabax drips in the deaths of 14 babies.

During 1990, Sabax drips were withdrawn from hospitals after a number were found to be contaminated. During 1992, a magistrate inquiring into the deaths of infants, all of whom were on Sabax drips while being cared for in intensive care units around Johannesburg, found no one was to blame for the deaths.

The Nehawu case would have had significant implications for hospital workers. If the state had won the case, their newly acquired right to strike, under the Public Servants Labour Relations Act, would have been severely undermined by the prospect of the state pressing criminal charges for neglect of essential services.

conductive to outbreaks of infection. They would also have submitted evidence pointing to Sabax drips as a possible source of the infections.

Research undertaken in June 1991, by Dr Peter Cooper, head of Paediatrics at Baragwanath hospital and Dr Tim Wilson, former head of the Alexandra clinic, during the inquiry into the strike, pointed to Sabax drips as the possible source of the infections which killed the babies. The number of unexpected deaths, the sudden and massive outbreak of infection among the babies, and the similar and unusual reactions

of the babies before their deaths, pointed to a common source of the epidemic. All the babies were on Sabax drips at the time new infections were discovered and at the time of their deaths.

The research concluded: "The evidence of contaminated AFS (Sabax drips) remains circumstantial, but is nevertheless strong and certainly strong enough to raise a reasonable doubt that it was responsible for the unexpected deaths of most if not all of these babies." Sabax believes the strike inquiry totally exonerated them from any responsibility for the deaths.

Dr Glenda Grey, who worked in the paediatrics department at Baragwanath Hospital, pointed out to the defence that the strike could not be blamed for the deaths because infections break out in hospitals all the time.

Grey believed there was no way of keeping track of what was general negligence at hospitals and what problems were caused directly by the strike.

In a letter sent to the chief medical superintendent at Ga-Rankuwa hospital in July 1988, the head of the neonatal services pointed out that with 87 patients in a ward meant for 40, occur-

rence was over 200 percent. Due to a shortage of equipment, the "admission criteria for the neonatal intensive care unit is the strictest South Africa".

He went on: "Due to the above-mentioned factors, I and my staff cannot be held responsible for any misdiagnosis, in appropriate or inadequate treatment rendered in the neonatal service and we hold the hospital authorities responsible for any legal action which may arise." By the time of the strike, two years later, conditions had improved and the neonatal ward had an occupancy rate of 175 percent.

However, defence lawyers indicated the prosecutors were much less willing to pursue the case since Louisa van der Walt left the prosecution team to defend Chris Hanl murder trial. Improved relations between the Transvaal Provincial Administration and Nehawu are also said to have made the TPA less enthusiastic about the politically loaded trial.

The shopstewards were charged with 14 counts of murder in March this year after the state alleged they had instigated a week-long strike at Ga-Rankuwa hospital in March 1990. A commission of inquiry into the strike found that the babies had not received proper care due to the strike and recommended they be charged with murder.

The defence was to have submitted that the prosecution could not prove the infections which killed the babies were a result of the strike as conditions in the hospital, generally, were

'SA govt neglecting Aids'

South

26/11-30/11/93

A coalition of Aids organisations has accused the South African government of not doing nearly enough to combat the epidemic. Here is a summary of the argument, which appeared in a recent edition of Critical Health.

Despite predictions that Aids will consume between 18 and 40 percent of total health expenditure by the year 2000, there appears to be no forward planning or budgeting for Aids within the health services'

(92)

While R3 million has been allocated for the provision of condoms through the Aids programme, the consortium believes this is "clearly insufficient" when taking into account distribution costs.

Furthermore, according to the consortium's calculations, the total direct cost of treating a person in the public sector for Aids for a year, ranges from R2500 to R3000: more than 20 times the amount channelled to provincial administrations.

"This extremely low figure suggests either that the treatment of people with Aids is totally inadequate or that there has been little or no consideration given by the provincial administrations as to the real costs of the Aids epidemic.

"Despite predictions that Aids will consume between 18 and 40 percent of total health expenditure by the year 2000, there appears to be no forward planning or budgeting for Aids within the health services," the consortium's article said.

The Aids Consortium concluded the article by criticising the government for not coming to grips with the impact of the Aids epidemic on society.

"The age group most affected by Aids is economically active adults. The effect of this is firstly, to deprive communities of their most energetic and productive age group, and secondly, the creation of a large population of orphans.

"The lack of evidence of government preparation for the enormous welfare needs which will be generated by the Aids epidemic is symptomatic of its failure to prepare for the impact of HIV/Aids on society generally," it stated.

R21 MILLION was the amount the South African government set aside to fight Aids during the 1993/4 financial year — and according to the Aids consortium, a network of Aids organisations, this figure is a national embarrassment.

So says a coalition of Aids groups writing in Critical Health. Drawing parallels with other African countries, the consortium shows that South Africa's Aids budget is only 0.2 US dollars per person, one of the lowest in Africa. It is also grossly disproportionate to the country's wealth.

Zimbabwe, for example, is spending the equivalent of 0.9 US dollars per person in its Aids budget.

This is despite Zimbabwe having a gross domestic product of just over 600 US dollars per person.

South Africa, on the other hand, has a per capita gross domestic product of over 2 500 US dollars and is only spending the equivalent of 0.2 US dollars.

A recent proposal to the World Health Organisation on the cost of Aids prevention in developing countries, suggested that South Africa should have been spending about R150 million on Aids prevention in 1993.

According to the article, this is seven times the current Aids programme budget, but still represents only one percent of the total health budget.

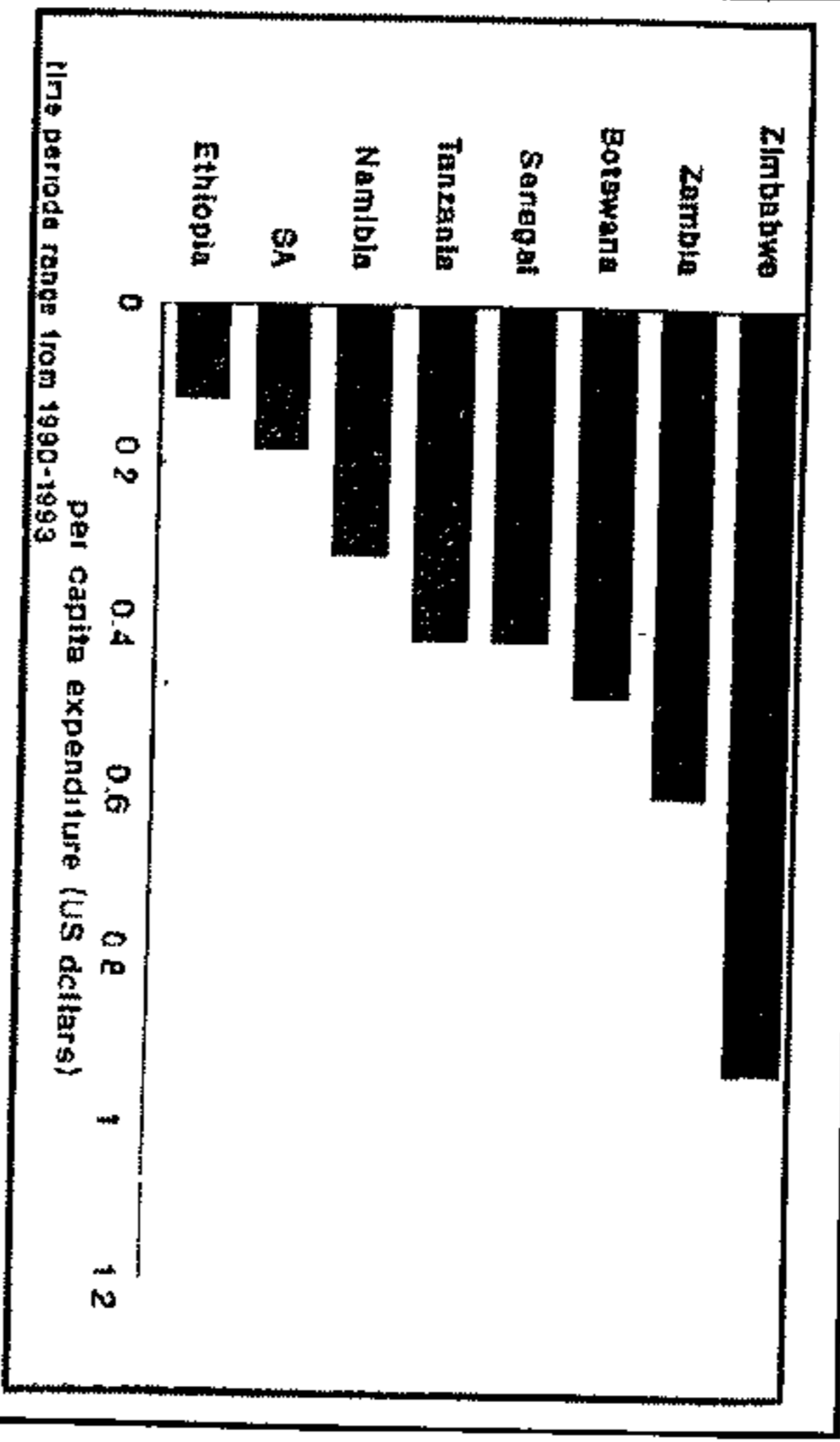


Figure 1: Annual per capita expenditure for AIDS control of various African Countries

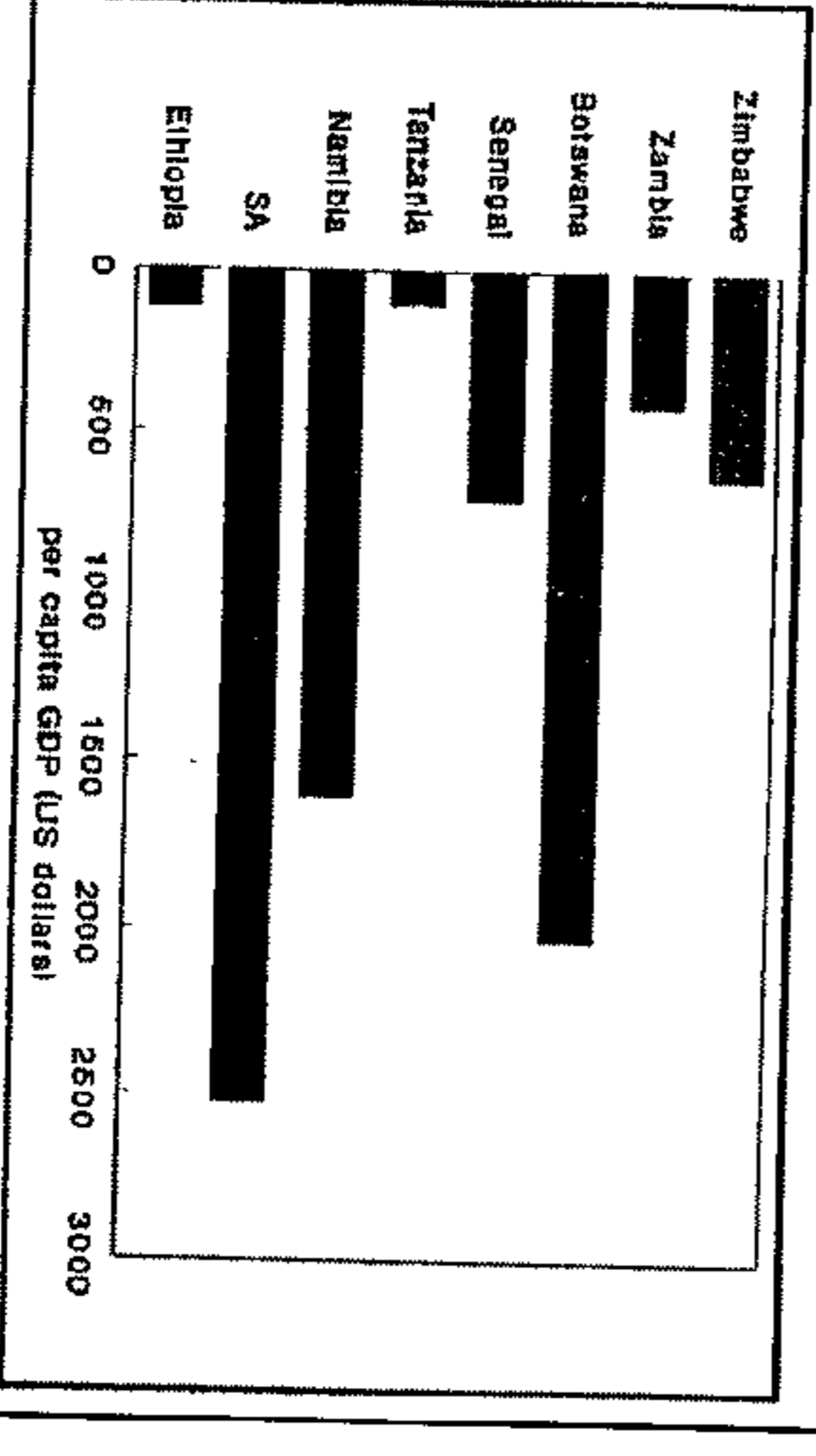


Figure 2: Per capita gross domestic product (GDP) of various African countries

This requires resources in the areas of education; the provision of condoms; management of sexually transmitted diseases and the availability of voluntary testing.

The amount earmarked for Aids education and awareness is R7 million. Sixty percent of this is devoted to a mass media campaign.

While we agree with the government that the youth are a key target group for sexuality education, the remaining R2,7 million is "totally inadequate" to implement targeted education programmes, even when combined with the R5 million set aside for the aids training, information and counselling centres.

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Spread of deadly virus set to erode pension funds

THE World Health Organisation estimates that between 10 million and 12 million people worldwide have the Aids virus and that one in 40 adults in Africa is infected.

The disease, far from being a "homosexual disease", affects the whole of society.

Statistics derived from Aids cases recorded in South Africa between December 1990 and June 1992 showed a 38 percent increase in incidence among homosexuals, a 153 percent increase in the paediatric group and a 216 percent increase among heterosexuals.

Although projections vary, it is widely accepted that at least 20 percent of South Africa's population will be infected by the year 2000.

The effect of this on the cost of a defined benefit fund can best be illustrated by adjusting the actuarial assumptions of a typical defined pension fund to reflect a future scenario in which about 25 percent of the population is infected with Aids.

The cost of providing pensions and refunds to members will drop slightly from 5.5 percent to 5 percent of the salary bill as fewer people retire from funds. However, as the death rate increases, so will the cost of group life assurance.

Costs will rise from 1 percent of salary bill to 3.5 percent — a dramatic increase. Spouses' and children's costs will also increase as more benefits are paid. The increase will be from 3 percent of salary bill to about 6 percent. Disability benefit costs will in-

DEFINED benefit funds will be more greatly affected than defined contribution funds — but none will escape unscathed, writes Old Mutual's CHRIS NEWELL.

crease as the life expectancy for an individual who has developed full-blown Aids is roughly 18 months. Putting it all together, the cost of providing benefits under this scenario will increase by 50 percent, or from 10 percent to 15 percent of salary bill.

We now turn our attention to the implications for defined contribution provident funds. Under such schemes the risk is carried by members, who are entitled to their share of the worth of the fund.

Members who reach retirement will be only slightly worse off if one assumes that the real rate of return on contributions will be slightly less (because of the effect of Aids on the general economy).

For the increased number of members who die young, only the value of their contributions will be paid on death.

The overall cost increase for the employer, who is responsible for the cost of any risk benefits offered by the programme, will be more than for a defined benefit pension fund since the employer will no longer benefit from the reduced contributions in respect of the retirement benefit.

Where the employer is responsible only for a contribution rate for retirement and risk benefits, he is not

directly at risk of incurring any rise in costs. Members would receive lower benefits on death or disability.

If projections become reality, Aids will affect us all. The extent will depend on the measures we take now to contain the problem. The key is to prevent the disease spreading, and education is the only long-term solution to this.

We therefore urge funds to implement effective education programmes, as we have done at Old Mutual, to secure the future of their employees as well as the country as a whole. There are many, including ourselves, who can assist with such programmes.

● The above is a summary of a paper delivered at a retirement funding conference held earlier this year.

Insurance warning on Aids growth

By MAGGIE ROWLEY
Deputy Business Editor

WITHOUT decisive action by the life assurance industry, policyholders will face dramatically increased premium rates and reduced benefits as a result of Aids, warns Southern Life chairman Neal Chapman.

In his annual report released yesterday, Chapman said most forecasters saw the rate of infection increasing very rapidly and by the early years of the next century 25% of the population would be HIV positive.

Absenteeism, disability and death were expected to reach levels where more and more medical and health care resources would have to be channelled to assist HIV sufferers.

Lack of productivity, replacement training and strain on company pension funds, medical aid schemes and other group insurance arrangements would feature strongly.

The current infection rate is approaching 2% of the adult population and unless our society responds to education and radically alters behaviour patterns, infection and death rates will reach untenable levels.

The state has yet to provide an adequate infrastructure to support the educational campaign against Aids.

Chapman said that the life assur-

ance industry consequently faced a situation where healthy policyholders would be subsidising HIV infected clients and without decisive action premium rates would have to be greatly increased or benefits reduced in the years to come.

This had motivated Southern to introduce a range of products offering policyholders protection against increased premium rates provided they underwent periodic HIV testing.

In an overview of the Southern's financial year ending March 31, he said the company's two major shareholders — Anglo American and First National Bank had elected to take up Southern's offer to shareholders of receiving 50% of their final dividend in the form of capitalisation shares in the company.

This not only added to shareholders funds but also reduced the amount to be paid in respect of the new 15% tax on dividends.

Chapman said that in spite of dual problems of inflation and drought, Southampton Assurance Co of Zimbabwe Ltd had performed creditably in the year under review. The steps taken some time ago to counter the Aids threat were paying off.

Southern was required to reduce its holding in the company to below 50% by August this year.

African Life enjoyed another successful year with total premium income increasing 50% to R104,7m.

Southern foresees leap in HIV-related claims

CAPE TOWN — Southern Life anticipated about 25% of SA's population would be HIV positive early in the next century, MD Jan Calitz said in the company's annual report, which was released yesterday.

The life assurer had set aside over R250m in special reserves to cater for this.

"Already more than 1% of applicants for life assurance with Southern are found to be HIV positive," said Calitz. (92)

Southern has to date declined applications for life cover of more than R36m from such applicants.

Chairman Neal Chapman said the current HIV infection rate was approaching 2% of the adult population.

"To date the state has yet to provide an adequate infrastructure to support the educational campaign against AIDS," he said.

"Health care resources will increasingly have to be channelled to assist HIV sufferers. Lack of productivity, replacement training,

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and strain on company pension funds, medical aid schemes and other group insurance arrangements will feature strongly."

To pre-empt the potentially devastating impact of AIDS on its profitability, Southern has launched the Exclusive Life product, which enables healthy policyholders to escape the dramatically higher premiums and reduced benefits associated with subsidising HIV-infected policyholders. Exclusive Life requires policyholders to undergo periodic HIV testing.

Calitz said Southern believed health-related products would assume ever-increasing importance, with the eroding capacity of the state to meet health needs. Already Southern's health insurance product, Med-Help, accounted for 10% of new individual-recurring premium income.

In the year to end-March, Southern's net taxed surplus increased 19%. Its single premium income was 92% higher than in 1992, while recurring premium income rose by 14%. In-

vestment income showed virtually no growth. Operating cost increases were limited to 12,7%.

Chapman said continued growth in earnings and dividends could be expected. He noted that Southern was required to reduce its stake in wholly owned, Zimbabwean subsidiary Southampton to below 50% by August this year.

Last year Southern acquired a 50% stake in the Medicor Group and also purchased 10 private hospitals for R100m. Its UK associate company, the 25%-held Hansard Financial Trust, had total assets under management of £577m, the report disclosed.

BISday 5/11/93
92

'No court precedent set' on AIDS cases

ERICA JANKOWITZ

NO AIDS-related unfair labour practice case had been finalised in the Industrial Court because of time delays between applying for a hearing and the date being set down, delegates at the AIDS Consortium conference were told last week.

As a result of all challenged cases being settled out of court, no precedent had been set on this important issue.

Speaking on confidentiality and pleadings in arguing an AIDS-related case, attorney Nigel Carman said most employers publically stated a willingness to treat the disease as they would any other.

However, in reality, workers found to be HIV-positive tended to be ostracised. Employers tried to find other reasons for terminating employment,

some more successfully than others.

On the procedural issue, employers had to prove they acted fairly and had a valid reason for the dismissal. In cases of incapacity, employers had to try to find an alternative post for an infected employee before terminating employment, he said.

But on the issue of confidentiality, employers had to look closely at whether they had a duty to disclose information and, if so, whether the person to whom they disclosed it had the right to receive it.

Carman said if litigation was entered into, fellow workers invariably learnt of the employee's medical status. As a result, workers were frequently discriminated against by

their colleagues.

"If an employer discloses medical information of this nature he frequently acts wrongfully. However, the remedy is of small comfort to the employee," Carman said.

On the issue of whether an employer could use the threat of exposure to force an employee to resign, he said this could backfire. If the employer was accused of victimisation, he stood to lose more from taking this course of action, Carman said.

Attorney Barbara Adair said AIDS cases had to be publicised to increase public awareness and so get rid of the stigma attached to the disease.

Company practices that discriminated against sufferers had to be exposed, she said.

Briefly

Star 3/7/93

Lubowski inquest date set

WINDHOEK — The judicial inquest into the assassination of SWAPO advocate Anton Lubowski will be open to the public and starts in Windhoek on October 4. Chief Magistrate Ben Myburgh would not say if applications would be made for the extradition of suspects from South Africa. — Sapa (224)

Anti-IRA cordon in London

LONDON — Police threw a cordon around London's financial heartland from midnight to deter IRA guerillas after two devastating bombings. There were only eight guarded entry points into the City of London. — Sapa-Reuter

Muslim setback in Bosnia

BELGRADE — Muslim fighters in Bosnia suffered a major setback yesterday when Serb and Croat forces pressing for more territory encircled one town and overran another, cutting Bosnian army supply routes. UN officials in Vitez, central Bosnia, said Serbs and Croats had encircled the town of Maglaj by cutting a salient of territory surrounded by Serb-held areas dominating supply routes north of the Bosnian capital, Sarajevo. — Sapa-Reuter

Bomb: ANC blames Right

EAST LONDON — The bomb which rocked the municipality building on Thursday was a large STM limpet mine of Russian origin, police said. ANC media officer Mcebisi Bata said the bomb was the work of right-wing elements. — Eena (877)

Gqozo earns more than FW

EAST LONDON — Ciskei military ruler Brigadier Oupa Gqozo receives a higher salary, before allowances, than State President F W de Klerk, according to sources in Bisho. While Gqozo is said to be paid R209 000 a year, De Klerk earns R202 734 with effect from July 1. — Eena (452)

Aids cases nearing 1 million

GENEVA — Member states of the World Health Organisation have reported 718 894 Aids cases to date. WHO's Global Programme on Aids estimates the real cumulative total at more than 2,5 million because of under-reporting by developing countries. The US reported a cumulative total of 289 000. — Sapa-Reuter (92)

Italian UN soldiers killed

MOGADISHU — Heavy fighting broke out yesterday between Somali gunmen and UN troops searching for weapons. At least four Italian soldiers were killed and 11 wounded. Four Somali policemen were wounded. At least one civilian was killed and several wounded. — Sapa-AP

US begins closing of bases

WASHINGTON — President Clinton yesterday approved a plan to close 130 US military bases, saying the post-Cold War shrinking of America's military demanded it. — Sapa-Reuter

Free condoms for Riviera

Aids becoming 'uncontrollable'

Own Correspondent
JOHANNESBURG. — Aids may be uncontrollable in five years. This warning was spelt out at a conference in Port Elizabeth this week, attended by nine regional directors of the Department of National Health and Population Development. Eastern Cape regional direc-

tor Dr Willem Strauss said promoting equality of health services for all races was also a major theme of the conference. "We intend to recommend to government broad equity in health services and unity of health service structures," he said in an interview yesterday. Dr Strauss said health ser-

vice officials knew that the perceived Aids problem now being dealt with was "only the tip of the iceberg".

He estimated that in five years Aids could reach uncontrollable proportions.

"Aids can only be stopped now," Dr Strauss said.

Among issues discussed was

the "alarming increase in the incidence of Aids and TB".

Existing preventive measures, such as public campaigns to promote one-partner sex, were failures "because people won't believe the seriousness of the threat until they see other people dropping dead around them".

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HIV-positive cleric and wife on anti-Aids crusade

Staff Reporter

HIV-POSITIVE Stellenbosch
Ned Geref. Kerk clergyman the Rev Christo Greyling and his wife Liesel are on an anti-Aids crusade in the Peninsula.

Their series of lectures called *I Have Hope* is part of the Old Mutual's Aids education programme and is aimed at encouraging high school pupils and teachers to get involved in the fight against the killer disease.

Mr Greyling, 28, is a haemophiliac who contracted the virus from a blood transfusion.

He announced during a sermon in Namibia that he was carrying the virus.

He said he went public to help other HIV-carriers and to support efforts to fight ignorance,

help wipe out negative attitudes and spread Christian testimony.

During the next two weeks the couple will visit schools in Guguletu, Khayelitsha, Pinelands, Langa, Tokai and Kraaifontein and youth groups in Crawford, Epping and Claremont.

The programme begins today at Guguletu Comprehensive School.

Mr Greyling's lectures are aimed at educating the healthy to accept and understand Aids victims. Mrs Greyling discusses precautions to be taken when living an HIV-positive person.

The couple have just returned from Namibia, where they addressed schools and youth and church organisations.

(92) ARG 14/7/93

AIDS education through comic books

COMICS are being used to help in AIDS education and encourage greater openness in sexual matters.

A booklet launched by Old Mutual in Johannesburg yesterday uses comic strips combined with text to show how AIDS and sexuality are dealt with in everyday situations. 92

The booklet, aimed at educators and community

SIDAW
JONATHAN DAVIS

health and social workers, was developed in collaboration with the Storyteller Group, a company specialising in producing information booklets and pamphlets using comic strips.

Storyteller Group director Neil Napper said the comic book form had been used as it drew reluctant and less literate readers.

The booklets are primarily aimed at a black audience in the high-risk 15-59 age group. The Department of Education and Training had expressed interest in using the booklets in a sexuality education programme for standards four and five. 16/7/93

The booklets would be available from Old Mutual branches countrywide.

Cities to protect cleaners from HIV

By RYAN CRESSWELL

MUNICIPALITIES in Natal and the Transvaal are looking at ways of protecting medical and cleaning employees from exposure to the HIV and hepatitis viruses. 18/7/93

Maritzburg's Medical Officer of Health, Dr Iain Walters, warned recently that many workers were "constantly exposed" to the danger of HIV infection from medical waste.

His deputy Dr John Efstratiou confirmed the city was looking at tightening by-laws governing medical waste disposal. (92)

Dr Efstratiou said a lot of medical waste consisted of hollow instruments sometimes containing infected blood which could "inject HIV or Hepatitis B" into someone if they pricked themselves.

He said GPs found it exorbitant to hire waste disposal specialists, and there was probably little control at some hospitals and clinics in rural areas.

Johannesburg's director of environmental health, Dr Yasmin von Schirnding, said the city had by-laws, and was about to launch an education programme on medical waste disposal.

Shift in focus from awareness to prevention of the disease

AIDS ad budget cut

Star 24/7/93

THE national AIDS campaign is to undergo a radical refocusing which will see the above-the-line advertising budget slashed by more than half, from R8.5 million to R3.5 million according to the director of Health Promotion and AIDS Prevention Natalie Stockton.

In an interview, Stockton said she was restructuring the budget for promoting AIDS awareness and prevention by shifting the campaign's focus from awareness to giving people more knowledge about how to prevent AIDS and encouraging lifestyle changes

through knowledge.

"Last year we spent R8.5 million on advertising. That campaign focused on increasing awareness of AIDS. Our research has shown that there is a high awareness of AIDS but what we found was that people still carried some misconceptions.

"For example, many people believe doctors or traditional healers can cure it," she said.

"People surveyed also said that if they used contraception they would not contract AIDS."

Clearly, the awareness campaign for AIDS had not led to behavioural changes or empowerment of people through knowledge, she noted.

"So what we will be doing this year is putting more money into various pro-

By the end of this year 550 000 South Africans will be HIV-positive. Though the awareness of AIDS is high, many misconceptions persist.

MANDY JEAN WOODS reports.

grammes which will enlarge people's information base," she said.

Targetted are rural television, youth and women's groups by means of competitions involving questions, a television drama series and a television education programme on AIDS.

"We will be spending R1.6 million this year on television programmes on AIDS.

"We are going for a drama aimed at the youth which will be screened on TSS and CCV, as well as a full series of educational programmes on AIDS."

These television programmes will then be distributed to rural television networks, to clinics, to health-care workers and so on, she noted.

The traditional advertising for AIDS will only involve radio, some print and "a large amount of money will go into our taxi campaign which has proven very successful".

A new above-the-line campaign, created by Hunt Lascaris TBWA which was re-

cently re-awarded the AIDS account, will break into a few weeks.

"We feel strongly that if we reach women and the youth, we will be able to have some impact on changing lifestyles and educating people about AIDS," Stockton said.

"Behavioural changes take years to effect. Obviously this won't be a short-term strategy."

In the year to the end of December 1992, government statistics showed that some 322 000 people were infected with the deadly HIV virus.

"We expect that by the end of this year some 550 000 people will be infected, which is around 550 new cases a day," Stockton said. "The number of HIV-infected people is doubling every 12 months."

Judge urges jail AIDS tests

By CARMEL RICKARD

THE issue of AIDS in prisons is under the spotlight again after a Zimbabwean court judgment recommended compulsory HIV screening for all prisoners and segregation for those who tested positive.

The Zimbabwe High Court judgment deals with the case of a young offender who has full-blown AIDS and TB.

After argument that sentence be completely suspended because of the inmate's illness, Mr Justice Robinson decided to send him to jail.

The judge then said it should be made compulsory for all prisoners — those already jailed, as well as new ones — to be tested for HIV.

He said it was a "notorious fact of

prison life in Zimbabwe" that homosexual acts and assaults took place among inmates.

The judge acknowledged his scheme was not the ideal solution, for example because of the "window period" during which the virus was not identifiable. But it was better than doing nothing at all. (92)

However, his approach has not been backed by the AIDS-support community in South Africa.

For example, human rights advocate Edwin Cameron, of the Centre for Applied Legal Studies at Wits University, describes the judge's pleas as misguided and futile.

The problem of the "window period" meant the judge was pushing a "losing strategy".

Mr Cameron said it was accepted that 15 to 20 percent of all prisoners worldwide engaged in "situational homosexual practice".

Prison authorities should accept this and give prisoners condoms to prevent the spread of AIDS.

The SA Department of Correctional Services confirmed this week that "high-risk" prisoners were routinely tested when they entered prison.

An official said all convicts who tested positive for the virus were "segregated with regard to their sleeping quarters from the rest of the prison population to prevent possible further contamination".

Condoms were not provided as there were strong moral, social and Christian views against doing so.

Aids' numbers nearly double

PORT ELIZABETH. — The number of Aids and HIV-positive cases reported in the Eastern Cape this year has almost doubled when compared with the same period last year, reports said yesterday. (92)

According to statistics released by the Port Elizabeth Municipal Aids Unit, 176 cases were reported to the end of July last year, compared to 360 this year.

Aids: Gays warned as VD cases surge

Own Correspondent

92
2/5/8/93

AIDS organisations have warned gay men of complacency towards safe sex after medical clinics reported "a dramatic increase over the past few weeks" of sexually transmitted diseases, particularly syphilis and gonorrhoea.

Aids Support and Educational Trust spokesman Mr John Pegge said "it is acknowledged worldwide that an increase in non-HIV related sexually transmitted diseases is a reliable indicator that HIV infection will also be on the increase".

The surge in venereal diseases in the Western Cape began in May, he said.

Seven Cape babies test HIV positive

SI Times 8/8/93 (C1 Metro)

SEVEN babies have tested HIV positive in the Western Cape during the month of June, the Medical Officer of Health has reported to the City Council's amenities and health committee.

This is one less than the number of paediatric cases reported during May.

Dr Michael Popkiss' report also reveals that nine cases of Aids have been recorded so far for 1993, with no Aids-related deaths.

The national figure is 17 cases, with seven deaths.

By NAZEEM HOWA

Overall figures for the Cape region showed a reduction from 106 HIV cases reported in May to 96 cases reported in June.

Of the 96 cases which tested HIV positive, 47 were individuals involved in heterosexual relationships.

Only one male homosexual tested positive, while the sexual prefer-

ences of 48 others was unknown.

The June 1993 figures show that there were 24 fewer cases reported for the corresponding month last year.

A total of 602 people have tested HIV positive for the first six months of this year.

A total of 967 cases were reported for the whole of 1992.

Since the reporting procedure was implemented, 2 824 cases have been recorded.

● The report also reveals a huge increase in the number of measles cases reported in June.

While 10 cases were reported during June 1992, this year's figure for June is 47.

Seventy-three cases were reported for the first five months of this year.

Dead man's court case on doctor's Aids disclosure

SI Times 8/8/93

By CATHY STAGG

A KEY appeal which will determine whether or not doctors have the right to disclose the identity of HIV-positive patients comes before the courts in September. *(C1 Metro)*

Barry McGeary, the man who brought the initial case two years ago is now dead, but the executors of his estate are acting on his last wishes — and the case will be argued before the Appeal Court on September 3. *(92)*

Although he realised the stress of the case could exacerbate the disease, Mr McGeary felt so strongly that his doctor had no right to tell others that he was HIV positive that he sued him.

Before the case ended, Mr McGeary died of Aids, never knowing that he had lost his last fight.

At stake in the precedent-setting case are the competing claims of patients who want their HIV positive status to be kept secret, and health care workers, who may have to treat such patients.

When Mr McGeary learnt that rumours were rife that he was HIV posi-

tive — or had already developed Aids — he phoned several people to establish who had revealed the results of blood tests he had had for an insurance policy.

Initially Dr Thys Kruger denied that he had told anyone, but later amended his plea to one of justification.

In the appeal case Mr McGeary's lawyers will argue that Dr Kruger should have abided by the guidelines set by his own profession.

This is a reference to a 1989 South African Medical and Dental Council document which said the patient should be asked to tell health care workers about his condition — and if he refused, he should be counselled about why it was necessary.

Only if the patient still refused to allow disclosure, would the doctor's dilemma begin.

Dr Kruger's legal team now includes senior counsel. Mr Mike Tselentis, SC, has joined Mr A P Bruwer, instructed by MacRobert de Villiers, Lunnon & Tindall Inc of Pretoria.

The same legal team which represented Mr McGeary in the Rand Supreme Court before Mr Justice Levy are also handling the appeal. Edwin Cameron is instructed by Mervyn Joseph of Cuzen and Woods of Johannesburg.

6-million more Aids deaths⁽⁹²⁾ predicted

GLASGOW. — Six-million more people will have died of Aids by the year 2000, a leading World Health Organisation (WHO) official said today, warning that the world faced "a pandemic of vast proportions".

Michael Merson, executive director of WHO's global Aids programme, told a virology conference that it would take years to find a cure and that eight-million people were expected to have died from the disease by the end of the century.

Two-million people have already been killed by Aids, which destroys the immune system.

Mr Merson said: "There is no doubt that the development of a safe and effective vaccine would offer an invaluable addition to our control efforts.

"Important progress has been made but the results available today show that we are still years away from an effective HIV vaccine."

Mr Merson said most deaths would be in eastern and central Africa, where the adult death toll could triple in some countries. Aids was now the most common cause of death in the Ivory Coast capital, Abidjan, although the first case there was recorded only in 1985.

Mr Merson said WHO estimated the total of HIV infections in men, women and children would reach 30-million to 40-million by the end of the decade. Of these about 10-million would have full-blown Aids.

Up to 10-million new HIV cases would be babies infected in the womb, at birth, or through breast-feeding.

In New York, San Francisco and seven other US cities, Aids was already the leading cause of death in men and women between 25 and 44. — Sapa-Reuter.

Aids pair sue SA⁽⁹²⁾ blood ARG 11/8/93 service

PRETORIA. — A couple are claiming more than R2,2 million from the South African Blood Transfusion Service after they and their three-year-old son were allegedly infected with the HIV virus when the wife was given a blood transfusion in 1989.

The couple, from Ga-Rankuwa, north-west of Pretoria, said in court papers that they and their son had a 90 per cent chance of developing Aids as a result of alleged negligence on the part of the transfusion services.

They said that when the plaintiff was in her 37th week of pregnancy she was admitted to Ga-Rankuwa Hospital, where she gave birth by Caesarean section. She later received four blood transfusions.

More than a year later a professor at the hospital told her that she might have been infected with the Aids virus. A blood donor had been found to be HIV-positive.

A blood sample was taken from the wife and she tested positive. In 1991 her husband and son also tested HIV-positive.

The couple claim the husband contracted the virus through sexual intercourse and the son from the plaintiff through breastfeeding.
— Sapa.

Scientists will try live Aids vaccine

LONDON. — Attempts to develop a vaccine against Aids have so far proved so unsuccessful that scientists are to go ahead with efforts to produce a vaccine using live, but weakened, forms of the Aids virus, it was announced on Monday.

Dr Michael Merson, executive director of the World Health Organisation's Aids programme, told an interna-

tional conference on virology in Glasgow that with millions of lives at stake, every possibility must be examined.

Scientists are reluctant to use live viruses, even in a weakened or attenuated form, because of the risk that they might transmit the very disease they are designed to protect against.

However, attenuated vac-

cines using a virus so weakened or altered that it does not result in disease, have produced highly effective protection against polio, measles and yellow fever.

The hope now is that a similar process may produce an effective Aids vaccine after the failure, so far, of approaches based on inactivated virus.

Dr Merson said the WHO believed the use of live attenuated viruses for an Aids vaccine should be "intensively explored" but it was too soon to try it in human beings.

He said before human trials could be considered many studies in animal models should be conducted. — The Telegraph plc

92 CT 11/8/93

Cosas to launch Aids⁽⁹²⁾ awareness programme

Pamela Dube

WM 13-19/8/93

AN Aids awareness campaign is to be launched in schools next month by the Congress of South African Students (Cosas).

The launch, initially planned for last month, was postponed because of financial constraints, said Cosas national organiser David Serekwane.

The idea for the campaign came about during the organisation's national workshop held for the leadership in May.

"It's of vital importance that this programme gets off ground. South Africans are still in the dark about Aids. Before the workshop I was among those who dismissed Aids as non-existent," he said.

"We feel that as a student body, it is our duty to educate our members on the subject since it is not part of our school curriculum."

For effective implementation Cosas hopes to:

- Organise creative activities to promote Aids awareness
- Ensure that every school has pupils trained in Aids education who will be expected to impart the information to their peers
- Ensure that pupils have the knowledge and means to protect themselves against HIV, and make sure that condoms are accessible
- Involve parents and teachers in the implementation of the awareness programme
- Broaden awareness campaigns into the wider community.

The project is not only planned for school pupils, but for out-of-school youths and communities in general, Serekwane says.

"Our next step will be to engage our parents and the unemployed youths. We are also planning to engage health workers in the running of workshops and seminars at local and regional levels."

White schools urged

to aid disadvantaged

RETIRED SACS teacher Douglas Brown, who pioneered a scheme to secure places for disadvantaged pupils at the school, has urged other schools to follow suit.

Mr Brown, 65, who taught for 42 years, said his scheme could help alleviate the crisis in black education and show that white schools, many of which had enormous resources, were no longer "sitting and watching" while their fellow citizens had a second class education.

The Model C schools could also set up trust funds to help pupils with items such as academic and boarding fees.

In an interview Mr Brown said: "Kind words about the plight of black education are not enough. Concrete action is what is needed."

In 1991 Mr Brown organised places at SACS for three Langa pupils, two of whom had failed matric at Langa Comprehensive High School.

Leading white schools should set up trust funds to help pupils from disadvantaged backgrounds gain access to them, says retired teacher Douglas Brown, who helped pioneer such a scheme at SACS.

VUYO BAVUMA, Weekend Argus Reporter

AKG 14/8/93

They included Langa cricketer Morgan Mfobo who toured the West Indies with the SA Under-19 cricket team and played for Western Province B side.

Two of the former Langa Comprehensive pupils, who started at SACS in standard 9, passed their matric last year while Morgan has to write an English supplementary exam.

Mr Brown said: "In normal circumstances, the guys would have not been able to come over because of their academic results and a lack of money. Initially, they had tremendous adjustment problems but they succeeded and became fully part of school life. "It was certainly not a quick-fix or a

white culture way of doing things."

In February Mr Brown's plan received a shot in the arm when six schools agreed to help township pupils, but there are no concrete plans yet.

Mr Brown said there was a need to drive it home to white schools that "things are little different in the DET schools."

"For example, the pupils tend to be older. This is because in some cases, as in 1985, the pupils were unable to write any exams.

"In extreme cases, some pupils have been in jail, not for serious offences but because of their opposition to the

Bantu education system.

"These pupils are, like any children, hungry for education but they are unable to fulfil their aims because of the constant crisis in black education."

In the late 1980s Mr Brown began his crusade when he took Langa pupils to the Grahamstown English festival.

"After that I got to know some people in Langa. I arranged for groups to visit SACS and we used to discuss many issues including the ANC — in the days before President De Klerk's speech in February 1990."

The deputy principal of Westerford, James Bissett, welcomed Mr Brown's ideas.

"This year we have taken in one pupil. Our parent and pupils structures are discussing the matter with a view to improving the intake, but no final decision has been taken.

"We have a problem of space but this seems to be a worthwhile exercise."

Late risers

Can see test

DURBAN. — Rugby fans will have the chance to relive the agony or the ecstasy of today's second test match between the Springboks and the Wallabies when the match is rescreened at 1.30pm.

The test starts at 7am and TV1's build-up to the match begins at 6.30am.

Viewing times for next Saturday's final test are expected to be the same as today's.

Radio South Africa will also broadcast the tests live.

Secondhand

syringes (92)

AMANZIMTOTI. — National Health Minister Rina Venter has appealed to patients to insist that doctors break the seal on syringes in their presence. Speaking at the Natal National Party congress, she said the department had learnt that certain doctors, particularly in underprivileged communities, used syringes more than once, increasing the risk of spreading Aids. — Sapa.

Nutrition is a factor in Aids

BERKELEY, California — A long-term study of nutrition and Aids suggests a daily multi-vitamin and a healthy diet may delay the onset of Aids in infected men.

Researchers said at the weekend a multi-vitamin a day appeared to help protect nearly one-third of 296 subjects from developing Aids over six years. C17618/93

The study, published in the Journal of Acquired Immune Deficiency Syndromes, found specific nutrients and supplements also helped. — UPI (92)

Southern's AIDS ad gets it wrong again

By *R. Berg* 1/18/93

KATHRYN STRACHAN

SOUTHERN Life has got it wrong again, AIDS organisations say, after the life insurer's new advertisements last week which imply that white middle-class people are immune to AIDS. "If you are the last person to need an AIDS test — you could be the first to benefit," one advert says, over a photograph of a young, white, squeaky clean, upwardly mobile-looking man.

Southern's previous ad depicting a man dangling precariously from the wing of an aircraft led to an outcry that it implied people contracted the AIDS virus HIV because they led risky lives. The advert was withdrawn with Southern Life apologising for its insensitivity and promising to consult the AIDS consortium the next time — which it failed to do.

AIDS consortium spokesman Edwin Cameron says implying white middle-class professionals are the last people who need AIDS tests is counterproductive to awareness efforts and promotes racial stereotyping of those at risk to AIDS.

But it is the product more than the ad that has raised the hackles of

AIDS organisations. By launching an "AIDS-free" life insurance, policy which requires policyholders to be tested every five years and reducing benefit payouts to 10% if the virus is contracted, Southern Life has put pressure on other companies to follow suit to compete.

Insurance companies say they fear the epidemic threatens the future of their industry, but they remain unclear over what they are going to do about it. Old Mutual chief actuary Theo Hartwig says that to survive in the shadow of AIDS, life insurers have two options. Either they will have to increase premiums greatly, or they will have to go for more stringent testing.

Hartwig says the difficulty is that if one company takes the lead in being tough on testing, and others take the alternative route of increasing premiums, the latter could find themselves falling behind. People

would probably choose regular testing rather than paying exorbitant premiums, he says. The "AIDS-free" policy is the only form of life insurance available from Southern Life.

Momentum Life spokesman Niel Krige believes all companies are keeping a close watch on the results of Southern Life's new product.

All life insurers surveyed have already taken steps to protect themselves against the possibility of greatly increased AIDS-related claims. One measure employed is setting aside large reserves to deal with the possibility of increased claims in the wake of AIDS.

Compulsory HIV testing above a certain level of life cover, usually R150 000, is the most significant step.

The level is constantly dropping, and most retain the right to test below the stated level if they believe a person falls into a high risk category.

If a member contracts HIV after joining the scheme, companies pay out benefits in full unless an AIDS exclusion clause has been signed. Most offer the exclusion clause to people who do not want to be tested, which means they are not covered if they contract AIDS.

But Fedlife MD Morris Bernstein questions the effectiveness of exclusion clauses, as death certificates for people who die of AIDS usually cite secondary diseases as the cause of death. He says there are also grave moral questions about excluding people because they contract HIV, and adds that companies hold emotional views on whether to follow the Southern Life example.

With the prevalence of AIDS concentrated more in the black popula-

tion and lower-income groups, the vulnerability of companies to AIDS varies greatly depending on the market they operate in.

Liberty Life GM Herschel Mayers says because of his company's traditional upmarket target, its risk exposure is considerably lower than other companies. Fedlife and Momentum say they are also aiming for a higher market. Old Mutual, in contrast, says it markets its products widely at all levels, and adds the black market is a very important part of its business.

Life assurance companies have come under fire from AIDS campaigners for looking for loopholes to avoid shouldering their part of the AIDS burden. But companies believe the epidemic threatens their existence and that they have to adapt to survive. Insurance companies deny the allegation that that has added to the stigma of being homosexual or having HIV. But one industry source says his company would not consider covering male ballet dancers, male hairdressers, air stewards and men who shared lodgings.

REVIEW

Orange trade hit by Aids rumours

CT18/8/93 (92)
Own Correspondent

JOHANNESBURG. — Rumours that consignments of oranges were injected with Aids-infected blood had a devastating effect on hawker trade in cities countrywide, African Council for Hawkers and Informal Business (Achib) chairman Mr Lawrence Mavundla said yesterday.

He said the rumour started in the Eastern Cape when oranges with a deep red pigmentation were viewed with suspicion by the public. Since then the story had spread.

Ms Leonie Pienaar of the Citrus Fruit Board said the orange — a tomango — was harvested between the navel and valencia seasons. If held in cold storage for too long, its pigmentation turned red — the phenomenon which gave rise to the rumours.

She gave the assurance that there was nothing wrong with the fruit.

Government defends AIDS cash grants

KATHRYN STRACHAN

GOVERNMENT yesterday defended its funding policy for AIDS prevention against criticism from AIDS organisations that the budgetary allocation fell far short of the need.

The response followed the AIDS consortium's announcement it would stage a picket in Johannesburg today to protest against the policy.

National Health Department Director-General Coen Slabber said a substantial percentage of the state's R21m AIDS budget for the 1993/94 financial year had been allocated to community-based organisations in an attempt to make the AIDS prevention programme more community-driven.

Services

More than R2m had been allocated to subsidise non-governmental organisations, and R5m would go towards local authority AIDS training and information centres (Atics) — representing a 44% increase on funds allocated the previous financial year.

In addition, provincial administrations had allocated R15m to AIDS-related services.

Other departments such as correctional services, all the education departments, the defence force, as well as the homelands, had made funds available for AIDS prevention, he said.

Aids protection kit on sale for travellers

(92) CT 20/8/93

AN emergency medical kit for Aids-conscious travellers is being sold by the Automobile Association and Medical Rescue International for R175.

The sterile medical protection pack contains a selection of sterile needles and syringes; special intravenous needles; a drip administration kit; intravenous solution of sodium chloride; suture pack; protective gloves, swabs, plaster strips and a protective mouthpiece for mouth-to-mouth resuscitation.

Meanwhile the government has announced that R2 million of the Aids budget of just more than R21 million for the 1993/94 financial year has been allocated to community-based organisations. — Sapa

Fruit 'can't get Aids virus'

JOHANNESBURG. — Fruit cannot be infected with the virus that causes Aids, the Department of National Health and Population Development said yesterday.

It was reacting to what it called malicious rumours of fruit, especially oranges, being infected.

"A spokesman of the organisation responsible for marketing oranges said that rumours about the 'Aids oranges' apparently had their origin in the fact that the flesh of certain

citrus varieties contain a complex of natural red pigments, which can give rise to a red flesh, or red flecks in the flesh," said the department's statement.

(92) CT20/8/93
The department said the rumours were a "reflection of the ignorance and fears" about HIV-infection and Aids.

"The HIV can only be transmitted by blood, blood products and sexual fluids of humans," it said. — Sapa

URBAN LEGEND: Orange sales drop as a strange story sweeps the country

THE urban legend of oranges injected with Aids blood, which appears to have had a serious impact on orange sales in South Africa, has been traced to its origins.

The legend has surfaced in about half-a-dozen different guises, ranging from a Natal farmer spraying his orange crops with his own Aids-infected blood to an Afrikaner Weerstandsbeweging supporter injecting other people's infected blood into oranges.

It spiralled out of control in the past two weeks, spread in Johannesburg largely by nervous office workers, and in Soweto by terrified school children, all of whom believed that oranges sold by street vendors had been injected with tainted blood.

In Natal, the rumour has swept through Zululand and devastated the orange trade.

In some cases, the legend attached itself to apples, with the public falling for allegations that "someone" had bought an apple from a vendor, cut it open, and found blood inside. The fruit had allegedly been taken to a chemist, who sent it away for tests. The laboratory reported that the blood was HIV-positive.

The consequences of this rumour, unlike most urban legends, have been real and dramatic. According to Lawrence Mavundla, chairman of the African Council for Hawkers and Informal Business (Achib), it has seriously damaged the trade of hawkers across the country. Achib called an emergency press conference yesterday to counter the rumours. Mavundla believes the story started in the

A juicy tale of bloody oranges and Aids

The source of an urban legend has been found. **Arthur Goldstuck** reports on Aids infected oranges and the panic they have caused

WM 20-26/8/93

Eastern Cape last month when purchasers came across oranges with a deep red pigmentation. According to Outspan International, formerly the Citrus Board, two brands of oranges could be to blame: the red-fleshed "blood oranges", of which there are less than a hundred trees in the country, and "tomango oranges", which develop thin red streaks in cold storage. The latter make up less than one percent of the country's annual production.

Due to the rarity of blood oranges, they had been exonerated from blame for the legend.

However, a spokesman for Unifruco in Natal said that a consignment of blood oranges were sold on the Pietermaritzburg market about a year ago. The timing coincides with the earliest known version of the urban legend. At the time, shoppers in Rietvllei, a small town in the Natal enclave of Transkei, warned each other not to buy oranges from a specific store as they had been "injected with Aids-infected blood".

Unsupported by further supplies of blood oranges, the story faded away, until four weeks ago. It suddenly became the talk in the buses,

taxis and offices of Johannesburg and Natal, with people claiming to have seen the offending oranges or apples themselves. However, no one was able to produce an example, or say which chemist had been approached for tests.

"That was when we first heard about it," said Jasper Coetzee, marketing manager of Outspan International. "Now we hope the story will die a natural death."

In the nature of urban legends, however, it is impossible to control them by either publicity or lack of publicity.

They are stories that emerge from people's subconscious fears and prejudices, and once they have developed a complete narrative structure, it is impossible to halt their spread. Aids is an ideal breeding ground for such legends, since it is still a mysterious, invisible and deadly disease.

The earliest prototypes of the current legend are tales about individuals who had contracted Aids and then deliberately seduced others in order to spread the disease.

These have become known as "Aids Mary" legends.

The next step in their development was the New York rumour — which reached Johannesburg two years ago — that gangs of Aids-infected individuals had filled syringes with their own blood and were going around the city injecting passersby as revenge against society. The leap to similar individuals injecting blood oranges was not a large one.

The final stage of such legends usually comes with newspaper advertisements or press statements denying the truth of the rumours.

In the final stage of the orange legend, this week, Outspan considered it necessary to issue a press statement "to put the matter in perspective in order to allay the fears of misguided and uninformed consumers".

Louis van Broembom, general manager of research and extension at Outspan, had to spell it out:

"The Southern African citrus industry applies stringent phytosanitary control to ensure that fruit is fit for human consumption and free of any chemicals that could be a health hazard to consumers locally or overseas."

Meanwhile, a sizeable proportion of South Africa's 50-million oranges a year is going unsold, and consumers are being offered unheard of specials at supermarkets.

Those who know their fact from their legend are picking up the bargain of the season.

Arthur Goldstuck is author of *The Leopard in the Luggage: Urban Legends from Southern Africa*, published by Penguin

Campaign draws pupils

into Aids education

South 2018 - 2418 | 93
UP TO two thirds of present South African teenagers could be infected with the Aids virus by the time they are 40.

This is one of the shocking statistics in information material prepared by the Education Resources Network for their Schools Against Aids campaign.

"The campaign is a nationwide drive to fill the gaps in sex and Aids education of teenagers left by the official health and education structures in the country," says Mr Peter Fenton, who is spearheading the campaign.

His novel approach in trying to stem the tide is based on getting teenagers themselves involved in

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Aids education. The Western Cape arm of the campaign was launched in Cape Town last week with 27 schools in attendance.

"We worked on a first-come-first-serve basis and schools had to be turned away," Fenton says. "More will be linked up early next year."

The project aims to provide high school students with an opportunity to express their concerns and feelings about sexuality, HIV and Aids.

It also aims to encourage and resource the successful design and implementation of practical programmes by students. This strategy depends on peer education as a credible method of intervention.

"It allows people to say to each other: 'let's work together'. It empowers people to recognise the problem and own the solution," Fenton explains.

At the regional launch Cape Town rap group Black Noise threw their weight behind the campaign. The South African Youth Against

Aids committee, formed with the help of the Network, will form an integral part of the campaign.

But why are the odds against today's young adults so enormous and what can possibly be done? Are these not perhaps scaring tactics?

Fenton explains that by last year already 2,7 percent of South Africans had been infected and that this was doubling every 13 months.

"Five hundred people are becoming infected every day and by 2000 there will be 500 Aids deaths every day."

"Alan Whiteside of Natal University's Economic Research Unit has developed a model with specific applicability to the education system. He says more than one million school students and 163 000 teachers will be HIV positive (infected with the AIDS virus) by the turn of the century. This will cost the country R34 million a year."

SCHOOLS AGAINST AIDS:
Members of rap group Black Noise with Denzal Daniels, chairperson of Youth Against Aids, and pupils from Queens Park High at the launch of the Cape leg of Schools Against Aids

This page was made possible by the support of Warner-Lambert



Aids cash ^{St. Times} takes route

A LARGE percentage of the government's R21-million Aids budget for this year has been allocated to community organisations. (C. Moko)

The intention is to make Aids prevention more community-driven, the Department of National Health and Population Development has said. 22/8/83

More than R2 million has been given to non-governmental organisations and R5 million to local authority for Aids training and information centres. (92)

Provincial administrations have allocated R15 million for Aids services. (92)

South Africa does not receive aid from the World Health Organisation's Aids programme.

SA's teens

are dying

C/Presso 22/8/93

for love

By LEN KALANE

TODAY'S teenagers are dying for love – and not just in the usual sense of the word. The Aids explosion among teenagers is spreading quickly – and silently.

Most of the carriers are young women. According to a health worker, the pattern is so frightening that the use of a condom is now, more than ever, a must – especially for young girls sleeping with older men.

Doctors estimate that on average there are probably five HIV-infected teenagers for every street in Soweto – including “adult teenagers” who have given birth and whose blood samples have been screened at Baragwanath Hospital's antenatal clinic.

Anonymous blood test surveys conducted by the National Health Department indicate that four percent of women screened at Bara's antenatal clinic last year were HIV positive.

This excludes undetected, but sexually active teenagers roaming the streets of Soweto. Last year's national figure for both infected woman and babies stood between 111 687 and 298 529, ex-

Deadly virus has a soft spot for young women

cluding the TBVC states (the number of babies infected was between 5 412 and 11 125).

KwaZulu accounted for the highest (5,34 percent) percentage of HIV infected women who had given birth, compared to the Transvaal's 2,56 percent and the western Cape's 0,66 percent. All the figures compiled give a national estimate indicating 2,42 percent of women with babies are infected.

According to Dr Helen Schneider of the Centre for Health Policy, between 250 000 and 500 000 people (both male and female) are already HIV infected countrywide, and a population of roughly two million in Soweto, 27 000 people have already contracted the HIV virus.

HIV incidence occurred mostly in the 22-24 age group. A recent study by the UN Devel-

opment Programme showed that women between 15 and 25 made up about 70 percent of the 3 000 women worldwide who became infected with HIV each day and the 500 women worldwide who died of Aids each day.

Reports indicate women in their teens and early twenties – including many who have had relatively few sex partners – were being infected at the fastest rate.

As women grow older they become less likely to contract the virus. Men reach their peak risk for Aids infection in their late twenties and early thirties.

A consultant gynaecologist at Bara, Dr James McIntyre, said this pattern was very similar to the one we had in SA – young women being most vulnerable to the Aids virus.

Among the youngest

they have had at Bara was a teenaged mother of 15, but the majority were women in the sexually active group of around 25. Last year, says McIntyre, Bara had 300 pregnant women testing HIV positive. Seventy-five percent of them were under 25.

Projections into the future are even more frightening: In its Economic Spotlight report the Amalgamated Banks of SA (Absa) said that by the year 2020 the Aids population would roughly double to 71 million. Some 84 percent of these will be black, with 35 percent of the number under 14 years, compared to 19 percent in the case of whites.

By the year 2005 about half-a-million people will have died of Aids, which will reduce the population growth rate to some 1,8 percent a year. By that time 6,41-million people will be HIV infected, 743 000 sick with Aids and 525 000 will have died.

In 1991, says the Absa report, 97 000 people were HIV infected and 1 190 sick with Aids, while by 1995 this would have increased to 970 000 infected and 25 000 sick people.

Media Aids campaign 'failed'

JOHANNESBURG. — The use of the mass media to help curb the growth of Aids has proved to be ineffective so health officials are to use a more personal approach.

The Department of Health and Population Development will also reduce expenditure on its Aids information campaign by R2 million this year.

The department's director of health promotion and Aids pre-

vention, Ms Natalie Stockton, said part of the R5m allocated for this year would go on advertisements and educational television programmes.

She said because the mass media campaign had not been effective, community health workers, doctors and nursing personnel would be enlisted to convey information on a person-to-person basis.

Meanwhile in the US, Miami

officials have announced they are building a jail at Orlando — not far from Disney World — for prisoners dying of Aids.

Civil libertarians describe the idea as a throwback to the days of the leper colony.

State corrections secretary Mr Harry Singletary said: "This has nothing to do with segregation. It's a quality of life issue for the patients — and an efficiency issue for us."

(92) CT 24/8/93

ERICA JANKOWITZ

THE NUM and Chamber of Mines yesterday signed the first industry AIDS agreement which ensured employee rights and international testing standards, and launched comprehensive awareness and education programmes. 26/8/93

Chamber chief negotiator Adrian du Plessis described the educational component as the "heart of the agreement" (22)

He said the parties had committed themselves to raising worker awareness by education, training and counselling "to create a workplace ethic based on informed and responsible behaviour" (92)

He believed that their combined resources could make a "real difference to limiting the spread of the disease".

AIDS deal signed by mining industry

NUM assistant general secretary Marcel Golding said the chamber acknowledged workers' "socioeconomic conditions and the fact they live in hostels as a major factor which needs to be addressed when trying to stem the spread" of AIDS.

Du Plessis said, in terms of the agreement, infected workers would not be victimised, harassed or discriminated against by being denied appropriate employment opportunities purely on this basis.

Testing would be conducted only if justified on medical grounds and with the union's consent. Counselling would be given and results would be confidential.

HIV: No special prison plan

SOUTH AFRICAN prison authorities are not planning to follow the American idea of putting Aids and HIV positive inmates in a separate purpose-built jail.

The prison for inmates dying of Aids is being built at Orlando, Miami officials said. They said it would be more cost-effective to be able to treat the patients in prison than in hospitals.

The first prison of its kind in

the United States, civil libertarians describe the concept as retrograde, a throwback to the days of the leper colony.

Aids is the main cause of death among US prisoners.

Department of Correctional Services spokesman Colonel Barry Eksteen said South Africa did not have the money or enough HIV infected prisoners to justify a prison exclusively for them.

There were 22 prisoners with full-blown Aids and about 200 HIV positive inmates, he said. They were separated from the general population at night, but were permitted to mix freely during the day with other prisoners. C726/8/93

Condoms would not be issued to inmates as it would condone sodomy, which apart from being against the law, went against "religious and ethical" beliefs.

320 000 are HIV-positive

PRETORIA — More than 500 000 people in SA would be HIV-positive by the end of the year, a National Health Department official announced this week.

The Centre for Science Development's publication Bulletin reported the results of local surveys in a nationwide AIDS research drive. *B/Day*

The department said about 320 000 people were HIV-infected, with the total expected to reach 550 000 by the year-end.

It said 1 800 AIDS cases had been officially reported. It was estimated that between 7 000 and 10 000 people were suffering from full-blown AIDS. *27/8/93*

Stereotyping AIDS as a "gay" disease was still prevalent among many sectors of society, an HSRC survey found, with a third of respondents holding this view.

Wits University's Prof Keith Klugman argued that AIDS was becoming a "disease

ADRIAN HADLAND

of the poor, of the less educated".

Of 22 000 babies born at Baragwanath Hospital each year, 15% to 20% were born to disadvantaged mothers who did not attend antenatal clinics, Klugman said.

Of these "unbooked mothers" approximately one in 12 was expected to be HIV-positive. The HIV rate for all women attending antenatal clinics was 3,4%, he said.

Research indicated that the "unbooked mothers" were infected by their husbands, less than 17% of whom used condoms in casual sexual encounters. *(92)*

Surveys by Markinor and Focus Qualitative Research found that hostel residents were a high-risk AIDS group, with prostitutes generally having unrestricted access. Long-distance truck drivers had also contributed to the African AIDS pandemic.

Half million will be HIV-positive

Own Correspondent

PRETORIA. — More than half a million people in South Africa would be HIV-positive by the end of the year, a National Health Department official announced this week.

The Centre for Science Development publication, Bulletin, has reported the results of local surveys making up a

nationwide Aids research drive.

The department said that about 320 000 people were HIV-infected, with the total expected to reach 550 000 by the year-end.

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CT27/8/93 (92)

Stereotyping of Aids as a "gay disease" was still prevalent among many sectors of society.

Wits University's Professor Keith Klugman said Aids was becoming a "disease of the poor, of the less educated".

Of 22 000 babies born at Bargwanath Hospital each year, 15% to 20% were born to disadvantaged mothers, he said.

Surveys found that hostel-dwellers were a high-risk Aids group. Long-distance truck drivers were also high risk.

● Professional and student nurses will soon receive special training on how to deal with Aids patients and those infected by HIV, the Department of National Health and Population Development said yesterday.

Crucial AIDS

clinic *5 times* closes

29/8/93
By MEGAN POWER

AN AIDS clinic in Richards Bay has been closed for more than a year because the town council refused to increase two employees' salaries.

The clinic served a section of Natal-Kwazulu, which has a 200 percent higher incidence of HIV-positive cases than any other part of South Africa.

The AIDS Training and Information Centre in Richards Bay virtually shut down last July when the manager and counsellor resigned because they were being paid less than colleagues elsewhere in South Africa.

It is subsidised by the Department of Health, but municipalities provide "homes" for the organisation and usually subsidise running costs.

"We asked the town council to look into upgrading salaries but in January they said they could not do so. We then decided the centre should move, and the council supported the decision," said regional AIDS co-ordinator, Vivila Moodley.

The department has been negotiating to set up a centre in Empangeni.

The Richards Bay town clerk could not be reached for comment.

250 000 could die by 2010

Gloomy HIV-Aids forecast for Soweto

*Star 30/8/93**(92)*

■ BY ZINGISA MKHUMA

Aids would have caused the death of more than 250 000 people in Soweto alone by 2010, a new study on the future spread of HIV-Aids has predicted.

According to the study, Soweto has now entered the epidemic stage in the spread of HIV.

It is predicted that by 2010, 343 000 residents could be HIV-positive if people do not change their sexual habits, 222 000 if the number of sexual partners decreases, or 118 000 if condoms are used and sexually transmitted diseases are treated successfully.

Challenge

The research was carried out by Baragwanath Hospital, Wits University's Centre for Health Policy, Metropolitan Life and the Medical Research Council.

However, experts cautioned it was impossible to predict the future accurately.

A spokesman for the Centre for Health Policy

A NEW study suggests that HIV-Aids could overwhelm health care services in Soweto

said the model showed the significant impact of combining several preventive measures.

The biggest challenge facing health workers in Soweto in the next few years was ensuring that a co-ordinated, comprehensive and thorough prevention programme was set in place in the township, he said.

"Already by the year 2000, between 10 000 and 15 000 people sick with Aids will be needing care," he said.

The additional demand might overwhelm existing health care services, particularly with regard to the treatment of tuberculosis, which is prevalent in Aids patients. "A decentralised health care system building on the existing primary health care infrastructure will be required," he said.

HIV: Women exceed men

Staff Reporter

92 CT 3/18/93

MORE females than males are infected with the Aids virus in the Cape.

Statistics released by the Department of Health and Population Development show the number of HIV-positive females exceeded that of males for the first time at the end of 1992, a trend which is continuing.

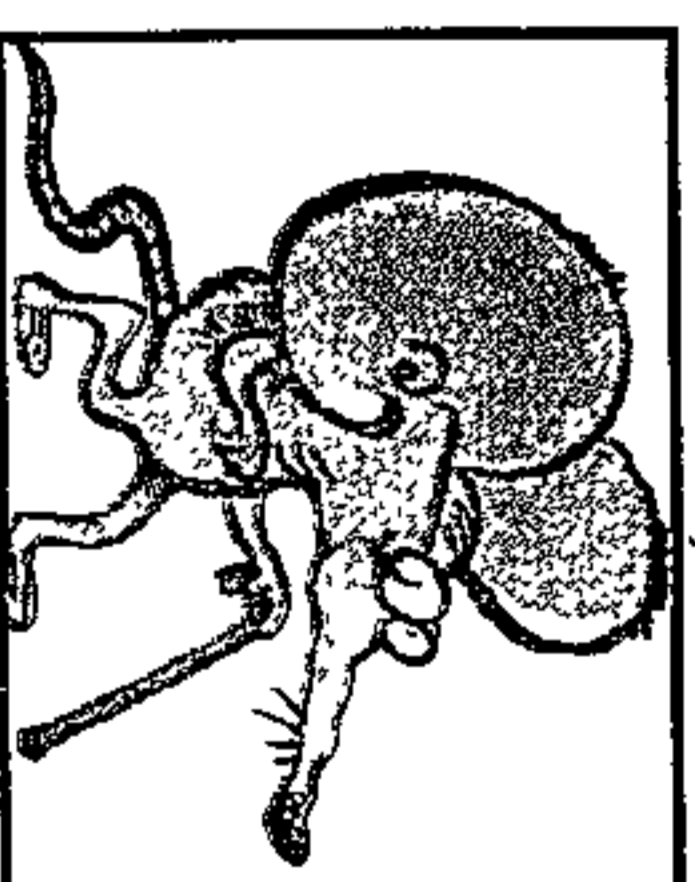
The increase is restricted to black and coloured females. No increase

was recorded among white females.

The number of heterosexuals infected with the Aids virus has increased by 51% in the last year, while the number of infected male homosexuals is four times lower than last year.

The statistics have recorded no female prostitutes with the virus in the past three years.

In 1989 there were only 28 cases of Aids being transmitted by heterosexuals, which rose to 495 cases in 1992.



Living protein

Japanese researchers say they have discovered a protein that helps extend the lifespan of mice and could possibly do the same for humans. Shinshu University says the protein, first found in flies, existed in human embryos, bees and silkworms. — Sapa-AFP.

PREMIDS Health

Aiding bruised minds and broken hearts in wake of a dread disease

HIV'S HEAVY SOCIAL BURDEN

Family, friends and the primary health care sector will carry the major responsibility for the task of caring for people with HIV and Aids. **MARIKA SBOROS** reports.

A no time in modern history have health workers been so challenged to look beyond the disease and adopt a holistic approach to health care as now, says Professor Bruce Sparks.

The human immune deficiency virus (HIV) and its accompanying acquired immune deficiency syndrome (Aids) question the very foundations of the caring professions, says Sparks, head of the department of family medicine at the University of the Witwatersrand medical school.

In a foreword to *Primary Aids Care* by Dr Clive Eviان (Johannesburg), Sparks says hospitals and special institutions will not be able to cope with the numbers of sick and dying afflicted by Aids.

Family, friends and the primary health care sector will carry the major responsibility for the task of caring for these people.

The disease requires a team approach, if even the basic needs of patients are to be met.

Eviان, head of the Johannesburg City Health Aids Prevention and Care Programme, says the record of abuse of human rights started by Aids has been "staggering and disgraceful, and health workers have not always been innocent in this regard".

Aids raises many peculiar and special problems for people. It is unusual for a disease to target and so seriously affect the most physically active in society, and those on whom others depend.

Yet for many, it is often the prejudice, discrimination, stigma and rejection which is even more difficult to cope with than the disease itself.

The disease has an extraordinary long, asymptomatic period, one which raises many uncertainties and potential fears. Aids is a disease which triggers a cascade of personal

Figures go up daily

South Africa was one of the last countries in Africa to be affected by the Aids epidemic.

By the beginning of 1993, there were already 2 500 cases of Aids reported.

Surveys estimated about 200 000 to 300 000 people with HIV infection.

This figure is expected to rise to over a million HIV-infected people over the next three to four years.

Experts calculate that 400 people become infected each day.

losses, says Eviان, culminating in the "most precious of all losses — one's life".

Images and descriptions of Aids are often morbid and extremely bleak, he says.

And while we should never underestimate the seriousness and potential devastation of the disease, "we must also never forget the human side".

"This aspect has also brought out the very best in people."

There are countless courageous stories about people affected by the disease and relationships which have been deepened and enriched through caring, understanding and compassion.

We are still learning a lot about the care and management of people with HIV and Aids,

says Eviان. "Opinions differ, and there may be alternative approaches. In many situations, there is no single or universally accepted therapy of management."

HIV and Aids are most common in lower socio-economic areas which are understaffed and poorly resourced, and where health care workers are already working under severe stress. This will add to the overall burden and will challenge workers to the full.

"We need to develop the health care skills and infrastructure before the epidemic reaches its full potential," says Eviان.

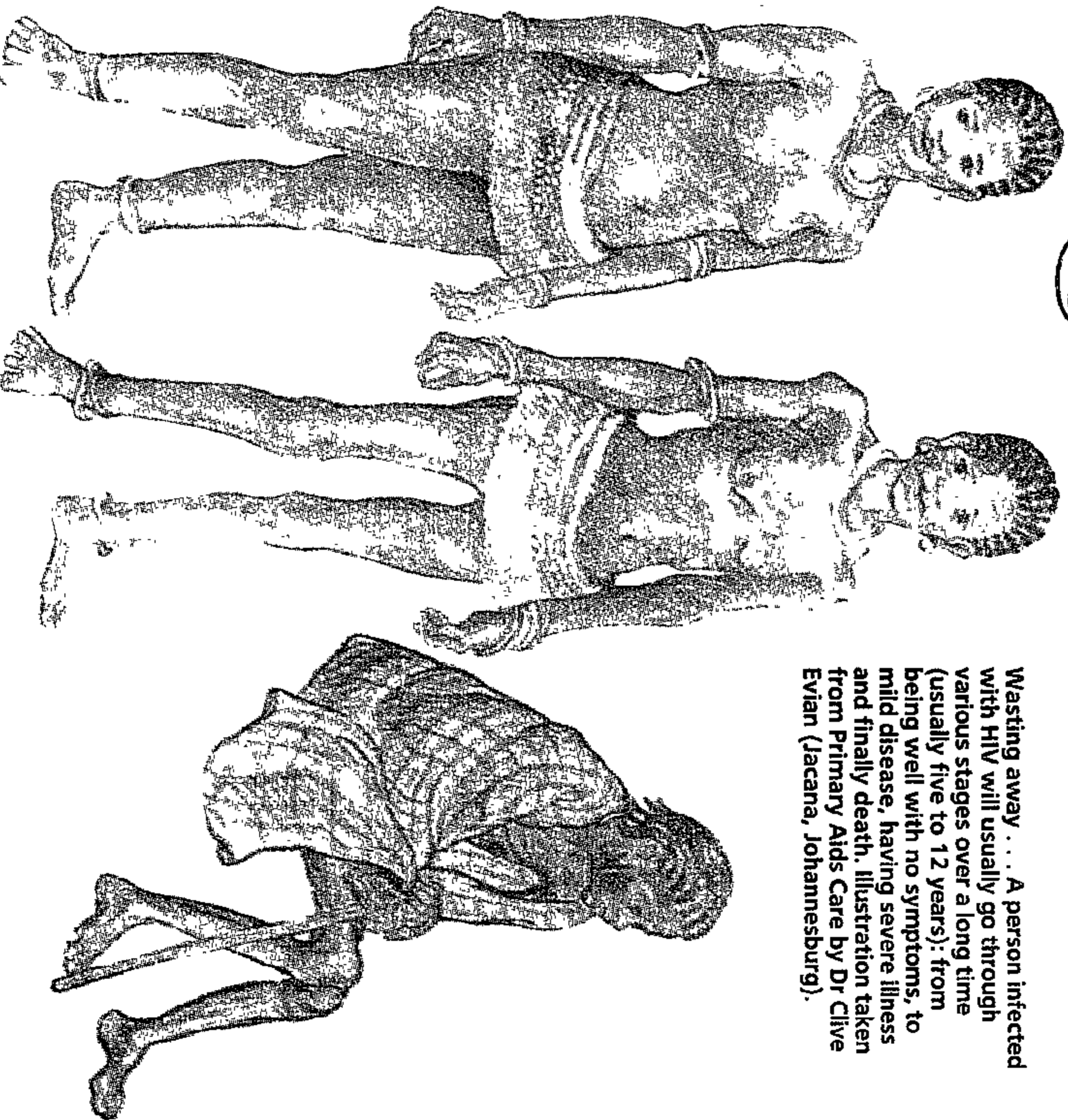
He has written a practical guide for health care workers in the field, which interweaves technical and clinical data with counselling skills, ethical approaches and practical solutions.

He gives primary health care personnel a "user-friendly" guide and approach to managing people with the disease, using pictures and illustrations to enhance the text.

Eviان addresses areas such as HIV testing, counselling, terminal care, specific needs of women and children, risk and injury to health workers, education, and information, safer sex and referral organisations.

While writing the book, he has been acutely aware of the different realities of a country like South Africa: Health workers and patients are potentially located in widely differing and diverse socio-economic situations. Primary care personnel also differ in training, qualifications and experience.

The book offers insight to all who require skills and guidelines in dealing with the "bruised minds, lacerated consciences and broken hearts" of those living with HIV or Aids, says Sparks.



Wasting away . . . A person infected with HIV will usually go through various stages over a long time (usually five to 12 years): from being well with no symptoms, to mild disease, having severe illness and finally death. Illustration taken from *Primary Aids Care* by Dr Clive Eviان (Johannesburg).

How the virus is spread

HIV is most commonly spread by sexual intercourse (90 percent). As a result of this spread, HIV/Aids is most common in people between 15 and 50. Men and women are both affected.

Women appear more vulnerable to infection than men.

Young girls are known to become infected earlier than boys, because they often become sexually active earlier, and in some countries older men tend to have sex with young girls.

Aids cannot normally be spread by:

- Airborne routes such as coughing, sneezing, laughing, talking, and touching.
 - Kissing.
 - Insects such as mosquitoes.
 - Simple skin contact such as hand-shaking, hugging and touching.
 - Food, water, or on plates, cups, spoons, toilets, baths, pools and showers.
 - Towels, bed linen, clothes.
- Information from *Primary Aids Care* by Dr Clive Eviان (Johannesburg).

TOMORROW

Visiting British Buddhist John Allman recalls a birthday treat that returned his life around.

Aids is not a "white man's disease" nor one that stalks only gay people, argues Lwando Bango. To destroy these myths, Bango and his theatre group, the Guguletu Drama Society, are taking their Aids-focused play to the townships. He spoke to

RAFIQ ROHAN:

"THERE is too much ignorance about this life-threatening disease in our townships and it needs to be addressed. The most effective way, we believe, is through theatre," says Lwando Bango.

With this in mind, "Let's Talk About Aids", was launched at Guguletu's Uluntu Centre.

"Let's Talk About Aids" concerns a township businessman who is "flapping around" with a variety of women, Bango says. He unknowingly picks up the dreaded virus and passes it on to his pregnant girlfriend and unborn baby.

When he starts dying he refuses to accept that he has become a victim.

Bango says: "As far as he is concerned, and as far as many township folk are concerned, Aids is a white man's disease, or a disease put on earth to punish gay people."

"This misconception needs to be changed and this is where we see our role," he points out.

Bango founded the Guguletu Drama Society five years ago.

"There were many people in the townships who needed a platform to express themselves artistically and nobody outside of the townships was really interested in us. Because of this I felt the need for this kind of group. It's unusual because we



South 319 - 7/9/93

let's talk about AIDS

ACTING AIDS: Tiny Skifele and Lwando Bango in 'Let's Talk About Aids'
Photo: Yunus Mohamed

emphasise education in drama."

Each year the society chooses a theme to project theatrically. Last year's theme was child abuse.

Explaining that theme, Bango says: "There are so many children in the townships being abused. We know of a child who had been raped by her uncle. She felt ashamed and yet respected her

uncle because of the traditions in the community. She could not tell anyone and had to live with her secret. When she saw our play she realised there were agencies she could go to for protection.

"When something like that happens we know what we are doing is worthwhile."

Bango is critical of performing

arts bodies outside the townships. All funding, he complains, goes to white and coloured companies.

"We get absolutely no funding. Our only income is from Progressive Primary Health Care, which organises workshops where we can perform for a nominal payment.

"We have approached numerous performing arts councils. All, we get

in return are promises — they never deliver. We can't live on promises."

Bango reserves his most bitter criticism for the Cape Performing Arts Board (Capab).

"Capab is misusing their funding because all their projects are either for whites or coloureds. They don't care what's going on in the townships. The way I see it, the people at the top are stubborn. I know what I'm talking about because I worked with Capab in plays like 'Romeo and Juliet' and 'Macbeth'."

Arts bodies must put their money where their mouths are, says Bango, and start pumping money into areas where it is most needed.

The four main members of the cast of "Let's Talk About Aids" are Bango, Mandla Buti, Tiny Skifele and Phumla Narhwale.

● The cast is available to take the production to schools, clinics and day hospitals and interested parties can contact the group at 638-5123 extension 16.

92

Aids education urged

Staff Reporter (92) CT 3/9/93 South Africa".

IN the face of limited funds the most important things South Africa can do to avoid an Aids epidemic is education and prevention, says veteran American Aids researcher Dr Marcus Conant.

Addressing doctors and Aids workers at UCT's Medical School, Dr Conant, who spoke on HIV management in San Francisco, said "no one really knows what is happening with Aids in

South Africa was facing a "bi-phasic" epidemic with first the gay community suffering and then the heterosexual community, he said. He also drew attention to the increasing number of infected women.

He stressed that education with a simple and easily distributed message was the most powerful thing South Africa could do to prevent transmission of the disease.

'Nurses need Aids training'

Staff Reporter

NURSES have been targeted for a government Aids training programme after a recent Human Sciences Research Council (HSRC) study which found nurses were ignorant of how to deal with Aids patients.

The study found that nurses in general were negatively disposed towards Aids and HIV-infected people and additional training

was "desperately needed".

Nurses were also afraid of exposure to the disease and lacked information on procedures to prevent infection.

They also felt under pressure and ill prepared to counsel and educate patients about Aids.

The experimental training programme, commissioned by the department, provides guidelines on HIV/Aids management, sex-

ually transmitted diseases, Aids counselling and education.

National health and population development spokeswoman Ms Natalie Stockton said: "The package represents a multi-disciplinary approach to handling and preventing Aids."

The department aims to extend the training programme to the 15 Aids centres by the end of the year.

92 C14 915

**3 000 in Cape
HIV positive**

ST. THOMAS CC, Mtho
ALMOST 3 000 Western
Cape people have tested
HIV positive this year so
far. **5 191 93**

For July alone, 128
cases were reported.
This shows an increase
of 32 over the June 1993
figure. **(92)**

Figures show AIDS hits young black women hard

Biday

KATHRYN STRACHAN

GOVERNMENT research on AIDS had shown that women between the ages of 20 and 24 had been hardest hit by the epidemic, Johannesburg City Council AIDS centre director Clive Evian said. 819/93

Speaking at a seminar in Hillbrow last week, he said almost 4% of women in the 20 to 24 category were infected with HIV. The next peak was among teenage girls, with 2.62% currently carrying the virus. (42)

Evian said this compounded the problem of AIDS as such women were more likely to be pregnant than older women and to pass the infection on to their babies. The chances of a mother transmitting the virus to her child were about 45%.

A recent study at an ante-natal clinic in central Johannesburg had shown that 6% of women presenting were infected with the virus, he said, far ahead of the national figure of 2.69%.

Men tended to be infected nearer the age of 30, said Evian, adding that the migrant labour system had contributed to the differing ages at which men and women were infected.

Head of Baragwanath Hospital's

maternity unit Dr James McIntyre told the seminar 4% of women tested at the unit at the end of last year had been infected.

Figures had doubled every year since testing first began in 1987, and the age that women contracted the virus had steadily dropped, with increasing numbers of infected women falling below the 24-year threshold.

The figure at Johannesburg Hospital was consistently higher at 6% than that at Baragwanath.

Evian said the high rate of infection among black women resulted from the epidemic striking hardest among the poor, the homeless and the powerless.

Poverty, which led to poor education and illiteracy often forcing women into selling sex, was the major reason. The sense of fatalism brought about by political unrest had also contributed to the spread of AIDS.

The system of migrant labour and disintegration of family and cultural life — within which sexual mores were established — had all played their part, he said.

Living with Aids

South 10191 - 1419193

(92)

WHAT makes a mother knowingly adopt a child who is HIV (Human Immune-Deficiency Virus) positive?

Mrs Val Kadalle, the permanent foster mother of a six-year-old son who is HIV-positive, says a child's need for love and decided to do something about it.

"I work at an old age home which also provides care for terminally ill patients. My son was admitted there, but I realised that this was not where he should be. He needed a family, exposure to school, education and other children," says Kadalle.

Her decision to foster the boy was initially frowned on by relatives and acquaintances, but they have come to accept it. This was not, however, the Kadalle family's greatest problem.

"The major problem was the school system. As yet there are no formal policies or guidelines for treating HIV-positive children at our schools. My son was forced to attend a playgroup with mentally retarded children.

"I believe that if policies and guidelines are implemented in schools, it will take away the need to expose a child that is HIV-positive," says Kadalle.

After approaching several playgroups, and being turned away by almost all of them, Kadalle eventually found a group, the Vuyani Educare Centre, willing to have her son.

Vuyani, in Lansdowne, had to an extent been prepared for Kadalle's son because the staff had attended HIV workshops and discussed the possibility of having an HIV-positive child prior to Kadalle's application.

Says Aloma Tinsu, the boy's teacher: "When Val made the application, the principal discussed it with us and we were given time to emotionally prepare ourselves for this new experience.

"We didn't want the child to feel different or others to see him as different."

The stigma attached to Aids is often more painful than dying from it. **BARBARA-ANN BOSWELL** spoke to the mother of an HIV positive child and an Aids expert about their experiences.



VAL KADALLE

Speakers from the Aids Training and Information Centre (Aric) came in. We needed that, we had theoretical knowledge about Aids but we needed the assurance that nothing would happen beyond that knowledge.

"We decided to treat all children as HIV-positive even before Val's son came. This means that we

working for the Red Cross in South Africa.

"HIV positive children are in more danger than healthy children because of their depressed immune systems. A dusty classroom can cause bronchitis which takes weeks to clear up," says Kimani. "Or the child may catch a cold from one of the other children, which can be disastrous."

Kadalle admits that every time her son falls ill, it worries her that this may be "it", the onset of full-blown Aids. Yet this thought doesn't dominate her life.

"I have two healthy children but I'm not focusing on the fact that they will die one day. They could be run over by a car tomorrow, and I'll have to live through it, so why should the fact that my son is going to die cloud my thinking?" she says.

But according to Kimani, it is not the actual death, but living with the disease, that is the challenge.

"A few years ago in certain African countries, people with Aids lost their homes, their jobs — everything. They were left to die on the streets, where they were degraded and treated like dirt. Every human being deserves dignity and, most importantly, to die with dignity.

The spread of the Aids epidemic has also precipitated a growing problem for fostering. The Child Welfare Society in South Africa is concerned about the fact that people will not adopt HIV positive children, and how this will affect future adoptions.

"At the Baragwanath Hospital in Soweto there are many Aids orphans and babies who are abandoned once their mothers realise they have Aids. The mothers don't have the courage to deal with the disease, and ignorance and fear are rife. I commend Mrs Kadalle for her courage," says Kimani.

For Kadalle, the biggest reward has been "just to see a child change, enjoy his childhood and be happy"

Her son starts school next year, and she looks forward to the day when policies and guidelines around Aids will take away the need to expose HIV-positive children in schools. At the same time she acknowledges the need for public awareness and for Aids to be discussed openly.

"The more we cover up the more we enforce the negativity surrounding Aids. Lots of parents at school do not want sex and Aids education in school, but as far as I'm concerned Aids awareness should be preached from the pulpit," she says.

But according to Kimani, it is not the actual death, but living with the disease, that is the challenge.

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For Kadalle, the biggest reward has been "just to see a child change, enjoy his childhood and be happy"

Wiet jy ...

Amnesia on the air

The new SABC board should seriously consider sending its presenters on memory training courses. Remember the Barcelona coverage when a presenter said "can we ever forget the name of the great ..." and promptly forgot the name?

Last Friday Ghana Hartnigh ended "Pick a Tune" with the words: "Let's not forget the words of JFK, who said ...". Naturally, she forgot what he said!

A monopoly by another name

Defending its massive market share, South African Breweries says in its annual report that it is not a monopoly, merely a "temporarily sole supplier" of beer in South Africa. Does that mean they cannot pass Start, or collect another R200?

WHO warns women on spread of Aids

912

WM 10-16/9/93

Chris Mihill

WOMEN are becoming infected with HIV at the worldwide rate of two a minute, the head of the World Health Organisation's Aids programme said yesterday.

"A decade ago women and children seemed on the periphery of the Aids epidemic. Today they are of primary concern," Dr Michael Merson, executive director of the WHO programme on Aids said.

"Aids has not spared women and their children. On the contrary, the epidemic wave has affected millions of them and millions more are threatened."

More than 13 million women will have been infected by the year 2000, and nearly a third of them will have died, Dr Merson told an international conference on HIV in children and mothers held in Edinburgh.

Even if all new infections were stopped in their tracks now, total Aids cases would still quadruple, by the year 2000. Almost one in two of newly-

infected adults were women. "The number of women acquiring HIV a year cannot be counted in the thousands or even the hundreds of thousands. More than one million women will be infected in 1993."

As infections increased in women, so did infections in their babies. So far, these totalled about one million, and more than half already had Aids.

The WHO estimates more than 14 million people worldwide have become infected with HIV, but less than one fifth had gone on to develop Aids and fewer still had died — suggesting the epidemic is still in its early stages, said Dr Merson.

Last year in the United States, Aids cases in women were nearly 10 per cent higher than a year ago, and in nine leading US cities Aids was now the leading cause of death for women of childbearing age.

Given the average 10-year lag between HIV and the onset of Aids, today's Aids figures revealed the trend of a decade ago. By now, HIV in American women "must be far more numer-

ous" than Aids figures showed, and must also be "far more commonly" due to sex.

Dr Merson cited various reasons for the spread of HIV in women. They were more at risk from sexual intercourse, partly because HIV is more concentrated in semen than in vaginal fluid.

They also tended to marry or have sex with more experienced men, who would be more likely to be infected from past partners. They were vulnerable to HIV transmission through blood — in the developing world, many need transfusions in pregnancy or childbirth.

And they were also a risk from culture, which set different standards for men's and women's sexual behaviour, and expected women to have sexual relations with men who gave them economic support.

There was an urgent need for new vaginal microbicides active against HIV, and young girls in particular needed to be taught how to protect themselves.

But, said Dr Merson, "women can teach each other about successful ways of manoeuvring to achieve safer sex — and they can be persistent in voicing their opinions on Aids to each other, and to men."

'Unhealthy' ad slated

DURBAN — A national health organisation has asked a razor blade manufacturer to stop screening a television advertisement because it could promote the spread of Aids.

In a letter to the manufacturer, the Occupational Safety and Health Organisation of South Africa yesterday said the Wilkinson Sword advertise-

ment showed a number of men being consecutively shaved with a single blade, which could enhance the spread of Aids, should cuts occur.

A spokesman for the manufacturer's advertisers said the advertisement used hyperbole and any reasonable person would understand it was meant to show the blade lasted longer.

(92) CT 15 11/9/93

Razor ad 'promotes Aids', say objectors

DURBAN. — A national health organisation has asked a razor-blade manufacturer to stop screening a television advertisement because it could promote the spread of Aids.

But, the advertisers have refuted this criticism.

In a letter to National Razor Blades in Cape Town, the Occupational Safety and Health Organisation of South Africa yesterday voiced its "strong objection" to a Wilkinson Sword advertisement on television.

(92) ARG 11/9/93
The organisation said the advertisement showed a number of men being shaved consecutively with a single blade, which could spread Aids.

"The spread of Aids through shaving is not common, but it is possible for Aids to be spread through sharing a blade, should cuts occur.

"In view of the Aids epidemic worldwide, and specifically in South Africa, we are requesting that this advertisement be removed from screening," said the organisation.

A director of National Razor Blades referred queries to the company's advertisers, where spokesman Martin Dibella said the point of the advertisement was to show that the product was a particularly long-lasting blade.

He said the advertisement used hyperbole and any reasonable person would understand that it was meant to show that the blade lasted longer.

The advertisement also showed the blade being rinsed thoroughly after each shave, he added. — Sapa.

HIV-infected: Schools must meet challenge

Health Reporter

(92) ARC 16/9/93

ALL schools in South Africa should adopt a plan of action for HIV-infected children to avoid a "knee-jerk reaction of anxiety".

This point is argued by three authors from the department of paediatrics and child health at the University of Stellenbosch, writing in the latest edition of the SA Medical Journal.

They estimate that 20 percent of Aids cases in South Africa are paediatric and say three out of five children treated at Tygerberg Hospital had struggled to find schools willing to accept them.

The authors said children infected with HIV or with full-blown Aids would soon reach school-going age without the community, schools or medical professionals being ready to meet the challenge.

There was a great need for information on admission policies and safety procedures in schools.

programme, and Saldef has started

The school graduates 60 students a semester and the clinic hopes to

grounds in the public defender programme, and for those who are sub-

the law faculty, Natal University, Durban

By CARMEL RICKARD

THE Appellate Division has, for the first time, heard a case relating to Aids. In its judgment, the AD will grapple with a doctor's dual responsibility when treating a patient who tests HIV positive: the duty to maintain patient confidentiality, and the duty to inform certain people, including other health care workers.

A fortnight ago, five AD judges heard the story of Barry McGreary, who discovered he was HIV positive during a routine insurance medical test. His GP, Matthy's Kruger, assured him the matter would be

Historic AIDS hearing in AD

9/2 WSM/17-23/9/92

kept confidential. The next day, however, during a game of golf with a dentist and another GP, he disclosed McGreary's condition.

Kruger maintains he had a responsibility to inform them as they had treated McGreary and might have become infected themselves. However, he acknowledges he was aware of the South African Medical and Dental Council's rules which stipulate that an HIV positive patient must be consulted

before anyone, including another health care worker, is informed.

McGreary died before the case came to the AD. His executors have asked the AD to overturn the Transvaal Supreme Court decision and rule that Kruger was liable for damages because of an unwarranted breach of confidentiality.

Edwin Cameron, for McGreary's executors, said word spread quickly through Brakpan about McGreary's condition, and his death

was hastened because of the stress. He said the golf course conversation was "chit-chat", rather than a considered disclosure made with the interests of Kruger's golfing companions at heart.

Peter Solomon SC, appearing for Kruger, said the judges should bear in mind that this was an "ordinary doctor" faced with his first HIV case. They should ask what a reasonable person in such a position would do.

The judges asked counsel to agree on the amount of damages involved and then to inform the court. Judgment was reserved.

Dr Wendy points a finger at sex prudes

(92) ARG 18/9/93

DI CAELERS

Weekend Argus Reporter

SOUTH Africans must set aside their "prudish, moralistic and judgmental" views of sex, stop pointing fingers at the so-called high risk groups and acknowledge that anyone can get Aids.

That's the word from the University of Cape Town's Student Health Service director, Wendy Orr, who said the government had allocated few resources to Aids education, with the per capita allocation the lowest in sub-Saharan Africa.

"In Uganda Aids education is an examinable part of the school curriculum from age seven and we need to take a similar approach in South Africa. Even the poorest countries, like Mozambique, are spending proportionately more on Aids education than we are," she said.

■ South Africa is trailing the field, with even the poorest countries in Africa spending proportionately more on Aids education — and could lose out on a crucial opportunity make a significant difference in the progress of the disease, still in the very early stages here.

Dr Orr, also the convener of UCT's Aids Education Working Group, spoke to Weekend Argus on her return from a visit to New York to attend a five-week course entitled *Aids, Human Sexuality and Programme Planning*.

South Africa, she said, was fortunately at a very early stage in the epidemic, which meant education could still make a significant difference.

"The need for the introduction of school-based educational programmes around sex, sexuality, contraception and Aids was emphasised as being extremely important. Trying to change sexual practices which are al-

ready entrenched is very difficult. Adolescents need to be educated to postpone the onset of their sexual activity and to make condom-usage an inherent part of sexual intercourse."

Discussing the Aids epidemic in New York and America as a whole, she said gay and bisexual men were still the largest group of HIV-positive people — but were no longer the fastest-growing group — followed by intravenous drug-users.

Aids was also fast becoming a disease of poor socio-economic groups, with the third-largest HIV-positive group in America being African American and Hispanic women —

and it was this group that showed the most rapid growth rate.

"Women are not only anatomically and physiologically vulnerable, they are also socio-economically vulnerable to HIV infection. They frequently rely on their sexual partners for economic support or hold a position in the relationship which has no power. So insisting on the use of a condom thus carries risks far more real and immediate than the distant possibility of developing Aids."

■ Dr Orr is also one of the prime movers behind UCT's Aids policy, officially adopted at the beginning of the month, which addresses issues like pre-employment screening, education and the position of HIV-positive staff and students.

She said UCT was the only university in South Africa to have a dedicated Aids Education Campaign with a budget allocated specifically for this purpose.

- Roadworks between Inchanga and Key Ridge;
- Roadworks on the N2 between New Guelderland and Ballito, and pedestrians between Mtunzini and New Guelderland;

- Construction on the Naudesberg Pass on the N9, which will be closed at certain times.
- In the Free State:
- Limited overtaking opportunities on the N1 between Ventersburg and Winburg. — Sapa.

Cosas demands school AIDS education

DURBAN — The Congress of SA Students is to launch its AIDS awareness campaign in Natal, which has the highest incidence of HIV infection in the country. *8/24/93*

Cosas and the National Progressive Primary Health Care Network challenged government yesterday to publicise the epidemic in schools, where they claimed no official AIDS education took place. *(92)*

According to the AIDS Training and Information Centre in Durban, 19 000 people had tested positive for HIV in Natal/KwaZulu by the end of January.

Of the national total of 1 803 people who had died or were seriously ill, 669 came

from the region. *24/9/93*

The centre said Natal's AIDS rate could probably be attributed to the great movement of people in the region because of the tourist industry, the port, informal settlements and the main transport route.

Cosas said its Natal campaign, to be launched on October 1, would include workshops, demonstrations and marches.

Cosas southern Natal organiser Mduduzi Nyawose said: "Schools have the capacity and responsibility to ensure that students and the youth at large are aware of the dangers of AIDS, and how to protect themselves and their families." — Sapa.

Condom use is 'only 10%'

ONLY 10% of patients attending sexually transmitted disease clinics in Cape Town report using condoms, says Ms Priscilla Reddy, a Medical Research Council Aids programme researcher.

Ms Reddy is developing a programme for the detection and prevention of sexually transmitted diseases and Aids. She said sexually transmitted diseases were a major contributing factor in the spread of Aids.

(12) CT 28/9/92

Confidentiality 'legal duty' for doctors

BLOEMFONTEIN.—The duty of a physician to respect the confidentiality of his or her patient is not merely ethical, but a legal duty recognised by common law, the Appeal Court here found when it upheld an appeal by the executors of the estate of the late Mr Barry McGearry of Brakpan.

The court awarded damages of R5 000 to Mr Johannes Nicolaas Paul Jansen van Vuuren and Mr Meryn Leonard Anthony

Joseph in their capacities as Mr McGearry's executors.

Mr McGearry sued his doctor, Dr Matthys J Kruger, for telling a dentist and another doctor he, Mr McGearry, was HIV-positive. He claimed damages of R50 000, which was raised during the trial to R250 000.

The claim was dismissed by Mr Acting

Justice D S Levy in the Rand Supreme Court on October 16, 1991.

Yesterday Mr Justice Harms (Acting Judge of Appeal) referred to the South African Medical and Dental Council's Rule 16 which says it amounts to unprofessional conduct to reveal any information which ought not to be divulged without the express consent of the patient. — Sapa

CT 291/1993
92

Rape and Aids spread a daily SA nightmare

ANDREA WEISS

Health Reporter

72
AKG 29/9/93

RAPE is a hidden menace in the battle against the spread of Aids — particularly in South Africa.

This is the message of an article appearing in the latest issue of Panos WorldAids, an international magazine reporting on Aids and development around the world.

South Africa is reported to have the highest incidence of rape in the world — amounting to nearly 370 000 cases a year.

"Far from being an aberration, rape is at the extreme end of a continuum of disrespect and discrimination that dogs the lives of all women to a greater or lesser extent and makes them more vulnerable to HIV infection," the article says.

While direct links between rape and Aids have been difficult to prove, doctors say that rape is likely to be a significant route of HIV transmission where there is a high incidence of both HIV infection and rape.

This situation is already found in Soweto where around 4 percent of the adult population is estimated to be HIV positive and rape is an everyday occurrence.

The article quotes Thamsanqa Bomvana, who runs a rape clinic

at Baragwanath Hospital, saying that "the fear of contracting HIV is one of the main fears of the patients I see".

The chance of getting HIV through a single act of vaginal intercourse is quoted as being between one in 250 and one in 500 — but these odds are considerably shortened where there is the possibility of bleeding.

The risk is also heightened in anal intercourse where there is more likelihood of broken skin and bruised tissues. This form of rape is common among men in South African prisons, the article states.

Also, where either partner has another sexually transmitted disease, the conditions for infection are higher.

Another concern of Aids workers is that young women who are raped become predisposed to sexually risky behaviour.

"For too many women, rape and forced sex are a daily fact of life. As the HIV pandemic accelerates, the threat of contracting HIV from rape also increases.

"However carefully designed or successfully implemented, efforts to inform people about HIV and how to protect themselves are irrelevant to those forced to have sex against their will," the article concludes.

Appeal Court upholds privacy rights over Aids

(92) ARG 29/9/93

BLOEMFONTEIN. — The duty of a physician to respect the confidentiality of his patient is not merely ethical, but is also a legal duty recognised by common law, the Appeal Court in Bloemfontein found when it upheld an appeal by the executors of the estate of Barry McGearry of Brakpan.

The court awarded damages of R5 000 to Johannes Nicolaas Paul Jansen van Vuuren and Mervyn Leonard Anthony Joseph in their capacities as Mr McGearry's executors.

Mr McGearry sued his doctor, Matthys J Kruger, for telling a dentist and another doctor that he was HIV-positive. He claimed damages of R50 000, which was later raised during the trial to R250 000.

The claim was dismissed by Mr Acting Justice D S Levy in the Rand Supreme Court on October 16 1991. The judge found Dr Kruger had not acted wrongfully when he disclosed the information to Dr André Vos and Dr Chris van Heerden, and had not impaired Mr McGearry's dignity.

Drs Vos and Van Heerden had previously treated Mr McGearry. Mr Acting Justice Levy said it seemed unreasonable that doctors, who consciously and willingly submitted themselves to the dangers of infection by their patients, should not be warned in advance

of the need to exercise particular care to take special precautions in the handling of an HIV-positive patient.

Yesterday Mr Justice Harms (Acting Judge of Appeal), with the concurrence of Mr Justice Joubert, Mr Justice Nestadt, Mr Justice Kunnleben and Mr Justice Nienaber, said the right of the patient and the duty of the doctor were not absolute, but relative.

One was, as always, weighing up conflicting interests and a doctor might be justified in disclosing his knowledge "where his obligations to society would be of greater weight than his obligations to the individual".

Mr Justice Harms said there were two versions before the trial court about the circumstances and nature of the disclosure.

Dr Van Heerden testified, somewhat unwillingly, on behalf of Mr McGearry. Dr Vos had been consulted by both legal teams, was available to both, but was called by neither.

Dr Kruger testified on his own behalf.

According to Dr Van Heerden, Dr Kruger, towards the end of a game of golf, mentioned that one of his patients had tested positive for HIV, that he was known to them and thereupon he identified Mr McGearry by name.

After the disclosure Dr Van Heerden told the others that Mr McGearry had consulted him some months earlier. Dr Van Heerden believed that, in the circumstances then prevailing, the information was not conveyed in a professional context. Although it was sensitive, it was not confidential. He could not deny, however, that Dr Kruger had asked them to treat it in confidence.

Dr Kruger's version was that Dr Vos had been his patient and Mr McGearry's dentist. He was, therefore, concerned that Mr McGearry might have infected Dr Vos. He felt obliged to inform Dr Vos of Mr McGearry's condition to enable him to evaluate his own exposure to the virus. It was not his intention to discuss the matter at that stage with him.

Nevertheless, in the course of the game a general discussion about HIV infection took place. To stress the immediacy of the problem, he told the two that he had a patient, known to all of them, who had tested positively. Dr Van Heerden had remarked that he wondered whether it was not Mr McGearry, since he had consulted him about an oral fungal infection. He confirmed the correctness of Dr Van Heerden's surmise and asked them to treat the information confidentially.

The trial court had accepted Dr Kruger's version.

Mr Justice Harms had some reservations about this finding, but since the difference between the two versions appeared to be relevant only to motive, he would assume its correctness for present purposes.

Mr Justice Harms referred to objective facts that were of relevance, including the South African Medical and Dental Council's Rule 16 which says it amounts to unprofessional conduct to reveal any information which ought not to be divulged without the express consent of the patient.

In addition the council formulated a guideline in 1989 in connection with HIV. An important aspect of this was that the patient had to be informed of the doctor's obligation to make a disclosure to other health care workers concerned with the patient. That gave the patient the opportunity to say why it was, in fact, not necessary. This was something that Mr McGearry was denied.

Dr Kruger not only did not seek to obtain Mr McGearry's consent to a disclosure; to the contrary, he promised not to divulge the information.

The judge said that to determine whether Dr Kruger had a social or moral duty to make the

disclosure and whether Drs Van Heerden and Vos had a reciprocal social or moral right to receive it, the standard of the reasonable man applied.

With that in mind, the judge was of the view that Dr Kruger had no such duty to transfer, nor did Drs Van Heerden and Vos have a right to receive the information.

A patient had the right to expect due compliance by the practitioner with his professional ethical standards. In this case the expectation was even more pronounced because of the express undertaking by Dr Kruger.

The judge said it was extremely difficult to make an award in this matter as there were no obvious signposts.

Nevertheless, the right of privacy was a valuable right and the award must reflect that fact.

However, said the judge, the nature of Mr McGearry's condition was, in any event, such that it would inevitably have become known at some stage.

In the light of all this, he believed that R5 000 would be a just award.

The appellants were entitled to their costs of appeal, inclusive of those of two counsel. They were also entitled to a costs order in the court below on the Supreme Court scale. — Sapa.

SA urged to face economic reality of AIDS

B/Sow 30/9/93

Own Correspondent

CAPE TOWN — A senior medical adviser warned yesterday that SA faced 4-million HIV-positive people by the year 2000 and health authorities and social support organisations could not afford to pretend financial restraints did not exist in treating AIDS.

(92)
At a conference organised by The Planned Parenthood Association of

Southern Africa, Sanlam medical advisor Dr Altus van der Merwe said the company would like to give the best care and support to AIDS victims and their dependents, but the reality of SA's ability to pay would be the determining factor.

"The current negative growth in real gross domes-

tic product must be turned to a positive level before any expectations of treating the increasing number of HIV-infected people can be realised," he said.

SA would have to develop its own standards and criteria in respect of AIDS. As long as economic realities were ignored it would be impossible to find workable solutions.

Aids care finance warning

92

Staff Reporter

430/9/93

A SENIOR medical adviser yesterday warned that, facing a scenario of four million HIV-infected people in South Africa by the year 2000, health authorities and social support organisations could not afford to ignore economic realities or pretend financial restraints did not exist in treating Aids.

Sanlam's medical adviser, Dr Al-tus van der Merwe, said although

one would like to give the best care and support to Aids victims and their dependants, the reality of South Africa's economic ability to pay for this would unfortunately be the determining factor.

"The current negative growth in real gross domestic product per capita of minus 4,3% must be turned to a positive level before any expectations of treating the increasing number of HIV-infect-

ed people can be realised," he said.

As long as economic realities were ignored it would be impossible to find workable solutions to Aids problems and related issues.

Dr Van der Merwe handed over a cheque of R50 000 for Sanlam's sponsorship for the Aids Education Unit of the Planned Parenthood Association of Southern Africa and its publication Aids Scan.

Aids victims living seven times longer

Star 30/9/93

■ BY ANDREA WEISS

Cape Town — Aids patients are living seven times longer than they did at the start of the epidemic because they get better treatment and doctors do not give up on them from the outset.

This is the message American Aids pioneer Dr Arthur Conant brought to South Africa recently. Conant runs the biggest Aids clinic in the US, treating 3 500 patients in the San Francisco Bay area alone.

But treatment is expensive and South African patients who cannot afford private care have little hope of getting the standards of care routinely administered at Conant's clinic, even though it may be a less expensive option than increased hospitalisation.

A dermatologist, Conant was one of the first medical scientists to link the rare form of skin cancer Kaposi's sarcoma with the HIV epidemic.

At a press briefing, Conant said the life expectancy of patients who developed full-blown Aids had increased from about six months in 1981 to 43 months now.

He ascribed the improved life, ex-

pectancy to more aggressive management of illnesses caused by Aids, anti-retroviral therapy (such as AZT, which slows the progression of the disease), prophylactic treatment against diseases that can kill and patient empowerment.

In the past physicians sometimes failed to treat patients because they were "going to die anyway" even though aggressive treatment of cancers and other Aids-related problems could keep them well.

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Keep going

Lifestyle changes also seemed to help patients live longer. These included stress reduction, exercise, stopping smoking and regular medical check-ups.

The vast majority of his patients were able to stay at work, go to the gym and travel while being treated.

Conant said the difference with Aids was that it affected people who were in the middle of their wage-earning lives.

"If we can keep them working, it makes more sense."

Sangomas and West join forces

By Musa Zondi

92

TO the sounds of the drum and ululating women, izinyanga and their charges file into the thatch-roofed entertainment area.

The scene is all set for white reporters and other guests to watch. The actors take no notice of the stares and they sing and dance without a care in the world. With the group are children as well.

Old and not so old women dressed in part-African attire and sporting imiyeko (the dreadlock-like hair sangomas wear) lead the procession and at the back are grown-up men and young boys.

The tallest in the group is Mr Horatius Zungu, president of the Traditional Healers Organisation of SA.

This is the day when Western medicine supposedly meets traditional African healing. Professor Ruben Sher, a renowned medical researcher, stands out with his white beard. There are countless other people standing and watching. The conference is about the role of traditional healers in the prevention of Aids. Sher speaks at length about the disease.

More than 14 million people in the world are infected with the HIV virus. Of these, 2,5 million have full blown Aids and by the year 2000 there would be 40 million people infected, he says. Of the 40 million, 13 million will be women and one in three infected

children born of such mothers.

Of these, 70 percent will die within 18 months.

By the year 2000, if no cure is found, there will be 10 million orphans. These are the shocking statistics.

But the battle is not lost yet. Short of finding a medical solution, the only known way of avoiding the disease is to use a condom. This was the message at the end of the day.

Zungu said traditional healers had an important role to play in the prevention of Aids because more than 80 percent of black Africans consult healers before visiting a conventional doctor. Because healers also act as counsellors, Zungu said they are encouraged to promote the use of condoms, "the only recommended preventative measure against the dreaded disease".

He said in traditional healing, a special regulation had been introduced regarding the use of razor blades. "Every patient is now required to bring his or her own razor blade when coming for treatment that requires this specific instrument".

LRC Industries marketing and sales director Mr Rob Molony said his company recognised "the importance of traditional healers in the health delivery system in South Africa. We welcome and value this relationship as it creates an interaction process for exchanging valuable information on health matters, specifically regarding Aids."

Sangomas and ancestors join forces to fight the Aids threat

JOHANNESBURG. — The horrified sangoma — a traditional medicine man — jumped to his feet and was bolting for the door when Aids educator Bongi Zokwe grabbed his cloak and yanked him back to his seat.

"Sit down," she ordered, "it's not real," and resumed extracting a large and very real-looking black rubber penis out of its red satin bag.

She resumed teaching her class of 30 sangomas how to use a condom, then handed out dildoes and sheaths to all for a practice session.

After working with traditional healers during her years of political exile in Zambia, Zimbabwe and Tanzania, Ms Zokwe returned home last year to help mobilise sangomas in the war against Aids.

"Traditional healers have made a huge impact in the fight against Aids," Ms Zokwe, a social worker, said during a break in her class, where she teaches sangomas how to counsel their patients in Aids prevention.

"They command a tremendous amount of respect among the black population and they're in a key position to break down sexual taboos," she explained.

"They can get away with it where other health workers cannot."

The organisers of the initiative, two US-based groups called Aids Communication (Aidscom) and Aids Control and Prevention (Aidscap), said at least 85 percent of South Africa's black population consulted healers.

Their number in rural areas varied from one for every 20 to 200 people, compared with one medical doctor for every 50 000 to 100 000.

With 400 new cases of full-blown Aids reported daily — according to expert Professor Ruben Sher — South Africa was catching up rapidly with its northern neighbours.

Dr Sher, a professor at Witwatersand University and anti-Aids campaigner, said: "With all the crime and political upheaval in South Africa, Aids has taken a back seat with the authorities.

"Rallying the traditional healers is a major step forward."

Although the plan to train sangomas was launched five years ago, the project got off the ground only last year when Aidscom and Aidscap invited 30 medicine men to attend a workshop near Port Elizabeth.

Many of those invited lived in areas where phones were non-existent, mail delivery impossible and roads impassable — yet all were on time for the workshop, said Aidscom spokesman John David du Preez.

"It was a tremendous success," he said. "Those sangomas in turn trained 30 more and by now 635 have been trained."

"Each sees an average of five people a day, so they're reaching more than one million people a year," said Mr Du Preez.

Some medicine men said more than half of their patients had sexually transmitted diseases, according to Ms Zokwe, and now that they had been taught to look for the symptoms of HIV and Aids, many realised they had been dealing with infected patients for years.

Mr Du Preez said that all who recognised the symptoms and referred patients for Aids tests had been 100 percent accurate in their diagnoses.

The traditional healers are having some success with herbal remedies that helped bolster the immune system and relieved the pain of Aids patients, said Mr Du Preez.

"Also, doctors don't have time to sit down and listen to patients," he explained. "Sangomas do, and this helps, psychologically."

"Once we get past the taboo and the sangomas accept the need for explicitness in counselling people in safer sex, the next problem is getting their ancestral spirits to accept the dildoes as part of their instruments," said Ms Zokwe.

"We advise them to make an offering to the ancestors," she said, "and, invariably, the ancestors say yes." — Sapa-
AFP

Aids baby gets loving care

Star 4/10/93

(92)

A SALVATION Army home in Soweto is the first in the country to look after HIV-positive infants

BY MOKONE MOLETE
SOWETO BUREAU

Like most babies, Khotso Puseletso flashes a disarming smile and follows his "mother" around in his walking ring. He flatly refuses to be put in a cot and wants to be carried around instead.

His name means "peace" — and it was on National Peace Day last month that he was admitted to the Salvation Army's Bethesda Home for Aids Orphans in Soweto.

The ravages of malnutrition and HIV make him look only half his 18 months.

Khotso, the first resident of Bethesda Home, was abandoned by his mother, apparently an 18-year-old Lesotho woman.

According to his new "mother", matron Captain Lenah Jwili (37), he was referred to Bethesda by social workers from Sebokeng Hospital. Efforts by hospital authorities to find his mother were fruitless.

However, in the staff at Bethesda Khotso has found a new



Tender touch . . . Captain Jwili cares for 18-month-old Khotso.

PICTURE: GARY BERNARD

family. "I know we cannot be a substitute for natural parents, but children like Khotso need to belong. They need to be loved and cuddled just like any other child," said Jwili.

Experts on Aids do not expect children born with the disease to live more than four years.

Bethesda is the first home of its kind in the country. It was opened with funding from the Rotary Club in Johannesburg.

It accepts children with the Aids virus — of all denominations — who have either been abandoned, or whose mothers are too ill to look after them or have themselves died after con-

tracting the virus.

At the moment Khotso is the only patient at the home, but four more HIV-positive children are expected from Natal soon.

According to World Health Organisation predictions there will be more than 10 million Aids orphans in sub-Saharan Africa by 2000.

Aids series for teens starts soon

Staff Reporter

THE teenage Aids education chat show, Love Life, soon to appear on TV1, is billed by the SABC as the most adventurous and frank teenage sex programme to date.

(92) 05/10/93
The Cape Times previewed two episodes of the 13-part series yesterday. One was devoted to the topic of peer pressure.

The first episode features moving discussions with Stellenbosch Aids crusader Mr Christo Greyling, 29, a haemophiliac, who contracted the virus from a blood transfusion.

Mr Greyling co-hosts the programme.

The series begins on Sunday October 17 at 9.30am on TV1.

● Latest statistics reveal that 1 803 South Africans have full-blown Aids, while 322 000 are HIV-positive.

(92) ARG/S/10/93

The love life of the SA teen — on SABC

ANDREA WEISS
Health Reporter

THE SABC has decided to call a spade a spade in a new chat show aimed at educating teenagers about Aids and sexuality.

Love Life, a 13-part series to be screened on Sunday mornings at 9.30am, is hosted by Christo Greyling, 29, a former Dutch Reformed minister who has gone public on the fact

that he is HIV-positive.

His co-host is entertainer Caroline Fassie.

An estimated 2,5 million viewers should be reached by the time the show has run its course on TV1, CCV and TSS. The first episode will be screened on October 17.

Now living in Stellenbosch, Christo, a haemophiliac, tested HIV-positive in 1987. This did

not deter his fiancée Liesel from marrying him.

In the first episode, he speaks openly about living with HIV and how it has affected his life and his marriage.

In the past year Christo has addressed about 65 000 people around the country.

At a preview this week, he said many questions posed in the series came out of talks he

had given — and some spontaneous ones popped up from the show's teenage actors.

Topics covered include encouraging safer sex and explaining HIV infection.

World Health Organisation estimates are that by the end of the century there will be more people infected with HIV in Africa than on all the other continents together.

Prevention prime goal

A LEADING oil company's Aids awareness programme for employees has led to changed attitudes towards sexual behaviour and those suffering from the disease.

Ms Sharon Rankin, employee care-co-ordinator of Engen, said infection prevention was their primary goal.

Citing a specific example of a senior manager who regularly avoided discussions on the subject, she said when he was faced with an infected person who had the courage

to disclose and communicate, the manager was "typically shocked".

"He subsequently attended the programme and now makes informed choices," she said.

Ms Rankin said like this individual, industry may be paralysed by denial and the industry had to address this problem.

"Aids does not discriminate so we cannot allow industry to do so." Aids prevention programmes were essential, she said. (92)CT711993

PEOPLE'S LIVES *Behind every HIV or Aids statistic is*

There is no choice for Sophie

Sowetan 8/10/93

SOPHIE WORKED as a cashier in one of the supermarkets in the city. In 1991 she found out she was HIV-positive. "I was pregnant. I had strange pains during the pregnancy and I did not know what was happening to me," she says.

She gave birth to a baby boy. She did not know that while she had given him the gift of life she had also passed on the deadly curse of the Aids virus.

"The baby was born prematurely in the 7th month. He was in and out of hospital. I was okay and there were no signs that anything was wrong with me.

Tests were done on him and he was found to be HIV-positive. The same day the doctors received the results, they took me for the tests. I was also positive," she says.

"At first I got really depressed. I asked myself why did it have to happen to me? I knew that it happened to prostitutes and homosexuals and people 'who did not behave themselves properly'. I had behaved myself and the doctors were saying I was HIV-positive. I kept on asking — how could it happen to me?"

Her biggest fear was what would her family say to and think of her. Would they think she was bad? Would they think she had been misbehaving?

"How would I tell my partner?

Aids — a scary prospect. Statistics roll off the tongue. But do we ever stop to think of the person who has become a statistic? Health reporter **MUSA ZONDI** did and visited Baragwanath Hospital. Here he unveils the heartbreak etched in human flesh that lies behind the numbers:

Would he blame me I kept asking myself."

Counselling sessions helped Sophie and taught her to accept what had happened to her. She learned that it wasn't because she was bad that she had become HIV-positive.

"More than anything the counsellors helped lift the burden from me by talking to my partner. I did not know how to do it myself. I began to accept myself as I was," she says.

There had been changes in her body. She began to lose weight. She had flu constantly and persistent diarrhoea. "But I did not notice all these changes until I was tested positive," she says.

Today she eats correctly — "as much as I can afford" — because she has since lost her job because of her ill-health.

The thought of death does not occupy her mind. "You don't know how you are

going to die anyway," she says philosophically.

She has three children but they do not know of her condition. "The time is not yet right to tell them. When the time comes, I will," she says.

Sophie has a message for young people. "Aids really exists. Young people must know about the disease. They must also accept that for now, the only way to avoid Aids is to use condoms if they cannot abstain," she says.

She would like to have owned a house one day and live with her family. But for now, at only 32, she has to take one day at a time. "That way, maybe I can live just a bit longer," she says.

She is not bitter at the man who passed on the virus to her. Now she knows it can happen to anyone. This was not Sophie's choice but it's her fate and she has learned to live with it.

92

Boost for Aids education

By Quentin Wilson

AIDS education in Southern Africa received a boost last week when insurance giant, Sanlam, handed over R50 000 to help finance "Aids Scan", an AIDS awareness publication issued by the Planned Parent Association of South Africa.

"Aids scan", the only review publication on Aids in South Africa, is also to be distributed in Malawi, Mozambique and Zimbabwe.

Sanlam medical advisor, Dr Altus van der Merwe, who handed over the cheque in Cape Town last Wednesday, warned that South Africa would not be able to cope with the epidemic unless the country's economy improved.

"While we would like to give the best possible care and support to unfortunate AIDS victims and their dependants, the reality of South Africa's economic ability to pay for all this will unfortunately be the determining factor," Van der Merwe said.

He argued that there would have to be a positive level of economic growth before any expectations of treating the increasing numbers of HIV-infected people could be realised.

Estimating that there would be four million infected people in South Africa by 2000, Van der Merwe said the country would have to develop its own standards and criteria with respect to Aids.

"As long as we ignore economic reality or pretend the financial constraints do not exist, it will remain impossible to find workable solutions for the Aids problem and the related issues," he said.

Aids increasing within marriages

Staff Reporter

THE South African insurance industry has reported a disproportionate increase in the number of Aids-related claims received from married people — a rise of 63% in the last six months.

(92) CT 15/10/92
A report in the latest Sanlam Aids Scan states that married people now make up 40% of all Aids-related insurance claims, reflecting the escalating heterosexual spread of the disease in South Africa.

Teachers with Aids to keep jobs

CFIS/10/93

92

Staff Reporter

TEACHERS with Aids, or who are HIV-positive, must be allowed to continue teaching until they are no longer capable of doing so, and school children with the disease must be admitted to schools.

This is the message in new guidelines for school principals on dealing with teachers or pupils with Aids, issued by the House of Representatives Education Department.

Director of Special Services for the House of Representatives, psychologist Mr Robbie Francis, said yesterday: "We are taking a pro-active approach to inform principals on what should be done when a pupil or teacher with the HIV virus or Aids is enrolled."

Mr Francis emphasised that the knowledge that a person had Aids was legally confidential, and "teachers with the disease must be treated as though they have any other disease".

Teachers with Aids would be allowed to teach until they were physically incapable of doing so, Mr Francis said.

"Principals cannot refuse to admit children with Aids to schools", he added.

The policy was drawn up in conjunction with the Department of National Education, Western Province Blood Transfusion service, the Aids training centre, and other legal and medical professionals.

Schools notified

Mr Francis added that teachers' unions such as the South African Democratic Teachers' Union (Sadtu) had reacted positively to the policy.

The guidelines are being sent to schools in time for next year's first term.

Mr Francis said "principals would be upset if they read the policy in the papers, but it will be available to the public once all the schools have it".

Herbalists, doctors quarrel over 'cure' for Aids

By Rangirai Shoko

ZIMBABWE'S traditional doctors, proclaiming a break-through in treating Aids, are becoming increasingly wary of collaboration with foreign drug manufacturers and research institutes in carrying out laboratory tests.

The traditional herbalists, working under the umbrella organisation, the Zimbabwe National Traditional Healers' Association (Zinatha), say they have for years shared secrets with both local and foreign conventional doctors.

They claim some of their medical formulae have proven effective in areas where cures have eluded modern medicine.

But the financial benefits of their achievements, let alone the recognition and the patents, have also remained elusive, where the herbalists are concerned.

This has caused ill-feeling among Zinatha members towards modern doctors.

The rift between the two groups widened after a herbalist, Mr Benjamin Burombo, claimed he had successfully treated Aids patients with a certain herbal formula.

Burombo's claim, which grabbed headlines in the local press, prompted a fruitless rush by conventional doctors to test the herbalist's anti-Aids formula in research laboratories to prove its effectiveness against the disease.

"I won't give them," he declared, drawing the full support of other healers and of Zinatha.

Conventional doctors, including Health Minister Timothy Stamps, argue that their only interest in seeking co-operation with traditional herbalists is to broaden Aids research and to guard against exploitation of Aids sufferers.

"A sufferer from HIV is highly vulnerable," said Stamps, "and is easily attracted to claims of cures. If this goes unchecked, many people will be made rich from the misfortune of others."

But traditional healers are adamant. They suggest proven Aids sufferers be made available to them for treatment, after which they could be re-tested for the disease by conventional doctors.

"If you see people coming looking for medicines, don't give them. They will take your medicines abroad for sale," Professor Gordon Chavhunduka, vice chancellor of the University of Zimbabwe and also leader of Zinatha, warned association members on national television recently.

A new body, the Aids Co-ordination Council, has been formed, through which the two groups will try to work together.

Under the arrangement, a traditional healer claiming a breakthrough in treating Aids and other diseases, will be given model patients for treatment, after which conventional doctors may re-test them for proof of cure.

Already Burombo and other traditional herbalists who have

claimed success in Aids treatment have been allocated 30 patients each for treatment.

"We insist that anybody who is going to treat patients should be registered because there have been cases of imposture," said Stamps, somewhat moderating his previous dismissal of claims by traditional healers of having found a cure.

Although Burombo's claim is not the first by a Zimbabwean traditional doctor, it has generated more interest.

Burombo, a dreadlocked young man in his mid-thirties, shows pre- and post-treatment conventional medical records as proof of the success of the herbal formula he is keeping a closely guarded secret.

But medical doctors insist Burombo's claim is false and intended to lure more sufferers for financial gain.

But Aids sufferers, some from as far away as Europe, continue to flock to Burombo's self-styled Aids clinic for treatment — **AIA**

Refuge of peace and joy for the forgotten

Star 16/10/93

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KHOTOSO is a beautiful toddler with huge brown eyes which light up when you say his name. His gap-tooth smile makes you laugh, yet not even his mother wants him. She ran away from Sebokeng Hospital after learning she had given her baby AIDS.

Earlier this year another little girl was found wandering on a Natal beach, abandoned by her family, presumably because she was HIV positive.

Both are just two of the increasing number of AIDS babies being abandoned by their families.

Sensing the need to care for the increasing number of such children, the Salvation Army raised the funds and initiated a project to establish a multiracial haven in Soweto for abandoned children of HIV-positive mothers. The first patient arrived on Peace Day last month and the nurses named him Khotso — which means peace.

Abandoned

The lively, gurgling little boy — who demands kisses and cuddles from everyone — will die within three years. "Khotso's mother never knew what a beautiful child she had," said Salvation Army Captain Lenah Jwill, director of the Bethesda House for AIDS orphans.

Bethesda has accommodation for 12

THE Salvation Army has set up a centre in Soweto to care for the increasing number of abandoned AIDS babies. LOUISE MARSLAND reports.

HIV-positive babies. Four more abandoned HIV-positive children are expected to arrive shortly from the Zakhe "place of safety" in Durban.

"These children don't have a sense of belonging, so we must give them all the love and care we can. Khotso has six mothers here at Bethesda, he is very spoilt," Jwill said.

Government research on AIDS has shown that women between the ages of 20 and 24 have been the hardest hit by the epidemic in South Africa, Johannesburg City Council AIDS centre director Dr Clive Evian told a Hillbrow seminar recently.

The next peak was among teenage girls, with almost 3 percent currently carrying the virus. The problem is compounded by the fact that women in this category are more likely to fall pregnant than older women and pass the infection on to their babies — the chances of a mother transmitting the virus to her child being about 45 percent.

A recent study at a Johannesburg ante-natal clinic also showed that

6 percent of pregnant women arriving for care were infected with the virus.

"More and more babies are being born with HIV, the virus that causes AIDS. And most of these babies will die before they are two," Evian said.

Education is the key to the success of the Salvation Army's AIDS programme. "When the virus is in the family, are you going to chuck out your children, your wife, your husband?" Jwill asked.

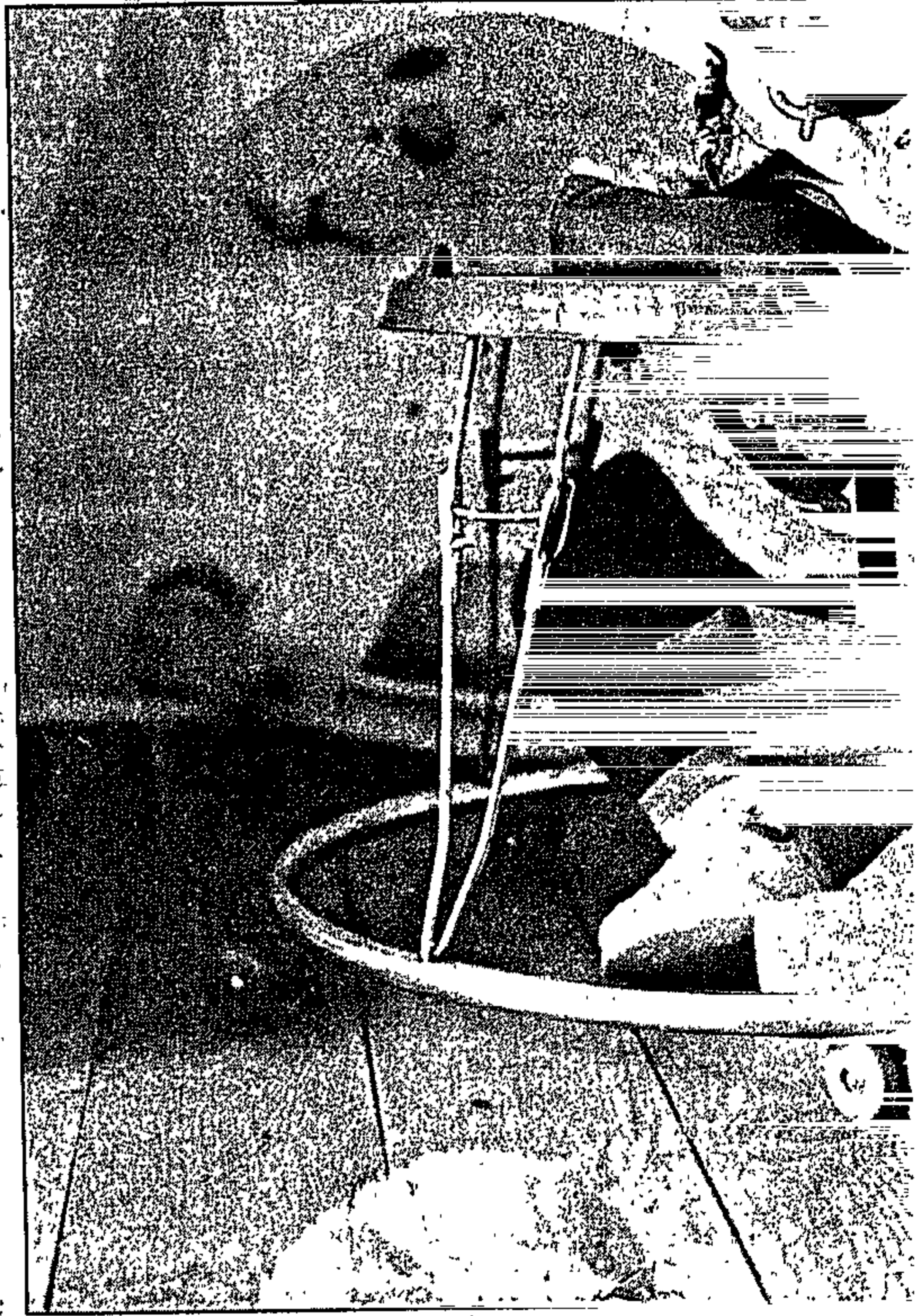
"These children are innocent, one can't just throw them away. My dream is that the whole community should be informed because this virus is going to attack each and every one."

The Salvation Army's first priority is to return the child back to the family or foster parents. If this is not possible, the Salvation Army has a creche on site as well as other facilities for older children, including a school.

Spreading

Salvation Army public relations officer Major Denis Lorimer said someone had to start the ball rolling. "We can't afford to wait for the State to do something. This home is an experiment, but the need is so great. In Zambia we are finding villages with only children left. All the adults have died of AIDS. It could happen here... the disease is spreading rapidly. We are trying to offer a place of love and care for these children, knowing that the hospitals can't possibly cope in the future. The problem is too big."

Jwill wipes away a tear as she talks about her AIDS charge. "When you see a child as healthy-looking as little Khotso is now, it is very painful to know that he won't live much longer. I adore him. It's so sad, and it will be very hard to deal with his death."



Peace and forgotten

Star 16/10/93

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UNWANTED, BUT LOVED: Baby Khotso, abandoned by his mother after learning she had given her child AIDS. He will probably die within three years.

● Photograph: NATASHA PINCUS



SADF steps up Aids education in Natal

GREG KNOWLER

Weekend Argus Correspondent

DURBAN. — The South African Defence Force is stepping up its Aids awareness campaign among Zululand troops amid fears that the disease is rapidly spreading south from Mozambique.

In a recent screening of 600 applicants to the Kwazulu Police in Empangeni, a Durban laboratory tested 54 as HIV positive.

A doctor involved in the testing estimated that the number of people infected with the virus would increase the closer one came to the Mozambique border.

A doctor working at a clinic in Zululand said one in three of the soldiers he treated for sexually transmitted diseases was HIV positive.

"It is horrific what is really happening and the government is not prepared to discuss the problem," the doctor said.

He estimated that 8 percent of the population in the Matubatuba area, mainly those in 18 to 28 age groups, was HIV positive and this was developing into "a massive problem".

The SADF Medical Service has stepped up its Aids awareness campaign, which began in 1988.

Medical staff director of the SADF Medical Service, Ken Ingham, was reluctant to give exact figures of HIV positive cases in affected units in Zululand, but said they were not as high as those in the surrounding population.

Brigadier Ingham said soldiers had limited access to the public, usually only on weekend passes, and this was why the number of HIV soldiers was lower than in the surrounding population.

"That's because soldiers get Aids from civilians, not from other soldiers," Brigadier Ingham said.

He said the campaign was working better in the army than in the community because "no-one can force members of the public to listen".

Northern Zululand is recognised by Aids researchers as "one of the worst areas in the country" and the HIV virus is spreading rapidly. Doctors say there is a lot of cross-border movement between South Africa and Mozambique and the virus is being brought south.

Managing Aids in workplace

SHARON SOROUR
Labour Reporter

(92)
AIDS in the workplace forced managers to achieve a delicate balance between the compelling needs of the sick or dying and the legitimate needs of a company, the annual convention of the Institute of Personnel Management has heard.

Managing employees who were HIV-positive or who had full-blown Aids was not a clear-cut issue, workplace consultant Jenni Gillies told delegates at the IPM's 37th annual convention at Sun City today.

Aids in theory was very different from Aids in practice.

"It seems many issues can be managed relatively easily when the individual is HIV-positive, but remains in good health and there are no problems of deterioration in productivity or work performance.

"The problems arising at this stage tend to be related to fear

ARC 19/10/93
of infection, even where education to the contrary has taken place, and the result is discrimination against or rejection of infected individuals," said Ms Gillies.

At present, the number of HIV-positive employees and those with Aids was small, with managers having to deal mostly with individuals.

It was therefore easier to stick to accepted managerial practices of confidentiality, equity and accommodation.

"In the not too distant future, when managers are having to deal with several infected employees, things will be complicated."

The real challenge was managing employees in the advanced stages of Aids, when performance and attendance issues could not be ignored, and confidentiality would have been jeopardised by gossip and rumours.

Managers who had found themselves in that position felt that in trying to achieve the balance between meeting the needs of the individual and addressing organisational issues, both were "short-changed" in the process.

"Most struggled with the conflict between compassion and organisational efficiency and felt ill-equipped to deal with the emotional response which an incurable disease engenders in us all," said Ms Gillies.

Managers also encountered reluctance on the part of the sick employees to recognise how far their health had deteriorated.

She said the education efforts of companies should address directly and repeatedly attitudes and responses towards HIV-positive employees, going beyond the dissemination of information only.

Landmark judgment in Aids case

Gaye Davis

PEOPLE with Aids and HIV have had their rights to privacy endorsed by the highest court in the land. Doctors will now think twice before disclosing a patient's Aids or HIV status to anyone other than health workers directly involved in their care, and then not before first consulting the patient.

These are the implications of a landmark judgment in the Appellate Division last week.

Overturing a Rand Supreme Court decision, five judges ruled that Brakpan general practitioner Dr Matthys Kruger wrongfully breached patient-doctor confidentiality when he told another doctor and a dentist over a game of golf that one of his patients, Barry McGeary, had HIV.

Kruger, who now faces possible disciplinary action by the South African Medical and Dental Council (SAMDC), had only the day before promised McGeary he would treat his condition as confidential.

Word soon spread. McGeary died before his claim for damages against

Kruger could be concluded, but his lawyers, acting on instructions he left in his will, went ahead — arguing that the stress he suffered as a result of the disclosure hastened his death.

Edwin Cameron, of the Centre for Applied Legal Studies at the University of the Witwatersrand, said this week a crucial aspect of the judgment was that it upheld the Aids lobby's argument that a doctor's duty to honour patient-doctor confidentiality was especially important where people with Aids and HIV were concerned because of the social stigma attached to the conditions.

The judgment — the first to deal with Aids and the question of confidentiality — also accepted medical evidence that unauthorised disclosure and anxiety and depression resulting from this can worsen the condition of people with Aids and HIV.

"Most importantly," said Cameron, "the judgment is a judicialisation of SAMDC guidelines on treating people with Aids and HIV. It upholds patients' rights to doctors

carrying out their ethical and professional obligations to them, which is absolutely critical.

"It means doctors will now, on pain of civil suit, have to comply with the SAMDC guidelines."

In terms of the guidelines, only health care workers directly concerned with the care of HIV and Aids patients can be informed of a patient's condition — but the patient must first be informed.

"Many doctors regarded Aids as so horrific that they deemed those affected by it as not entitled to elementary medical courtesies such as confidentiality," Cameron said.

But while the judgment endorses patients' rights to confidentiality, it went further, ruling that confidentiality was also in the public interest: unless they were confident in their doctors' commitment to confidentiality, patients were unlikely to go for help.

Said Cameron: "By endorsing the community's interest in confidentiality being enforced, it encourages people with HIV or Aids to come forward, discuss it and receive counselling and treatment."

WM 8-14/10/93 (92)

'Tackle Aids before it's too late'

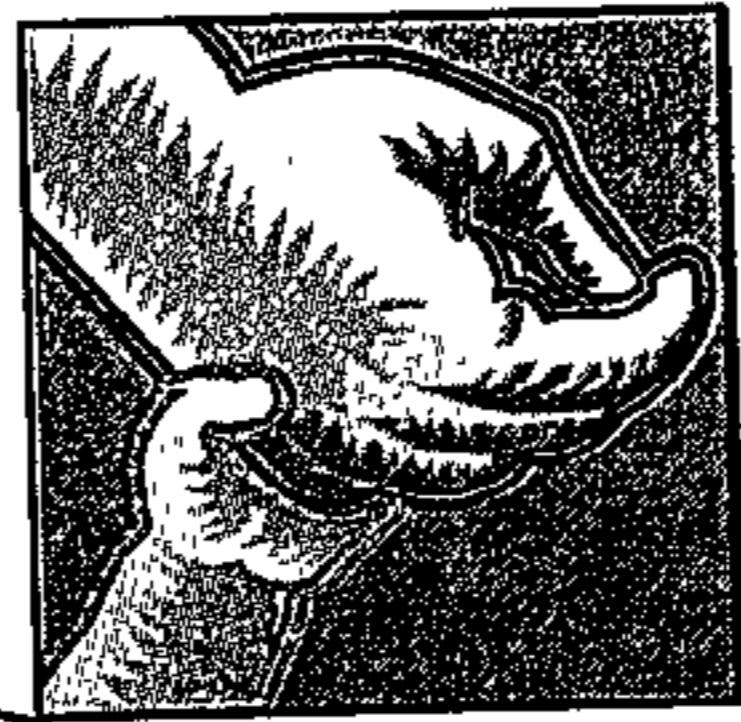
■ BY SHIRLEY WOODGATE

South Africa stands on the brink of an Aids disaster which could kill a large chunk of the country's economically active population by the turn of the century.

But despite the horror of the situation, there is appalling nationwide apathy, according to Dr Keith Heimann, National Council for Child and Family Welfare management committee member and head of the Aids and adoption committees.

"We can expect up to 12 million people to die of the disease within 10 years," he said.

We already have nearly 4 000 Aids orphans. Next year the figure could soar to 32 000 and by the year 2000 we could have between 500 000 and 3 million chil-



92

The Star CHILD CARE CAMPAIGN

dren who have lost both parents from Aids.

"Aids attacks the 15 to 55-year group — the cream of the

workforce and prospective parents of the next generation.

"Unless we act now by planning, educating and providing, thousands of children, mostly black, will have to resort to the streets," Heimann warned.

A major problem in caring for Aids orphans was the poverty of rural people and disintegration of the extended family.

"We have watched this drama unfold locally for the past eight years. Now we must learn from the lessons of Africa, where Aids has wiped out entire villages.

"In South Africa we will see the death toll rise from next year. Then it will be too late to start planning for Aids orphans," he warned.

► South Africans without hope — Page 3

Red light clue on Aids

CT 20/10/93 (92)

LONDON. — The discovery of a small group of Kenyan women thought to be naturally immune to the Aids virus may provide clues to the development of a vaccine, scientists said yesterday.

University of Nairobi researchers have identified at least 25 women prostitutes who appear to be immune to HIV. Other cases have been found in Bangkok and in Gambia.

Though most clients use condoms, the women say they have had unprotected sex with infected men up to

about 30 times a year.

Researchers investigating the possibility that the women are naturally immune to the virus believe the explanation may lie in a group of molecules called the HLA system that help the immune system recognise foreign tissue and mount a response against invaders.

Professor Andrew McMichael of the Institute of Molecular Medicine in Oxford said scientists had long thought "it would be more informative to work on those resistant to infection than on those infected".

Increase in AIDS deaths predicted in next decade

PRETORIA — As many as 200 000 people could die of AIDS in SA by the year 2000, National AIDS Research Programme head Malcolm Steinberg said yesterday.

Steinberg told social workers at an AIDS conference the cycle of the pandemic was such that fatalities would greatly accelerate in the next decade.

The National Health Department had estimated that 322 000 people were HIV-positive by the end of 1992.

Population Development and Social Welfare deputy director-general Boet Schoeman told the conference that according to World Health Organisation

estimates, almost half of all newly infected adults were women.

Wits University School of Social Work lecturer Ronald Woods said social workers had to work against the prejudice and discrimination often suffered by those who were HIV-positive.

Meanwhile, the large-scale neglect of the welfare sector, coupled with an inequitable distribution of resources, had forced the sector to call a national social welfare summit next weekend, a spokesman for the organisers said yesterday.

"Welfare organisations have decided not to allow the state to enforce its own policy unilaterally," she said.

INTERNATIONAL



Fine weather today, fog along coast tonight

Weather forecast Cape Peninsula and Boland <input type="checkbox"/> Fine and mild but cloudy and cool tomorrow with light rain. <input type="checkbox"/> Wind, moderate north-westerly but fresh tomorrow; becoming south-westerly. Western Cape coastal belt <input type="checkbox"/> Fine and warm.	Peninsula South western Cape Interior and Namaqualand <input type="checkbox"/> Fine and warm. Overberg and coastal belt to Mossel Bay <input type="checkbox"/> Partly cloudy and cool. Wind, light south-easterly becoming moderate south-westerly.
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Rain Yesterday: nil (D.F. Malan) This month: 3.9mm Oct average: 35.5mm	Air temps Today 7am: 13 deg C Expected max: 23 deg C Yesterday 2pm: 20.5 deg C Yesterday min: 9.5 deg C Yesterday max: 20.8 deg C Tomorrow min: 12 deg C Tomorrow max: 20 deg C	Water temps Sea Point: 11.5 deg C Sea Point pool: 20 deg C Muzzenberg: 15 deg C Muzzenberg pool: 20 deg C Newlands pool: 20.5 deg C Long St pool: 25 deg C	The tides High water: 0227 1433 tomorrow: 0256 1503 Low water: 0825 2045 tomorrow: 0853 2113	The sun Sunset today: 19 10 Sunrise tomorrow: 05 48	The moon Full moon: Oct 30 Last quarter: Nov 7 New moon: Nov 13 First quarter: Nov 21
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More child prostitutes

BRUSSELS. — Child prostitution is growing worldwide, especially among boys, say health and social experts.

"Ten years ago, we believed that one minor in 100 was a prostitute, but now we believe this to be one in 50 or, in some areas, even one in 25," said Michel Dorais, who has written books on child prostitution and is a health consultant to the Quebec government in Canada.

He was speaking at a seminar sponsored by the King Baudouin Foundation, a charity that tackles social problems. — Sapa-Reuter.

Aids top killer of young US men

Fourth among young women — and more being infected through sex

ATLANTA. — Aids has become the top killer of American men aged 25 to 44 and the fourth-leading killer of women in the same age group, the Centres for Disease Control and Prevention has reported.

The disease has struck 339 250 Americans since the start of the epidemic in 1981 and has killed 204 390 of them, said a report released here.

An expanded definition of Aids added 48 915 Americans this year to the count of diagnosed cases kept by the government.

The disease has been rising steadily for the last few years as a leading cause of death for men aged 25 to 44, said John Ward, chief of the CDC's Aids surveillance.

Last year, it became the number 2 killer of men of those ages nationally, and researchers said then they expected it to rise to number 1.

Last year only unintentional injuries surpassed Aids as a killer in that age group for men. It was sixth among young women last year — after cancer, unintentional injury, heart disease, suicide and murder.

The report showed homosexual men still made up the largest group of new Aids cases but the percentage, 48, has continued to drop — from 53 last year.

But the number of women falling ill from sex with HIV-infected men has continued its rise. They made up 37 percent of new female Aids cases — up from 31 percent.

The report found that Aids has moved up to the nation's eighth-biggest killer overall since 1981.

The broader definition went into effect in January and "helps portray the problem more accurately," said Dr Ward.

Star 1/11/93

14-m infected by Aids virus

Nairobi — More than 14 million people are now infected with the HIV virus, said the World Health Organisation.

About 2.8 million of these had developed Aids and the number would quadruple by the year 2000, said a WHO study. (92)

In sub-Saharan Africa, HIV-infected women outnumbered men by six to five. More than a million women were infected this year alone and, as a result, a million infants were HIV-positive

— Star Africa Service.

Plea for condom vending machines in workplace canteens

SHARON SOROUR, Labour Reporter ⁹²

CONDOMS should be available in workplace canteens and health clinics or via vending machines or worker representatives, according to Aids authority Clive Evian. ^{ARC 4/11/93}

In an article in the latest Seifsa News taken from Dr Evian's book "Aids in the workplace in Southern Africa", if vending machines are used, they must be in areas frequented by management and other higher-skilled categories of staff.

"It may be cost-effective in the long term to provide condoms freely or at minimal cost to the employee," he said.

Aids should be regarded as a chronic life-threatening disease and policies regarding benefits and restrictions should be in line with those for similar life-threatening conditions like severe hypertension, emphysema, diabetes, cancers, chronic kidney, liver, heart or brain conditions.

Employees with Aids should therefore be managed like those with other serious or life-threatening conditions.

Screening for HIV infection alone was considered discriminatory.

An employee's medical diagnosis was a private matter.

"A medical doctor may not inform an employer of a patient's medical diagnosis without the patient's consent. In some circumstances, an employer may need to know medical details to make decisions about the employee.

"The employee's doctor should then be consulted with the employee's consent, regarding the present and future fitness of the employee."

However, the "definitive" diagnosis did not need to be divulged for this information.

An employee should have the choice whether to divulge his medical diagnosis to his employer.

An employer was not entitled to dismiss an employee who was still capable of performing his occupational duties satisfactorily merely because of the presence of HIV infection.

"HIV employees are generally fit and well and do not pose a threat to other employees. They can therefore perform their normal work duties."

Aids-cure advert debunked

Victims warned of humbug

■ Desperate victims of fatal diseases, including Aids and cancer, have been thrown what seemed to be a lifeline — but their hopes have been dashed.

LIBBY PEACOCK

Weekend Argus Reporter

THE Department of National Health and Population Development has warned the public against "bogus advertisements claiming to have a cure for Aids".

This followed an advertisement in Cape Town daily newspapers which publicised "cures for Aids, HIV, cancer and other serious illnesses".

For information about the "Peruvian herbalist clinic treatments" people could send R50 to a Rondebosch address.

The department said in a statement to Weekend Argus: "As more people become HIV-infected, and as increasing numbers of people with Aids begin to die, unscrupulous people may take advantage of the situation.

"The department warns the public not to be misled. There is as yet no vaccine or cure for HIV or Aids, nor will there be in the short term."

Weekend Argus traced the Rondebosch address and met Len Stevens, who placed the advertisement.

He said his function was "to act as a travel and booking agent" for the

Anaconda Lara Lodge, a clinic in the Peruvian jungle.

The "cure" for Aids consisted of a combination of 72 different herbs. A naturist doctor, Maestro Alberto, ran the clinic and monitored and altered the blends of herbs.

Mr Stevens, who said he ran Dale Carnegie training courses until he retired two years ago, said he was "still getting used to the idea" that there was a cure for Aids, but he believed it was true as his information came from a "good, dear old friend", Peter Schneider, who had a family business in South America and ran a television chat show in Peru.

Six people — four HIV positive and two with full-blown Aids — had been cured at the clinic, he claimed.

"One guy had 30 days to live. He was terminal. It takes three months to cure Aids and six weeks to cure HIV."

Mr Stevens said that after his advertisement appeared "the heavens fell in" on him.

"Mr Mader from the Department of Health telephoned and said people had complained. We had a most congenial discussion regarding the pitfalls of advertising.

"He said one cannot claim cures unless vetted by the department. He told me to contact Mrs Fransman, who works in the area of Aids. They'll work on verifying it. I'm happy."

But the department said: "Derek Mader of this office informed Mr Stevens that he is advertising an unregistered medicine which is a contravention of Act 101/1965 and that he had to stop any further advertisements."

(92) ARG 13/11/93

'Only 8% of blacks donate blood'

HIV threat means limit on donors

Star 15/11/93

STAFF REPORTER

The SA Blood Transfusion Service (SABTS) said yesterday the service was not seeking to limit donations to whites and Asians, but would have to identify low-risk groups in the black community to ensure that blood was HIV-free.

Reacting to a Sunday newspaper report saying the SABTS might soon accept blood from whites and Asians only, the service's head, Professor Anton Heyns, said although about one in 79 black male donors and one in 60 black women donors had tested HIV-positive, it was important to remember that only about 8 percent of all black people donated blood.

"We need to identify low-risk groups in the black community, for example boys aged between 16 and 19. Regular donors and older people are also acceptable donors," he said.

However, he said the service might have to limit donations to whites and Asians in future because of the "window period" — a period of about eight weeks when the virus does not show up in tests.

"It is not our policy to exclude blacks, but we aim to ensure that the blood we provide is as safe as possible," he said.

He said white women were the safest donors, with one out of every 45 000 testing HIV-positive.

Contamination

National Aids Training and Outreach Programme director Dr Ruben Sher said it was unfortunate that certain groups could not be bled because of the fear of contamination.

"Two in every 100 blood donors will have to be turned away because of the danger of Aids, which limits the number of donors," he said.

(92)

Outcry over blood donor exclusions

B/Day 15/11/93

KATHRYN STRACHAN

THE SA Blood Transfusion Service's announcement that it would soon be forced to exclude all but a select group of black donors to keep blood products AIDS-free has sparked an outcry among health organisations. (92)

National Education, Health and Allied Workers Union (Nehawu) secretary general Phillip Dexter yesterday labelling the statement "racist and insensitive".

The service told the Sunday Times that as one in 79 black men and one in 60 black women tested as potential blood donors were HIV positive, it would soon reach the stage when it would have to consider whether or not to use blood from black donors.

The head of the service, Prof Anthon Heyns, who is chairman of the AIDS Advisory Committee, said they may be forced to take this route in about a year, and the major challenge was to identify low-risk groups in the black community.

While every unit of blood was tested for HIV, the "window period" when the virus did not show up in tests made careful donor selection imperative.

However, Dexter said the "irresponsible and appalling" handling of the issue by the blood transfusion service indicated the need to transform the health services.

He said the statistics needed to be analysed in their socioeconomic context. AIDS was a disease of poverty, he said.

□ To Page 2

Blood

B/Day 15/11/93

□ From Page 1

SA Health and Social Services Organisation spokesman Dr Aslam Dassoo said his organisation was "horrified and stunned" by the report which was charged with racism. The matter would be raised at the National Health Forum. (92)

The service had used "spurious" figures, deduced from a small number of black people who donated blood, to discriminate against black people in general, he said.

There were far more effective ways of assessing whether people were high-risk without having to resort to racially-based discrimination, said Dassoo, adding that the category most at risk, drug users, were to be found in the white community.

Johannesburg medical officer of health Dr Nicky Padayachee said the statement stigmatised black people.

The response showed the need for AIDS to be taken more seriously, and for intensive education on the subject at every level, he said.

Heyns said yesterday the statement was not intended to be racist: "It is not a question of race, the challenge is to find low-risk donors in every group. We have to keep on trying. If we look at the figures it is impossible to think whites and Aslans can supply blood to the whole population."

He said the service had targeted black schools as part of its campaign to identify low-risk groups. Potential donors at clinics and schools were given lectures on HIV and asked to exclude themselves if they considered themselves to be at risk.

The ANC's health department said the statement was "racial discrimination dressed up as pseudo-scientific facts".

Race bias in blood donors 'unlikely'

Staff Reporter

92

MOST of the small number of would-be Western Cape blood donors who had tested HIV-positive were black, a local blood transfusion official said yesterday.

However, it was highly unlikely the Western Province Blood Transfusion Service would ever use race as a criterion for accepting potential donors, said the service's medical director, Dr Arthur Bird.

He was responding to a report that the SA Blood Transfusion Service may refuse blood from all but selected black donors as so many had allegedly tested HIV-positive.

The SA Health and Social Services Organisation yesterday condemned this as racist and based on spurious figures.

Dr Bird said HIV prevalence was

not a racial issue. "When we talk about donors in general, we keep race out of it — we refer to high and low risk groups."

Dr Bird said epidemiological studies often used race as a marker, but other criteria could be used, such as the number of sexual partners a donor had had in a certain period, or socio-economic or geographic factors.

He said more than 90% of the Western Cape's blood donor base of about 55 000 was white and coloured, for historical and demographic reasons.

Dr Bird said while it was true most HIV-positive cases over the past three years had been among black potential donors, this was of no significance.

"The profile you have is socio-economic. The people who tend to be safer are those near the top of the pyramid," he said. CT 15/11/93

ged irregularities

Sowetan 15/11/93

Blacks and Aids

BLOOD banks in South Africa may soon be forced to accept blood only from Indians and whites as most black donors were infected with the Aids virus (92)

The Sunday Times yesterday reported that the South African Blood Transfusion Service had admitted that it could be forced to adopt a policy that would effectively exclude all but a select group of black donors in order to keep South Africa's blood products Aids-free.

The newspaper quoted the SABTS as saying that one in 79 black men and one in 60 black women tested as potential donors were HIV positive.

When the HIV tests were introduced at blood donor clinics seven years ago, the figure was one in 4 200 black people.

SA rugby captain Francois Pienaar signing autographs at Jan Smuts Airport yesterday from Argentina after winning the Test series 2-0. See Back Page

TPA may withdraw staff after two deaths

THE Transvaal Provincial Administration (TPA) is considering withdrawing staff working in unrest areas following the deaths of two employees last week.

A surveyor was shot dead on Friday while measuring a new cemetery near Katlehong, and one man was killed and another injured in an ambush while delivering pensions in the eastern Transvaal.

TPA administrator Danie Hough said the provincial authority would have to reconsider conditions under which it provided services where there was a risk to staff.

He said it was shocking that officials had to pay with their lives while providing essential services to disadvantaged communities. Employees could not be forced to render such

GAVIN DU VENAGE

services if they were putting their lives on the line, he said.

Hough said the TPA would draw up new guidelines and look for other options, which could include hiring private security firms to protect employees. But this would be expensive and would not be a guarantee against further loss of life, he said.

TPA deputy director-general of community health Jan Opperman said the provincial authority planned to buy several hundred bulletproof vests for employees.

Criminal elements were deliberately clogging sewerage systems by dropping objects like car engines in the works. They were also digging ditches across roads, "turning the area into a war zone", he said.

SA blood 'among world's safest'

SA blood transfusion services were at the forefront of worldwide efforts to provide HIV-free blood, SA Blood Transfusion Service head Prof Anthon Heyns said yesterday.

He said SA blood products were among the safest in the world because the policy of not paying blood donors had ensured that donors were more responsible about disclosing behaviour which could place them at risk of contracting AIDS.

Sapa reports the transfusion ser-

KATHRYN STRACHAN

vice said it had no plans to reduce the number of black blood donors.

Heyns said the service's main concern was to ensure donors were a low risk in terms of diseases.

The SABTS is at the centre of a racial storm after its announcement at the weekend that it could soon be forced to stop accepting blood from blacks because of the high incidence of HIV infection among black donors.

Row brews over AIDS vaccine trials in developing countries

B/DAY 16/11/93
KATHRYN STRACHAN

LARGE-SCALE trials of AIDS vaccines are to begin in the new year, but controversy is growing over the decision by researchers to choose developing countries for the experiment.

Critics call it "safari research": medical research conducted in poor countries by scientists and pharmaceutical companies from rich countries because it is cheaper and easier; fewer questions are asked about safety and ethics; and where the profits rarely benefit the countries in which the research was undertaken.

AIDS vaccine testing raises important ethical questions, particularly about whether test subjects will be able to give informed consent to take part. There is also the danger that people taking part will suffer the same stigma as those who are infected with HIV, and that participation in a trial may prevent a subsequent effective vaccine from working.

There is also the question of cost. Even if poor countries help to test vaccines, will they be able to afford them when a successful vaccine is finally available? This has not been the case with the hepatitis B vaccine, which is still too expensive for use in many developing countries.

The search for a vaccine has been the most elusive aspect of AIDS research in the past decade and many scientists acknowledge that a vaccine is still many years away.

Most of the different types of vaccine on trial are based on genetically engineered forms of HIV's protein coat. So far, 15 candidate vaccines have undergone limited tests. The first large-scale trial of an AIDS vaccine will begin in Thailand soon. In a joint project with the US army, the vaccine will be tested on Thai military recruits.

The World Health Organisation is working with four developing countries, and the US National Institute of Allergy and Infectious Diseases with nine developing countries, to create the infrastructure for large-scale AIDS vaccine tests.

Trials are planned for Brazil, Haiti, Zimbabwe, Uganda, Malawi, Rwanda, Kenya, India and Thailand.

Jose Esparza, head of vaccine development at WHO's Global Programme on AIDS said in a Panos WorldAIDS document there were a number of ethical imperatives behind AIDS vaccine trials in the developing world. Heading the list was that the need for an AIDS vaccine was greatest in developing countries.

"There's no guarantee that a vaccine developed and tested in the US or Europe would be appropriate for use in developing countries," he said.

There are also scientific and epidemiological arguments for testing

candidate AIDS vaccines in developing countries. Vaccines need to be tested in communities where there is a high rate of new HIV infections.

Many on the WHO AIDS vaccine steering committee argue that such high rates of new infection mainly exist in developing countries, making them the only place where the trials can be carried out.

A high rate rate of HIV infections also means that a smaller sample size is needed — for a shorter period of time — to determine whether or not a vaccine prevents infection with HIV. This has a direct bearing on the cost of conducting trials which, although rarely discussed, is an important factor in choosing developing countries for trials.

Other factors include the ease of assembling appropriate subjects and the relatively low trial cost because of typically low wages.

But scientists in developing countries believe participating in the trials will produce substantial benefits, aside from a possible vaccine.

"Uganda is benefiting scientifically and in terms of the infrastructure," Ugandan AIDS Commission director-general Manuel Pinto said in the WorldAIDS document. "Most importantly, Ugandan scientists and doctors are benefiting from advanced knowledge and advanced technology," he said.

Opposition to possibility of ban on black donors

Blood debate hots up

Star 16/11/93

■ BY LEE-ANN ALFREDS

The announcement by the South African Blood Transfusion Service (SABTS) that it might soon have to accept blood only from whites and Asians because of the high incidence of the HIV virus among black donors has drawn mixed reaction from major political parties canvassed.

While the ANC and the DP expressed shock at the weekend statement, the CP said it supported any scientific findings and decisions on the matter.

Confidential

In a statement issued yesterday, the ANC condemned what it called "moves to classify potential donors by the colour of their skins".

Nelson Mandela's party said any policy or statement that stig-

ANC and DP slam statement that, because of Aids threat, only blood from whites and Indians might be used in future

matized people as being high or low-risk purely on the basis of their skin colour was extremely shortsighted. (92)

"This is likely to do incalculable harm to efforts to combat the spread of HIV and Aids in South Africa.

"The ANC believes that a blood transfusion service should focus on individuals and not on groups," said the statement.

The organisation would not support a service that used confidential questionnaires to screen potential blood donors.

The DP also expressed concern that the question of race was being brought into the issue of donating blood.

"Although the DP accepts that blood needs to be tested, we find it unacceptable that a racial slur should be brought into something that is so highly provocative," said Mike Ellis, the party's chief health spokesman.

However, CP health spokesman Dr Herholdt Pauw said it was clear that the aim of the SABTS was to make blood as safe as possible for both blacks and whites.

"If you make a mistake, you kill somebody, and that person could be white or black.

"I am satisfied that the SABTS would not take a decision that is not based on scientific data," Pauw said.

The National Party could not be reached for comment on the matter.

Risk in ①② CT16/11/93 trials for Aids vaccines

BULAWAYO. — High-risk trials of possible Aids vaccines will be started next year on a large scale in nine developing countries, including Zimbabwe.

The experiments will be conducted separately by the World Health Organisation and the United States-based National Institute of Allergy and Infectious Diseases (Niaid).

According to the November issue of Aids Briefing, there was a high risk of some participating individuals contracting the HIV virus because trials would be carried out on HIV/Aids carriers as well as non-carriers.

The paper, which is published by the British-based Global Environmental Organisation, said WHO would begin tests next year in Brazil, Rwanda, Thailand and Uganda.

Niaid will work in Haiti, India, Kenya, Malawi, Rwanda, Thailand, Uganda and Zimbabwe.

Aids Briefing said the trials differed from two previous phases of Aids vaccine experiments in that they sought "to protect HIV-negative individuals from infection, to prevent disease progressing in HIV-positive individuals and to reduce the transmissibility of the HIV virus." — Sapa

Racist blood 'plan' slated

By BARRY STREEK
Political Staff

ANY attempt to classify potential blood donors by the colour of their skin should be rejected totally, the ANC said yesterday.

It was reacting to a report that the SA Blood Transfusion Services was considering screening people on the basis of colour.

The statement said any policy that regarded people as being of high or low risk because of their skin colour would do "incalculable" harm to efforts to combat HIV and Aids.

Aids orphans:

Zim figures up

MUTARE. — Conservative estimates put the number of Aids orphans in Zimbabwe at 600 000 within the next six years, a senior government official said at the opening of a three-day national conference on Aids orphans this week.

Acting Department of Social Welfare director Mr Anselm Mukwewa told delegates residential institutions for orphans were already full.

● Uganda has asked international donors for \$540 million (about R1 836m) to fight Aids.
Sapa-AP (92)

Sowetan 22/11/93

'Act to stop Aids'

By Mokgadi Pela

■ VITAL GUIDELINES Expert

THE FUTURE government should take Aids seriously if a holocaust was to be avoided, according to an expert on the disease.

In an interview with *Sowetan*, the director of the National Aids Training and Outreach Programme, Professor Ruben Sher, said there was no need for complacency in the fight against the disease.

Sher suggested several guidelines for "whoever comes into power, be it the Freedom Alliance, Azapo, ANC, Na-

proposes measures to halt virus:

tional Party or Democratic Party".

His programme includes:

- Changing the pattern of migrant labour. (92)
- Decriminalising prostitution and homosexuality.
- Putting greater emphasis on sexual and Aids education in schools.
- Involving senior government ministers in Aids education.
- Establishing a data collection sys-

tem for HIV and Aids.

- Ensuring non-discriminatory practices for people with Aids.
- Commissioning people to investigate pre-employment testing because those found to be HIV-positive usually do not get jobs.
- Urging the Government to investigate drugs such as AZT to HIV-positive patients in order to enable them to lead more manageable lives.

Unions 'must address AIDS issue'

TRADE unions needed to devote more time and resources to workplace AIDS education and persuading employers to sign AIDS agreements, the Workplace Information Group says. **BIDAY**

Writing in the latest Critical Health newsletter, the group said it realised unions had limited resources and numerous educational needs, but believed the lack of AIDS awareness needed to be urgently redressed. **(92)**

Cosatu and Nactu unions were involved in discussions in forums like the National Economic Forum, but had largely rejected health and safety issues. **22/11/93**

The group acknowledged that massive resources were required to implement comprehensive AIDS awareness training,

ERICA JANKOWITZ

but believed it was essential and should be given priority by the union movement.

It said the labour movement had made progress and cited the recently signed NUM-Chamber of Mines agreement. However, it seemed that only the larger and better organised unions had managed to secure workplace training and the acceptable treatment of infected workers.

It said unions and employers should work together to devise and implement programmes that would at least cover basic training. Their long-term goal should be to develop a pool of skilled counsellors to take the process further.

Funds should be raised from companies, overseas unions and agencies and the state.

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rodenticide, insecticide
belt, paper, cloth etc.);

ANC branches name Winnie, Slovo, Mokaba

BIDAY 22/11/93
JOHANNES NGCOBO

FORMER PAC deputy president Dikgang Moseneke, Winnie Mandela and Azapo spokesman Kgomolemo Mokoae were among the people ANC branches in the PWV area nominated for Parliament at the weekend.

ANC Pretoria sub-region spokesmen said they had concluded nominations. The names would be sent to the ANC PWV regional office today. The ANC requires 158 people for the national assembly and regional legislature.

Nominees included ANC Youth League president Peter Mokaba, Matthew Phosa, Pennuel Maduna, Aziz Pahad, Sam Motsuenyane, Sidney Mufamadi and Joe Slovo.

ANC spokesman Carl Niehus said his organisation would have no problem with people nominated by the ANC, SACP and Cosatu alliance even if nominees did not belong to ANC. He said that whoever stood for the ANC would be expected to work under the ANC's leadership and implement the organisation's election manifesto. **(14)**

The names would be presented to a national list conference in December, ANC PWV region secretary general Paul Mashatile said.

Fifty-six people would be nominated for the positions of regional representatives to the national assembly and 100 for regional legislatures and the national assembly.

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500 HIV infections each day

Star 22/11/93

■ METRO STAFF

About 450 000 South Africans will be infected with HIV by this year's World Aids Day on December 1, according to Dr Clive Evian of the Johannesburg City Council's Aids Information and Support Centre.

There were about 500 new infections every day, he said. (92)

"At the same time last year we had half this number of people infected, and by next year the numbers of infected people will equal the population of the city of Johannesburg," he said.

The city council has organised three events to mark World Aids Day.

On December 1 it will hand over an old municipal bus to the Meadowlands Planned Parenthood Association.

The bus will serve as a family planning centre which will also provide information about Aids.

Aids awareness will be the theme of a lunch-time Safer Sex seminar for all council workers on December 2. The main event is a Time to Act symposium on December 3 at the University of the Witwatersrand.

Hospital's 55 monthly HIV cases

FIFTY-FIVE people are found to be HIV-positive every month at Hillbrow Hospital. *Sowetan*

Sowetan obtained these shocking statistics during a visit to the hospital last week. Sister Pauline Vunandlala of the Infection Control Unit said the virus was winning the race against time.

She attributed this to the refusal by many to accept Aids as a reality.

According to the department of National Health, about 500 South Africans contract the HI virus daily. (92)

Mr Siegfried Abrahamse, a volunteer counsellor, said there was a growing link between HIV and tuberculosis — a factor resulting from poor socio-economic conditions. 22/11/93

Vunandlala and Abrahamse called on the interim government to give serious

attention to primary health care, housing and education. They called for the introduction of sex education in schools.

The unit offers free counselling to patients from Soweto, Katlehong and surrounding areas as well as referrals from companies.

The clinic offers treatment for opportunistic diseases which take advantage of one's weakened immune system.



House of Reps schools to take HIV children ⁽⁹²⁾

ARCT. 24/11/93

□ Department issues a new Aids policy

JOHN VILJOEN
Education Reporter

CHILDREN infected with the HIV virus will be accepted in House of Representatives schools and colleges, in terms of a policy on Aids issued by the House's department of education and culture.

And these children will be entitled to all rights, privileges and services accorded other pupils and students.

Principals and rectors are responsible for the effective implementation of the programmes and procedures contained in the policy, published in a special edition of the department's *Education Bulletin*.

According to the bulletin, an official policy on the disease was needed because school communities were being overwhelmed with "an avalanche of conflicting information about the dangers of Aids".

An Aids policy for schools and colleges was necessary and appropriate since it would help principals, rectors and others to be prepared to address community fears relating to the disease in schools and colleges.

A policy would enable colleges and schools to deal with decisions about infected pupils, students and staff in a standard way.

The department was seeking to do what was "legal, and morally and ethically right and acceptable".

Children who were known to be carriers of viruses which lead to potentially life shortening medical conditions were now part of the primary school intake. *Education Bulletin* said.

There are many more children who might be carriers but remained unidentified.

According to the new policy "every pupil, student and member of staff

shall be viewed and treated as a potentially HIV-infected person, as though they were carriers."

Barring special circumstances, children and students known to be infected with the HIV virus will be admitted to the school or college to which they apply.

They are entitled to all rights, privileges and services accorded other pupils and students.

All schools and colleges should provide a sanitary environment and establish routines recommended by health care workers, medical institutions and nursing services, for handling body fluids.

School regions must administer a vigorous programme of on-going education about HIV for pupils, students, their families and all school and college employees.

Education in first aid as well as techniques for preventing the spread of infectious diseases will be provided for all staff.

Training will include the handling and cleaning up of body fluids such as tears, saliva, faeces, cuts and accidents with needle.

Large blood spills such as those from nose bleeds should receive particular attention. Latex gloves are of "extreme importance".

Pupils and students may participate in contact sport and other school activities if they wish so long as this is done in consultation with and on the advice of their doctor.

Universal precautions in connection with injuries involving blood must be adhered to.

The school and college must ensure that maximum confidentiality is maintained when it becomes known that any pupil, student or staff member is infected with HIV, *Education Bulletin* said.

Death penalty: 'ANC has double standards'

THE African National Congress's egg dance about the death penalty illustrated the movement's double standards and depended on which person was giving their standpoint. National Party spokesman Marthinus van Schalkwyk, said yesterday

"For many years the ANC labelled the death penalty as being barbaric while it was the NP standpoint that it was justified in extreme cases. Now suddenly ANC President Nelson Mandela says the organisation will reconsider its policy on the matter," he said in a statement.

"The admission that this adaptation to policy would be considered only when the ANC feels its has been touched by certain occurrences leaves serious doubt on the organisation's process of formulating policy." — Sapa. ARCT 24/11/93

SELF...

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'Aids Race for Hope' planned

92
CT 25/11/93

PRETORIA. — South Africa is to join the international drive to create Aids awareness with an "Aids Race for Hope" campaign, the Department of National Health announced yesterday.

It said the national campaign, whose high point was World Aids Day on December 1, would enlist the support of South Africans across the political and racial spectrum.

Five road events would be held nationally, the first in Witbank, on Saturday. The event would be sponsored by the Rotek Engineering Group and supported by the department.

Participants would wear red ribbons to indicate their commitment to the struggle against Aids, and a "Flame of Hope" would be lit by the winners of the men's and women's categories, the department said.

The lighting ceremony would be followed by a minute's silence, signifying commitment to Aids awareness and education, and to express solidarity with Aids victims. — Sapa

Aids campaign not working ⁹²

PARIS. — The campaign against Aids in Africa, which has a third of the world's reported cases, has failed to make any progress in stemming the disease, a World Health Organisation official said this week.

CF 25/11/95
Mr Gottlieb Monekosso, WHO regional director for Africa, told Reuters that, with international funds to help the world's poorest continent drying up, it was now up to the Africans themselves to tackle the issue.

"I honestly don't think we've made any impact on Aids in Africa. Accepting that truth will help us move forward," he said.

An April report from its Africa office estimated there were about one million adult Aids cases in sub-Saharan Africa, about 60% of the world total.

He said it was important to reach rural Africans with words and concepts which they understood, for example, by likening Aids to an evil spirit.

It was also vital to stress marital fidelity and to base anti-AIDS campaigns on African instead of Western values.

● World Aids Day will be celebrated on December 1. — Sapa-Reuter

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Aids 'Race for Sowetan 25/11/93 Hope' crusade

SOUTH Africa is to join the international drive to create Aids awareness with an Aids Race for Hope campaign, the Department of National Health announced yesterday.

It said in a statement the national campaign, centring on World Aids Day on December 1; would enlist the support of South Africans across the political and racial spectrum.

Five road running events would be held nationally, the first on November 27 at the Electro Athletic Club in Witbank. The event would be sponsored by the Rotek Engineering Group and supported by the department.

Participants would wear red ribbons to signify commitment in the struggle against Aids. — Sapa. (92)

Medical aid schemes forced to rethink strategy on AIDS

MEDICAL aid schemes were being forced to reformulate health care funding for AIDS, as the disease would eventually take on such proportions that the formal health sector would be unable to cope, the National Health Department said yesterday.

Highlighting World AIDS Day tomorrow, the department said that until now medical schemes had imposed the most stringent limits available under the Medical Schemes Act — R600 for AIDS a family a year. Doctors responded by submitting accounts for AIDS under "disguised" diagnoses which were paid unwittingly by medical schemes. (92)

However, a recently established Medical Aid Administrators' Working Group was paving the way for dealing with HIV infection in a more open way.

KATHRYN STRACHAN

Practitioners, then, would no longer need to hide diagnoses from the medical scheme and the patient would not be penalised for such disclosure.

The overriding question was whether the funders and providers of health care could put together cost-effective benefit packages. Medscheme administrators said if schemes were to heed appeals to pay all AIDS-related claims, subscriptions would rise 31% for every 1% of their membership with AIDS.

Indiscriminate use of expensive treatment, such as AZT, the efficacy of which was still debated, would cause spiralling costs — and conventional approaches to curative care needed to be re-examined.

Medscheme said a more realistic model had recent-

ly been proposed by practitioners. The proposal reflected the principle that opportunistic infections should be more effectively prevented, fewer patients should be admitted to hospital, and less aggressive and expensive treatment should be given in terminal stages.

This was in line with the World Health Organisation strategy which advocated community home-based care, it said.

It is estimated that 500 000 people could be infected by the end of the year, with 550 becoming infected daily.

From 1982 to the end of September, 2 264 cases of AIDS were reported.

Meanwhile, Aidslink will mark World Aids Day tomorrow by handing over nearly R80 000 to organisations providing care and support for people infected with the AIDS virus.

Catholic church pulls out of 'condom march'

ANDREA WEISS
Health Reporter

THE Catholic Church withdrew from an Aids Day march in Cape Town today because some marchers were carrying inflated condoms.

Bishop Reginald Cawcutt, assistant Catholic bishop in Cape Town, said: "It's turning into a condom march and I am not prepared to endorse that."

Bishop Cawcutt had intended to march to evoke compassion for people with Aids and be-

ARG 1/12/93 (92)
cause he thought there was insufficient awareness of the disease.

Only about 50 people turned up for the march from District Six to Parliament where they were to hand over a memorandum to Coen Slabber, director general of National Health and Population Development

The march was organised by the Bellville Community Health Project.

● See page 3

The deadly TB-Aids link

Sowetan 11/2/93

92

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■ GROWING

LINK *Fast becoming the world's most urgent crisis:*

By Mokgadl Pela

ALTHOUGH divided by the Atlantic Ocean, South Africa and the United States have a common concern for the growing link between human immuno-deficiency virus and tuberculosis.

It is a problem South Africa's interim rulers should give urgent attention to if they are to avert a disaster.

This is the message expressed at every turn as the country's politicians deal with an uncertain future.

This link will be talked about at some workshops today and tomorrow as South Africa joins everybody else in marking World Aids Day.

In the squalor of New York's Harlem, Aids has added a dangerous dimension to the community.

Dr Charles Felton, a leading TB specialist in the US, said, "TB returned for the same reasons it flourished up to the early 1900s. This was poverty, homelessness and immigration, but now there is also the link with HIV."

In South Africa the situation is no different. The Western Cape and Hillbrow Hospital's HIV clinic have recently highlighted this worrisome link. Both diseases thrive in poor socio-economic backgrounds where poverty and homelessness are room mates.

Experts say infection with HIV activates TB in people whose disease has been inactive. TB may also hasten the progression from HIV to Aids. They further say people with latent TB have a much greater chance of developing active TB if they also harbour HIV.

Experts also recommend a massive vaccination programme against TB.

The World Health Organisation says TB is fast becoming the world's most urgent health crisis, and without more funding, could claim 30 million lives in the next 10 years.

The WHO further notes that more money is needed in high-risk Africa, where some 3.5 million people are infected; and Asia, where more than 1 billion are TB-positive and where Aids is rising swiftly. While there's hope that TB may be wiped out as it once was, a cure for HIV is at least a decade away. Until then, information and condoms are the only weapons.

On the eve of WAD the director of the National Aids Training and Outreach Programme, Professor Ruben Sher, called on the private sector and the interim government to put more money into Aids education programmes.

"You can't plan anything in this country without taking Aids into account. Therefore, a percentage of any budget should go towards Aids education and prevention," he said.

Educators have major hurdles to deal with, such as changing people's attitudes. During a recent visit to the Hillbrow Hospital's HIV clinic, I was told by Sister Pauline Vanandlala of the infection control unit that many people still refuse to accept Aids as a reality.

She said this in the wake of the clinic's disclosure that it was treating an average of 55 new cases of HIV a month.

The situation in Soweto is no different with between 20 000 and 30 000



Deadly Facts

THE HI-VIRUS: It causes Aids and destroys the body's immune system, thereby making the patient vulnerable to opportunistic infections. These are diseases which would not normally kill a person but do so because of one's compromised immune system.

SYMPTOMS: Weight loss, persistent infections in the chest, diarrhoea, flu and headaches.

MODES OF TRANSMISSION: From infected mother to child, intravenously and sex with a positive partner.

women believed to be HIV-positive

Sowetan further learnt yesterday that three HIV-positive mothers give birth at Baragwanath Hospital daily. Specialist obstetrician at Bara, Dr James McIntyre, said he would like to see the new government making Aids a priority in the health service.

"But it is up to the community to demand that political parties commit themselves to an Aids programme," McIntyre said. According to the department of National Health and

Population Development, about 500 South Africans contract the HI-virus daily. Close to 2 000 people have developed full-blown Aids since the first case was diagnosed in 1982 in the country.

The obvious complacency towards Aids is exactly what the virus needs to thrive. If this attitude does not change the future, in the words of the late President John Vorster will be "too ghastly to contemplate."

You can't plan anything in this country without taking Aids into account. Therefore, a percentage of any budget should go towards Aids education and prevention

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focus on AIDS

Sowetan 30/11/93

LUAWOLO, Uganda — Neglected orphans struggle to survive after their parents die in Uganda's Aids-ravaged countryside.

Since the deaths of her subsistence-farmer parents, 17-year-old Naloubega Regina has been head of household for three younger siblings in this village in Rakai, the first district of Uganda to report Aids in 1982 and one of the worst-hit areas.

She and her brother Matovu (15) set to work in fields almost as soon as they awake — Naloubega hoeing a vegetable patch and Matovu breaking ground for planting with a broad-bladed pick.

With no animals to plough, land clearance and planting is exhausting hand labour.

Nine-year-old Kasita John and his little sister Namugumya Prossy (8) wash in muddy water from the swamp behind the hut, then set off barefoot on an hour-long walk to school.

On one day none of them had breakfast — there was not enough food in the hut.

Like the poorest of the poor elsewhere in rural Uganda, these children live on the margins of their community, left destitute and almost forgotten by neighbours when their parents died.

Aid workers cannot swear they are among the 120 000 Ugandan children officially estimated each year to lose one or both parents due to Acquired Immune Deficiency Syndrome (Aids).

Tests to prove Aids infection are too expensive in impoverished Uganda and in any event both parents of these orphans were buried before the children were found living in squalor by the charity, Concern Worldwide, in 1992.

But Concern workers said it was all too likely they were Aids orphans.

"By the time we came across this family, they were in a very poor state. It was horrible," said Concern's Mr Joseph Ssamula.

"The parents had died, suspected of Aids. They (the children) were being neglected, not being cared for by anyone in their village. The house they were living in was nearly falling in on them."

Naloubega used to have to go out to work every day to dig other people's fields to earn food. Matovu roamed the village half wild, like many Aids orphans.

The leaky two-room hut where they slept and cooked was smoky and cramped. Untended, much of their land had returned to scrub.

In some ways they were lucky.

They had kept their land and were together as a family, unlike many of the orphans surveyed by the Uganda Community-Based Association for Child Welfare (UCOBAC) and the Ministry of Labour and Social Affairs.

Tomorrow is World Aids Day when the community is urged to remember people with Aids. To show compassion and understanding for people afflicted with the HIV-virus. In South Africa, several events have been organised to celebrate this day. Figures supplied by the Department of Health show that about 500 people contract the virus daily in South Africa.

92

These children live on the margins of their community, left destitute and almost forgotten by neighbours when their parents died

UCOBAC, an umbrella group for child welfare groups, found the land of orphans was often grabbed by their dead father's relatives and livestock sold without their consent.

Orphan girls are liable to being married off early for a dowry or put on child labour markets as housemaids.

The United Nations Children's Fund, (UNICEF), has forecast that 140 000 children a year will lose one or both parents to Aids by the year 2000.

Uganda's government, aware of the problem but too financially strapped to deal adequately with such numbers of needy children, welcomes help from UN, Islamic, Western and African charities.

Concern gave Naloubega and her family seeds and hoes for planting, and materials for a new house — wood for poles, a door and a

window, nails and reeds for the roof.

Villagers provided mud for the walls, water to mix it and the labour to build a simple home. Neighbourhood children cleared land for crops in return for Concern paying their school fees.

Concern also pays for Kasita's and Namugumya's primary schooling, just two among 10 000 children provided with basic education by the Irish-based charity in Rakai.

But life remains tough for these peasant children who rarely smile.

As the heat of the day rises, Matovu leaves the fields in search of mushrooms for their evening meal, then for firewood.

Naloubega weaves palm leaves into mats which she takes to market every three months, earning about 6 000 Ugandan shillings (R15) to buy essentials such as soap, salt and kerosene.

When homegrown food is short, Naloubega still goes out to dig in exchange for bananas.

The only sign of childhood games is a model house the children have built in the dirt yard.—
Sapa-Reuter.

Orphan girls are liable to being married off early for a dowry or put on child labour markets as housemaids

NEWS Defence questions admissibility of statement ● Learn all about WAD

Sowetan 30/11/93

World Aids Day will spread the word

By Mokgadi Pela

SEVERAL events have been lined up for World Aids Day to promote understanding about the disease.

These will take the form of talk shows, lectures, marathons, puppet shows and rallies throughout the country. December 1 is celebrated globally as WAD. The World Health Organisation has chosen the theme for this year

as: Time to act. According to Dr Clive Evison of the City of Johannesburg's Aids programme, the response to the epidemic has not been pleasing.

"It is time to challenge the social attitudes and prejudices that block people accepting the truth about the illness," Evison said.

The Community Health Awareness Project's Dr Tom Marishane said the time had come for children to have proper information about Aids and

sexuality. Mrs Musa Zazayokwe of the National Aids Training and Outreach Programme urged the community to act on the knowledge it has about Aids.

In its message, the department of National Health and Population Development said WAD should become an event every South African should know about.

The department called on the community to forget its differences for the common good. A spokesman for the Municipal, Education, State, Health and Allied

Workers' Union, Mr Moshitoana Molala, urged workers and employers not to discriminate against people with Aids.

Some of the highlights of this week include:

- Hundreds of people holding hands in a symbolic gesture at the Bank City in central Johannesburg at 1pm today;
- Workshop organised by the Wellcome Group at the Holiday Inn, Jan Smuts today at 5pm;

● A symposium on Friday at New Commerce Building, Wits West Campus from 8.30am to 4.30pm;

● An information day event organised by Natop will take place at the Spruitview shopping centre from 10am to 2pm on Saturday; and

● An M-Net fun run will start from Nasrec to FNB at 7am on Sunday.

At the stadium, the Township Aids Project will join others in disseminating information about the disease.

First large-scale trial for Aids vaccine to begin

ANDREA WEISS
Health Reporter

THE first large-scale trial of an Aids vaccine is due to begin in Thailand in a joint project between the US and Thai armies — but a safe and effective vaccine remains many years away.

This is the latest news from *Poros Aids Briefing*, an international publication on progress in the field of Aids control.

According to the publication, the whole question of vaccines, and vaccine trials, is fraught with scientific and ethical difficulties.

So far 15 candidate vaccines have undergone limited tests. In Thailand, thousands of Thai military recruits will form the basis of the trial, which will last many years.

The trial protocol is presently under review by the Thai Government and the World Health Organisation.

The WHO has also chosen Uganda, Rwanda and Brazil for further large-scale trials when candidate vaccines be-

come available.

Ideally, a suitable vaccine should be easy to distribute, easily administered and affordable if it is to have any benefit for those populations most at risk.

Vaccines usually work by stimulating the body's own defences to recognise and eliminate a disease.

Sometimes they are made from a killed or weakened form of the disease, as in the case of Polio. Others, like Hepatitis B vaccine, are made from a fragment of the virus that stimulates an immune response without actually causing disease.

With HIV there are difficulties in designing a vaccine because the virus remains hidden inside the cells without duplicating itself for a long time, thus staying out of reach of the immune system.

Scientists are also researching the idea of a therapeutic vaccination, which would be used to treat people already infected with HIV and would help to prevent or delay the progression of the disease.

HIV infection reaching critical levels in South Africa — study

Health Reporter

HIV infection is reaching critical levels in South Africa, according to the results of an antenatal survey by the Department of National Health and Population Development, but few cases of full-blown Aids are emerging at this stage.

This phenomenon has been ascribed to under-reporting.

Tjaart Esterhuysen and Peter Doyle, actuaries who have developed computer models for projecting the spread of HIV and Aids, have expressed their concern at the lack of emerging Aids cases.

"At this stage, unofficial reporting seems to have broken down, as was recently indicated when the official Aids cases reported this year were pro-

single large hospital in Natal," they said in Nursing RSA.

They also hypothesise that the incubation period in Africa is longer than it has been in other countries.

According to the health department's latest statistics, about 2 000 people have been reported to have succumbed to full-blown Aids since 1982.

The department explains this relatively low figure as being a normal reflection of the Aids epidemic because it takes up to 10 years for a person to develop full-blown Aids.

Of the reported Aids cases, 253 come from the Natal/KwaZulu area, 60 from central Transvaal and 57 from Venda. Almost as many men as women were infected with the most common age group being

But testing vaccines in the Third World is a contentious issue.

There are concerns about how the participants will give informed consent and the ethics committees that would have to be set up to review the trial protocols.

Also, trial volunteers might experience the same problems that people with HIV do — namely that they are stigmatised as having the disease, even though their HIV positive status is due to a vaccine.

Among these problems number sexual difficulties, travel restrictions, discrimination in employment and discrimination in education and access to health care.

People taking part in a large-scale trial might mistakenly believe they are protected and indulge in high-risk sexual behaviour.

At present it looks as if there will be no safe and effective Aids vaccine for at least a decade, making the lessons of safer sex and condom use the only weapons against Aids for the present, Pano says.

To improve reporting of Aids cases, the department is making anonymous forms available at regional offices.

Mr Doyle and Mr Esterhuysen are concerned that if Aids statistics are unreliable, the country will not be able to monitor or plan for a future epidemic and adequate care will be lacking.

Among the strategies they suggest will curb the epidemic are increased social upliftment and more effective treatment of all sexually transmitted diseases, which have been shown to be a significant risk factor in the transmission of HIV. Also, the youth, in particular, need to be actively targeted.

● An estimated 322 000 people in South Africa are infected

WORLD AIDS DAY OCCURS



A plea for school sex education and free condoms

Health Reporter

COMPULSORY sex education at schools, free condoms and community hospices are among the demands being made in a memorandum to be handed over at Tynhuys on World Aids Day.

The memorandum will be handed over following a march through the city at midday.

The march has been organised by the Bellville Community Health Project which aims its work at factories, hostels and schools.

Signatories include the Catholic Welfare Bureau, Cosatu, the National Aids Convention of South Africa and the Progressive Primary Health Care Network.

In the memorandum, the present and a future government are called upon to "act boldly" in the battle against Aids.

"Time is of the essence and we urge the present government and its successor after the elections to be held next year to desist from half measures," the document says.

Included in the list of demands are the call for a special programme introducing Aids across school curricula, intensifying the campaign for early treatment of sexually transmitted diseases and increasing condom distribution to include schools and community organisations.

The memorandum also suggests the financing of community Aids workers attached to day hospitals and clinics.

It says guidelines on educational material should also be drawn up to ensure that non-judgmental and non-prescriptive information on safer sex is made freely available.

For women, it says there is a special need to create places of safety and to address the inequality between men and women.

Stronger action is needed with regard to both domestic violence and rape.

Health practitioners need to be educated to respect confidentiality at all times and no health worker should have

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Two women a minute infected

BLAWAYO. — Two more women are infected with Aids every minute, according to the World Health Organisation.

The Zimbabwe national news agency, Ziara, reports that the *Paros Worldaids* publication quoted WHO head Dr Michael Merson as saying women were vulnerable because of their immature and weak reproductive systems, poor nutritional status and inability to refuse sex or to insist on the use of a condom.

"More than a million women will be infected in 1993. By the year 2000, more than 13 million women will have been infected and 4 million of them will have died of Aids," said Dr Merson.

The report also urged more research on women past child-bearing age who might also be vulnerable to HIV, the virus that causes Aids.

It also outlines social changes that must occur to protect young women, who must not be pressured into early sexual encounters and early pregnancies.

"Families must guard against incest while community leaders must denounce the sexual abuse of schoolgirls by teachers and fellow pupils," said the report. — Sapa.

Sponsor a light at St Luke's Hospice

Health Reporter

THIS festive season, white lights will adorn the giant Norfolk pine tree at St Luke's Hospice to commemorate those who have died of Aids.

The lights can be sponsored by individuals for R40 each as a gift or in the memory of a loved one.

They will be lit throughout the festive season from December 3 to bring comfort and joy to terminally ill patients, many of whom will not see another Christmas.

The lighting ceremony will take place on Friday and Saturday evenings.

Last year more than 3 000 people attended and there were traffic jams outside the grounds.

This year, tickets will be sold to control numbers. These are available from Computicket and cost R2 for adults

(children are free).

Guests will be invited to bring picnics and a rug from 6 pm. Food stalls, a live brass band and carol singing are also on the programme.

Just before 8 pm, the 5 000 lights on the pine tree will be ceremonially switched on.

St Luke's cares for more than 650 patients a year and gets no state funding.

Among the services it offers are medical treatment to relieve pain, home nursing, in-patient care, day clinics and bereavement counselling for families.

Anyone wishing to buy a white light for the St Luke's Christmas tree should call Pat Coleman on 797 5335 or Thea Marais on 968 5726.

For more information on the lighting ceremony, contact Carlen Hugo at the hospice on 797 5335.

Danger recognised 'but little done for protection'

Health Reporter

LONG-DISTANCE truck drivers know how Aids is spread, but very few do anything to protect themselves even though they frequently visit prostitutes.

This was one of the findings of a R2 million research project drive by the Department of National Health and Population Development.

One of the focuses of the research project has been to establish attitudes among the general public and target groups including schoolchildren, hostel dwellers, people attending clinics for sexually transmitted diseases and prostitutes.

Findings have been reported in the latest *Aids Bulletin*, produced by the Medical Research Council, following a report-back session in Pretoria in June this year.

Long-distance truck drivers were found to be a high-risk group for the spread of HIV. Of 226 drivers interviewed, more than half freely admitted to visiting prostitutes and more than a third said they used these services more than once a day.

Overnight stops had few recreational facilities and there appeared to be little else to do. Although the drivers had good knowledge of Aids and how to prevent it, this had not influenced their behaviour.

'Rethink on usual ways of treatment' needed

Health Reporter

JOHANNESBURG. — If medical schemes were to heed human rights activists' appeals on all Aids-related claims, subscriptions would rise by 31 percent for every one percent of their membership with full-blown Aids.

This was said in a National Health Department statement ahead of World Aids Day tomorrow.

Conventional approaches to Aids should be re-examined and social and emotive support should reign supreme in the treatment of the disease, it said.

Indiscriminate use of expensive treatment, whose efficacy was still being debated, would cause a spiralling of costs to no purpose.

"A more realistic frame of reference has recently been adopted by practitioners, who are leaders in the principles of health care funding."

The department said the practitioners' protocols reflect that:

- Opportunistic infections must be more successfully prevented.
- There should be less hospitalisation.
- There should be less aggressive and expensive treatment in terminal stages of the disease.

"This is in line with the World Health Organisation which has been advocating community-based care since the start of the Aids pandemic."

The department warned: "Aids in Africa, including South Africa, will eventually take on such proportions that the formal health care sector will be unable to cope." — Sapa.

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forded appropriate care and drugs. General hospices are needed in communities to avoid a situation where women will be left to shoulder the extra burden of care. The memorandum also suggests that legislation should be drafted to ensure fair practice at work which would allow people with Aids to continue working for as long as possible.

Homosexuality should be decriminalised and prostitution legalised, it suggests.

The current government budget for Aids is considered totally inadequate. Instead of the R19 million budget, more like R150 million a year was needed to address the problem.

Health Reporter

MORE than half a million children may lose one or both parents to Aids in the next six years.

This estimate has been made by the SA National Council for Child and Family Welfare. These children will not themselves be infected.

The child welfare movement is concerned about the burden this situation will place on its overburdened resources.

The council believes many babies will be abandoned or left in the care of grandparents who will have difficulty feeding, clothing, educating and disciplining their charges.

Consequently, more children will find themselves on the streets — resorting to begging, crime and prostitution.

Institutions will not have the resources to expand. This will make foster parents, adoptive parents and day-care centres the only viable alternatives.

Health Reporter

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chance to help fight the dreadful killer scourge

War on Aids is just starting

SOWETAN 29/11/93

By Pearl Majola

WOMEN POWER 'Weaker'

WHEN the world's attention shifts from Aids Day after December 1 to other fashionable causes, the war against the scourge will just be starting in Alexandra township.

Perhaps the most fierce and united effort by Alexandra women, the first major step is a three-day conference to be held from December 3.

The conference is the result of a call by Alexandra Aids Action on women's organisations to help fight the disease.

AAA is a non-governmental organisation established in the area last year by Mrs Refiloe Serote for Aids education and counselling of sufferers and their families. Serote became this year's runner-up in the Woman

sex are determined to fight back:

of the Year award in recognition of her work.

Realising the growing problem said to be spreading fast among teenage girls and women in the area, AAA sought the help of the local woman folk to spread Aids education and awareness.

The women responded with such enthusiasm that a committee was formed almost immediately and after some meetings a decision was taken to hold the conference. A panel of speakers from Africa and inside the country has been invited to address a number of issues concerning the women.

"We want to draw from the experiences of other people and commu-

nities to start an effective education and counselling programme here," said one of the committee members, Ms Candy Mmatli.

Issues to be addressed at the conference will include:

- The involvement of men in the fight against Aids and encouraging them to use condoms;
- Communicating sex issues to children; and
- The protection of disabled people, especially the mentally handicapped, from HIV Aids transmitted through sexual abuse.

The importance of involving women, Serote says, is that people from the community can do a better job teaching others about Aids.

Aids costs likely to shoot up

92

CT 29/11/93

JOHANNESBURG. — Aids is expected to consume nearly 40% of the health budget by the end of the century — up hugely from its present cost of around 1%, says the University of the Witwatersrand's Centre for Health Policy.

It claims that current expenditure of between 0,85 and 1,37% could rise to between 18,76 and 39,83% by 2000.

In a release to mark World Aids Day on Wednesday, the Department of National Health and Population Development said up to 7 000 people would develop Aids in 1993 alone.

And Old Mutual actuary Mr Peter Doyle estimated that every day 550 people in South Africa are becoming infected with HIV, the virus that causes Aids.

"It is now clear that the course of the Aids pandemic in South Africa, as in the rest of Africa, will be dictated by heterosexual transmission," said the release.

"It is estimated that HIV infection amongst adult females in South Africa

will be approximately four percent by 1995, 12,5% by 2000 and 20,5% by 2005.

"The equivalent figures for males are 2,8%, 8,6% and 13,6% respectively."

The department went on to say that apart from the size of increased expenditure for Aids treatment, the rise of Aids cases may result in the "crowding out" of other health care problems.

Economy

"It is also apparent that the Aids epidemic strikes out at those in the peak of their productive years, people who would normally not require medical care. And the numbers are likely to increase rapidly," said the statement.

It went on to say that the more skilled people were infected, inevitably, the worse the effect would be on the economy.

The department challenged all sectors of society — government, business and non-governmental organisations — to become involved. — Sapa

Aids: STD education needed

Staff Reporter (92) 25 27/11/93

THE Aids epidemic would "look after itself" if resources were devoted to educating the three million South Africans who contract Sexually Transmitted Diseases (STDs) each year.

This is the view of Professor Ron Ballard, head of the STD research unit at the South African Institute for Medical Research who believes that if STDs can be controlled the Aids epidemic will dissipate of its own accord.

The chance of contracting HIV on a first sexual encounter is 1%, but the figure increases five-fold if one's partner has a chlamydia infection (such as a urethritis) and is eight times more likely if they have genital ulcers, he explained.

Rates of infection with conventional STDs in Southern Africa are 40 times greater than in Western Europe but many people never receive treatment because they ignore the symptoms or there are none, he said.

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(92)
ARCT 27/11/93

at Aids urged by professor

■ Control sexually transmitted diseases, and you control the HIV epidemic, says Ron Ballard, head of the sexually transmitted diseases research unit at the SA Institute for Medical Research.

ANDREA WEISS

Health Reporter

IF sexually transmitted diseases in this country were properly controlled, HIV (the virus which leads to Aids) would take care of itself.

This is the view of Ron Ballard, who heads the sexually transmitted diseases research unit at the SA Institute for Medical Research. About a quarter of the patients he treats for sexually transmitted diseases (STDs) are also HIV positive.

Speaking at a Press briefing in Cape Town, Professor Ballard said there was no doubt that the high risk behaviour which led to STDs also put people at risk of getting HIV.

HIV had been portrayed in the popular press as a menace akin to a new plague, but a lot that was said about it was "quite wrong".

Risk factors such as a mobile population, rapid urbanisation, prostitution, poverty and poor standards of education, as well as substance abuse, were the same for STDs and HIV.

Professor Ballard pointed out that people with STDs often had multiple infections, and these infections increased people's susceptibility to HIV — particularly if they had genital ulcers or chlamydia, a common sexually transmitted bacterial infection.

The chance of getting HIV increased five-fold with chlamydia and eight-fold with genital ulcers on a single sexual encounter.

Those with ulcers were more likely to seek treatment while chlamydia in women was frequently asymptomatic, putting them at particular risk if they had many different partners.

The actual transmission rate for HIV was low — one percent — on a

single encounter where no other disease was present. This was compared to an 80 percent chance of getting gonorrhoea on a single sexual encounter.

Professor Ballard said not everybody was at risk of getting HIV, and unfortunately the protection message was generally communicated to those least at risk.

He also believes people are more likely to respond to information regarding the risks of infertility, miscarriage and infant deaths caused by diseases like syphilis, than the message that they might die of Aids 10 years down the line.

Last year, for instance, there were 12 000 known cases of syphilis in the Western Cape — with it being the biggest killer of babies in Khayelitsha.

Professor Ballard's view is that Aids resources would be best spent on targeting those most at risk.

He also does not think HIV is a racially exclusive disease. In poor white areas of Johannesburg, transmission patterns were similar to poor black areas.

The South African epidemic was highest in Natal because Durban was the end of a trucking route from central Africa. From there, STDs tended to travel to the Witwatersrand with migrant workers before spreading southwards to the rest of the country.

Comparing HIV to syphilis, Professor Ballard said the HIV epidemic was "syphilis reborn".

Like HIV, syphilis was untreatable until the discovery of penicillin. It had a long latency period, and also resulted in death.

In viewing HIV in a different light, Aids organisations were "reinventing the wheel".

Where AIDS stalks expectant mothers

St Times 28/11/93

By CAS St LEGER

THE young mother covers her face in shame. Gladys knows she has AIDS but she is too afraid to talk about it.

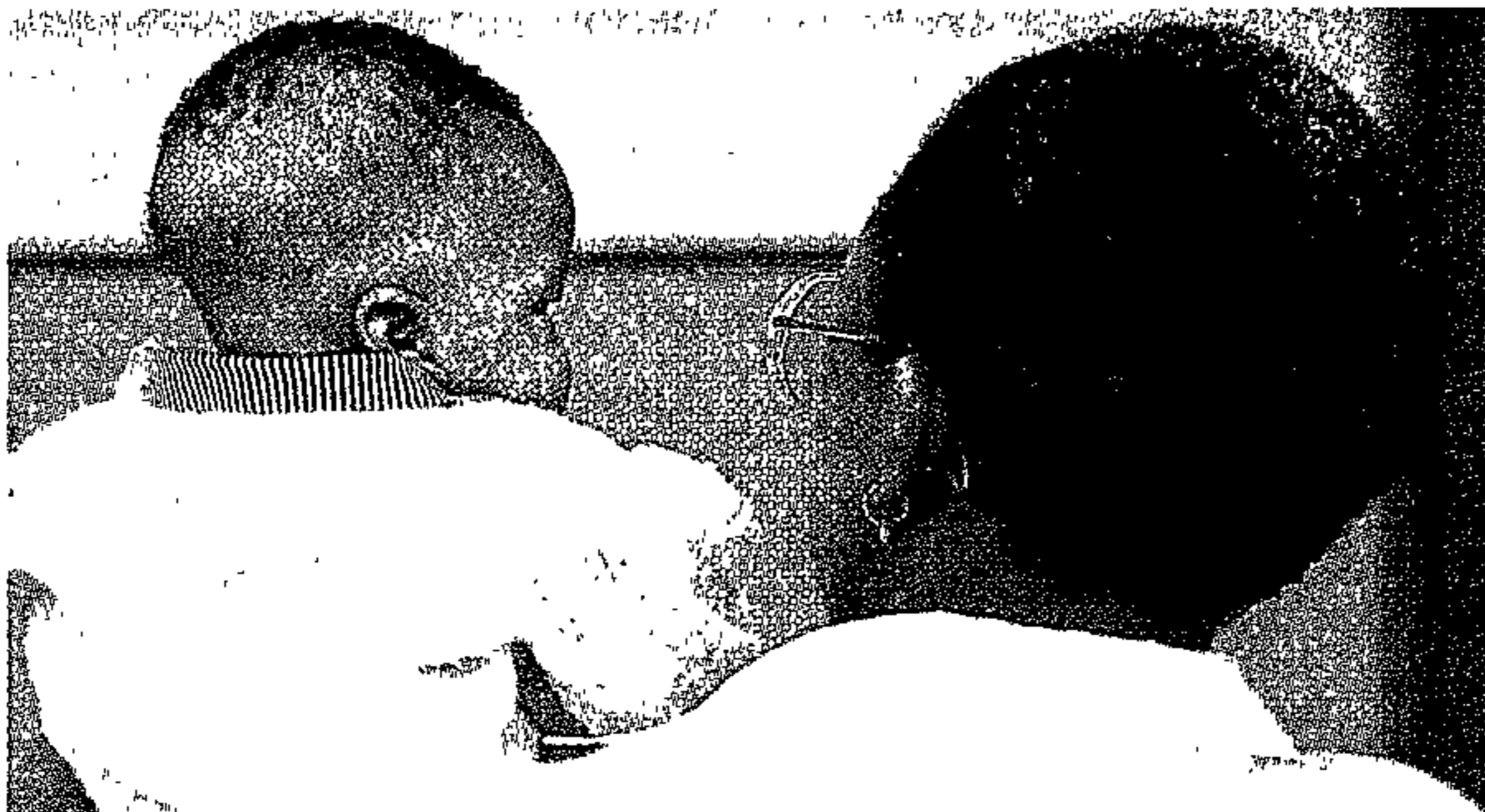
The mothers at Baragwanath Hospital's ante-natal clinic — subjects of long-term, authoritative surveys — are the barometer of the country's AIDS status.

Today one in 18 of the women is HIV-positive, which means she is infected with the virus that causes AIDS.

Just five years ago only one in every 250 women who walked into Baragwanath's maternity section had the disease.

Every week the AIDS mothers and their babies visit Baragwanath for counselling, comfort and, when necessary, medical attention.

Gladys, 23, unemployed



GRIM FUTURE ... Little Thabo is HIV-positive

and single, is mother to well-dressed Thabo.

The boy with a cheeky grin will be examined and have his blood tested every three months — more often if he is ill — until he is 18 months' old and it is known whether he has AIDS or not.

The noise is deafening as the roomful of tearful three-month-olds object to having blood samples taken from their heads.

Within three years, AIDS will kill a third of these infants.

Specialist Dr James McIntyre tests the blood of the

Picture: JOE SEFALE

babies in an attempt to research new methods of earlier diagnosis.

This week a mother wept for joy when her toddler was declared to be free of HIV. (92)

The hospital is spending R1,8-million on AIDS tests this year.

Tucked away in a room off the ante-natal clinic, the AIDS mothers rummage in a large plastic sack of second-hand clothing. A bag of vegetables stands in a corner, ready to be shared out.

"AIDS has taught us that medicine alone is not enough," said Dr McIntyre. "These women have other children who are going to be orphans. They can't be treated in isolation."

He said Soweto already had 200 AIDS orphans who were being cared for by relatives or institutions.

The Society for AIDS Families and Orphans and a dozen other self-help groups like the Food Gardens Foundation help the women.

The mothers themselves use their time at the clinic to band together and teach one another money-earning crafts.

All the women are counselled extensively, individ-

ually and in group and self-help sessions about AIDS. The message is getting across.

All the babies of HIV-positive mothers will test positive, too, until they are 18 months' old. Then the lucky two-thirds will test negative and the remainder will develop AIDS.

Doctors at Baragwanath, where the overall HIV rate is six percent of tested patients, are worried that the public has little understanding of AIDS prevention.

"They can see violence on TV but they can't see AIDS. Doctors often don't write 'AIDS' on death certificates for insurance or moral reasons," said a senior doctor.

"The whole concept of secrecy and confidentiality has made AIDS almost mythical. We need a South African Freddie Mercury or an Arthur Ashe to convince people," he said.

Baragwanath's AIDS mothers, typically, are unemployed, in their early 20s and single. They often do not tell their men they have AIDS for fear of being beaten or abandoned.

There are an estimated 30 000 HIV-positive women in Soweto — a slightly higher proportion than central Johannesburg and slightly lower than Natal.

"Everyone knows about AIDS but we haven't told them how to protect themselves," said Dr McIntyre.

In a report released last month, Dr Nicky Padyachee, formerly Johannesburg's chief medical officer and now town clerk designate, charted an HIV-positive rate of six percent for 1995.

"That's already been overtaken," said Dr McIntyre, who calculated that 15 percent of the pregnant women in his care would be HIV-positive this time next year.

Increase in syphilis raises SA baby deaths

S Times [C/Metro]

28 11/93

WHILE escalating Aids figures have become the focus of medical research, another sexually transmitted disease has reached alarming proportions.

Research by two doctors has revealed that 10 percent of all pregnant women admitted to teaching hospitals have syphilis.

This has resulted in an increase in infant mortality, says Dr Daynia Ballot and Dr Suzanne

By PETA KROST

Delport, two Transvaal paediatricians involved in research into the prevention of syphilis.

"The alarming issue here is that, unlike Aids, syphilis is easily cured by penicillin and if treated early in pregnancy, the babies would be born healthy," said Dr Ballot, a consultant paediatrician at the Johannesburg Hospital.

"But because the public, and doctors in par-

ticular, have latched onto the Aids issue, syphilis is being sidelined," said Dr Ballot.

Within the first six months of the expectant mother contracting syphilis, her unborn baby has a 100% chance of being infected and a 50% chance of dying before or soon after birth, according to the paediatricians. If the infected infant appears normal at birth and survives the first two months, other complications could

cause lifelong medical problems. (a2)

Except for instances where women don't attend antenatal clinics, the blame lies firmly in the hands of the medical profession, the two paediatricians said.

"Many doctors are neglecting to test for syphilis and those who do test aren't always following up positive results with treatment," said Dr Delport.

"At least 30% of pregnant women go to pri-

vate doctors where screening for syphilis generally doesn't take place," she said.

And clinic test results do not always get back to the women tested, either because they get lost or because the women may not return to the clinic before the baby is born.

According to antenatal clinic and academic hospital statistics from 1992 and 1993, Bloemfontein's Pelonomi Hospital had the highest rate of syphilis in pregnant woman with 20% of 6 000 being infected.

At Durban's King Edward VIII Hospital 15% of 14 000 pregnant women were infected.

Clinics

In the Transvaal, 4,7% of pregnant women at Johannesburg Hospital were infected while at Baragwanath Hospital, the figure is as high as 10%.

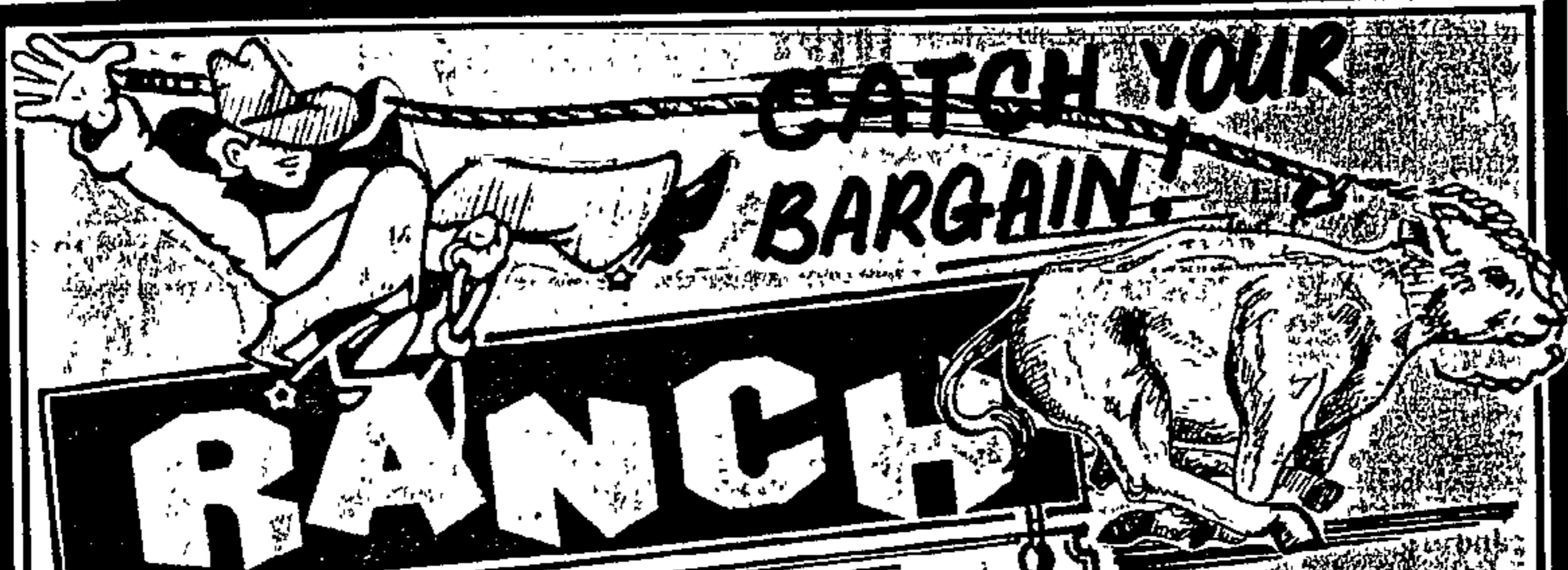
In the Cape Peninsula, Tygerberg Hospital found 8,6% of 9 468 mothers-to-be were infected, while at Peninsula Maternal Neonatal Service, 7,6% of 25 615 were infected.

Dr Ballot and Dr Delport believe the solution is simple but will not be easy to institute due to lack of interest from doctors in clinics.

"There is a method of instant testing where the woman can be diagnosed and treated while she is still at the clinic," said Dr Delport.

"There is then a better chance, once she knows, of her returning for the last two penicillin injections."

One difficulty they cite is that infected women may appear healthy and the disease may only be suspected when the baby dies or is born with congenital syphilis.



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bus was ripped open by a powerful explosion. One person was killed and six others injured, one of them seriously. See page 3.

Aids shock at Bara

Sowetan 1/12/93

By Mokgadi Pela

AN AVERAGE OF THREE WOMEN who are HIV-positive give birth at Baragwanath Hospital in Soweto daily.

In an exclusive interview with Sowetan specialist obstetrician at the hospital Dr James McIntyre said 360 such mothers had delivered babies in the first nine months of this year. He said about 30 percent of babies born to HIV-positive mothers would be infected with the virus that causes Aids.

"If they are infected, very few will live beyond five years," McIntyre said. He gave the overall figure for Soweto's HIV-

positive women as between 20 000 and 30 000. He said, however, that most Soweto women did not know they were infected as they had not submitted themselves for screening.

McIntyre said South Africa was following the same curve as the rest of Africa because there "hasn't been any change in behaviour".

He said South Africans were still putting themselves at risk by not heeding warnings. McIntyre added that it was important for communities to be taught how to prevent Aids if a disaster was to be averted.

Meanwhile, the director of the National Aids Training and Outreach Programme, Professor Ruben Sher, yesterday reiterated his call to the interim government to give Aids urgent attention. See Page 11



Show the feeling



Star 11/21/93

HIV man's fight for life

BY LEE-ANN ALFREDS

Eight years ago, Vincent Veal was given a choice: he could live, or he could die.

He chose to live. But living on borrowed time has not been easy for someone who was diagnosed HIV-positive eight years ago.

His quest to educate people about the deadly disease, the purpose of World Aids Day which is observed today, has met with very little success.

However, Veal is determined not to give up the fight.

"When I was diagnosed as being HIV-positive in 1985, I was really shocked at first, but I developed coping mechanisms. Even so, I was still terrified when I decided to go public about my disease a year ago — because of the stigma attached to being HIV-positive.

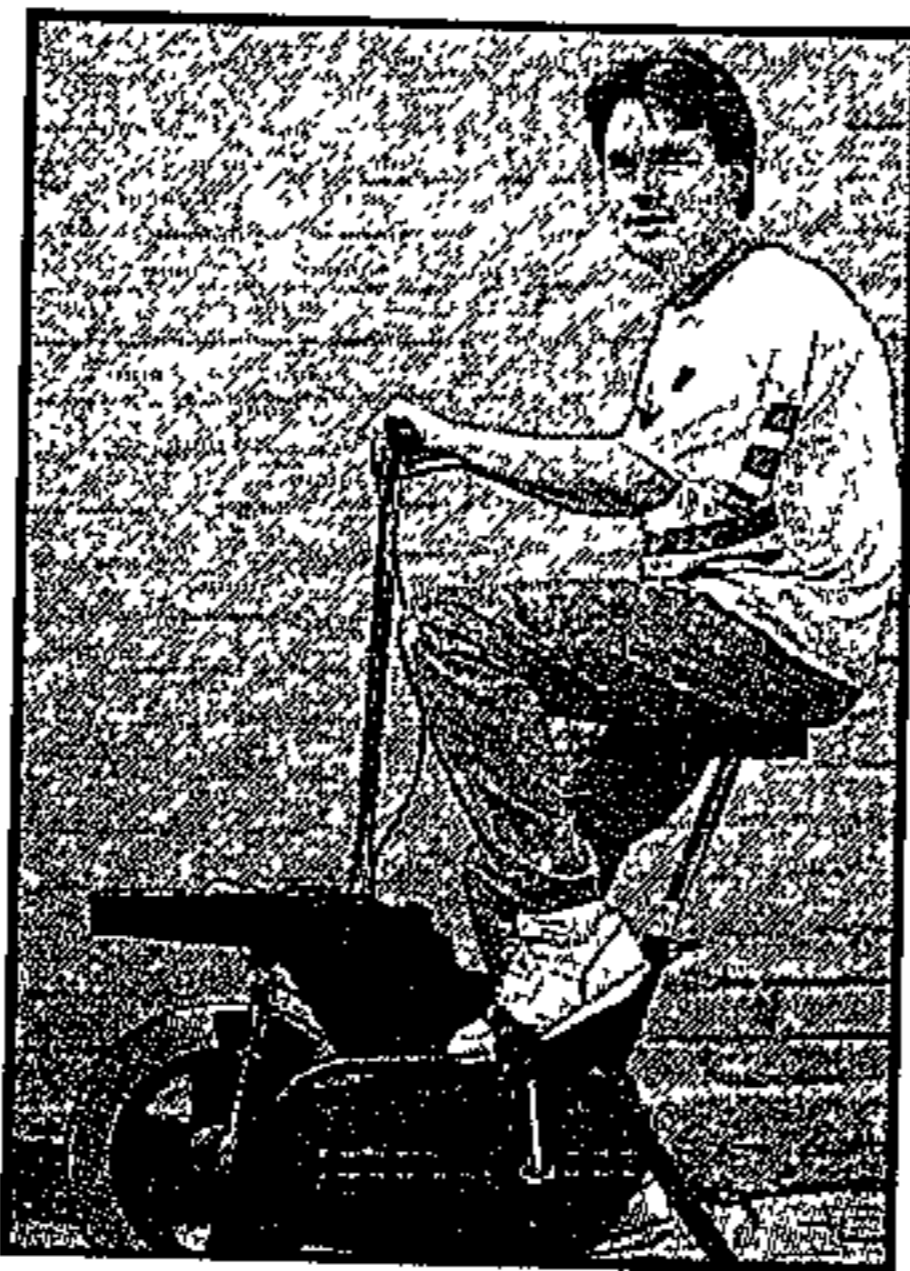
"But I knew it was important to be part of the solution and not the problem.

"I decided that I was going to do my best to try to live."

So Veal started Living with Hope, a support network for HIV/Aids people.

"Mental attitude goes a long way towards living longer. HIV/Aids people should be encouraged to live and not just give up the fight.

"It was also important to



Vincent Veal ... never say die. PICTURE: GARY BERNARD

92

counter the hysteria among the public surrounding the disease," he said.

But Veal's appeals for financial aid to run the programme fell on deaf ears. Only one company responded.

"There is a lack of willingness by the Government and corporations to become involved in social consciousness programmes. There's not a lot being done in the country to counter the discrimination which Aids sufferers experience," he said.

Veal is, however, a lot more optimistic about the future.

"Over the past year, people's reactions have improved. They're more willing to listen and be educated. Three years ago I was fired an hour after my employers found out I had tested HIV-positive. And I also had people refusing to shake my hand, or touch me, or drink beer from the same bottle.

"I am never going to stop hoping. Everybody's going to die, it's just that I have a lot less chance of living until 70. I'll keep dreaming that they'll find an effective vaccine and that people will stop treating me differently."

The National Department of Health says there are 2 296 reported cases of people with full-blown Aids in South Africa. It estimates that about 2,6 million South Africans will have contracted the HIV virus by the year 2000.

Support centres for people who have tested HIV-positive include: the Community Aids and Information Support Centre, which can be contacted at (011) 725-6710, and the National Aids Training and Outreach Programme, which can be contacted at (011) 720-5612.

If you want to help Living in Hope, telephone Veal at (011) 487-1607 or fax (011) 648-5310.

► World rallies
— Page 12

Aids march condoms (92) half 21/2193 bishop

Staff Reporter

THE assistant Catholic Bishop of Cape Town, Reginald Cawcutt, yesterday refused to take part in a World Aids Day march through Cape Town to Parliament because it had turned into a "condom march".

Before the march Bishop Cawcutt said he felt the public in South Africa needed to be educated about the dangers of Aids, but he left the march when people began waving bunches of inflated condoms and handing out leaflets advocating free access to condoms.

The Catholic Church prohibits contraception.

The 80-strong crowd sang "One condom one orgasm" as they marched, and presented a memorandum to Mr Janine Momborg, MP. Demands included compulsory free condoms and sex education at schools.



CONDOM POWER . . . A marcher holds inflated condoms aloft during a World Aids Day march on Parliament yesterday. The assistant Catholic Bishop of Cape Town Reginald Cawcutt (inset) refused to take part owing to his church's stance against contraception.

Picture: BENNY GOOL



More bad news in fight against Aids

Sowetan 2/12/93

By Sizakele Kooma

WHILE THE WORLD WAITS for a cure for Aids the media keeps churning out more and more disturbing news about increasing deaths and infections, thwarted preventive measures and failing treatments.

First came the news that the condom could not guarantee a user total protection, that 17 percent of people who used the protective device still contracted the disease. Doubts were recently raised about the effectiveness of the drug AZT, which is supposed to delay the onset of Aids in HIV-infected people.

Now a British woman's magazine, *Company*, has published even more scary news about the world's most commonly used contraceptives — the Pill, intra-uterine devices (IUDs) and spermicides — being linked to the disease.

In its November issue the magazine cites several studies that put use of these contraceptives into the same category as other high-risk practices such as anal sex or sharing hypodermic needles.

The spermicide Nonoxynol-9, which in laboratory tests in the mid-eighties was found to kill HIV, was strongly linked to it in real life. In a study conducted in Kenya on a group of 116 HIV-free prostitutes, the article said, nearly half the women who used the spermicide contracted Aids whereas a third who did not use it contracted the virus.

The medical argument as to why the spermicide could kill the virus in labo-

ratory tests and increase the likelihood of contraction in real life focused on the damage heavy use of the spermicide could do to the walls of the cervix and vagina.

Doctors, the writer said, thought it might cause internal erosion, a slight wearing away of the walls of the cervix of the vagina and surface of the cervix. The erosion might attract HIV in the same way that any graze on the skin attracts ordinary infections.

Another study by doctors in North Carolina, USA, found that using spermicide just once a day was enough to cause some disintegration of the vaginal wall. The more one used it, the more damage one suffered. The study suggested that the more a woman left the stuff in the vagina the more damage it was likely to cause.

Intra-uterine devices put a woman at even greater risk, according to studies quoted in the article. A study carried out in Italy on 368 female steady partners of HIV-infected men found that those who used IUDs were at three times the risk of picking up the virus compared to women who used nothing at all. It suggested using IUDs was even more risky than anal sex, which increases the risk of HIV almost threefold.

IUDs are implanted in the wall of the uterus and always cause some inflammation. The swelling is very slight and usually is not a problem for a healthy woman. However, the inflammation increases the number of white blood cells — the part of the blood that carries the HIV virus.

In theory, this makes a woman more likely to pick up the virus because these are the cells HIV invades first. It also makes her more likely to

give the disease to a man because she has more HIV-infected cells to pass on.

IUDs also make a woman's period longer and heavier, and it is well known that an infected woman is more likely to pass on HIV when she is bleeding. They also increase a woman's risk of contracting upper genital tract infection, which act as a seed-bed for HIV.

The article pointed out a study of more than 400 prostitutes in Nairobi between 1985 and 1991 which showed that Pill users, using the combined oestrogen-progesterone Pill — were more than twice as likely to pick up HIV than non-users. The longer they stayed on the Pill, the more likely they were to contract the virus.

According to a doctor interviewed by the magazine, there were three reasons why the Pill could help pass on HIV. It thins down the lining of the vaginal and cervical wall. The lining acts as a kind of natural armour-plating and the thinner it is, the easier it is for a virus floating about in sperm to break through. Since it affects the immune system the Pill increased the risk of sexually transmitted diseases which can act as a breeding ground for HIV.

Disturbing though the news may be, specialists still stress the need for more research. The article said most doctors were still ignorant about how HIV was passed between man and woman.

They did not know, for instance, if it was passed through the vaginal wall or up the cervix, and so could not be certain whether any contraceptive, except the condom, helped or hindered the virus.

Up against *Sowetan* Aids scare

2/12/93

JOHANNESBURG citizens of all walks of life joined hands yesterday, World Aids Day, to dedicate themselves to raising awareness of the epidemic.

Traditional healers danced, chanting their ritual songs and appealing for the help of ancestors to remove the scourge of Aids. (92)

An HIV-positive man drew thunderous applause from the crowd when he challenged South Africans to be more open about Aids.

"Aids is just like any other disease, such as cancer, but Aids sufferers are being ostracised by their families, employers and looked upon with scorn by the general public," he said.

Meanwhile, the Catholic Church withdrew from an Aids Day march in Cape Town because some marchers were carrying inflated condoms.

Organisers slate bishop who left Aids march

ANDREA WEISS, Health Reporter

92
ARG 3/12/92

THE decision of the Catholic assistant bishop of Cape Town to withdraw from an Aids march this week has been criticised by the organisers, the Bellville Community Health Project.

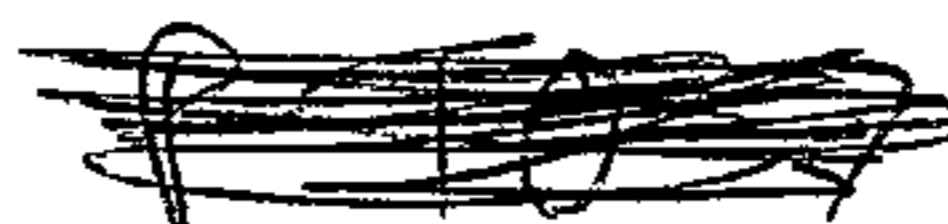
Bishop Reginald Cawcutt quit the march when some of the participants brought inflated condoms, and posters demanding free condoms.

The organisers said the church ought to be "encouraging youth and all sexually active people to use condoms in penetrative sexual encounters".

"We hope that church leaders will have the courage to re-examine aspects of doctrine that pose a life-threatening risk not only to their congregants but to the general population."

Before the march, the Catholic church co-signed a memorandum to the government. But the paragraph dealing with condom distribution was revised after discussion with Bishop Cawcutt's representative to enable the church to associate itself with the call for condoms at schools, factories and in communities.

The revised section said that the condoms should be made available "after consultation and in accordance with the wishes" of parents, teachers and students.



Catholics back condom-friendly programme

CAPE TOWN'S Catholic bishops are among those who have backed a call for a comprehensive programme to combat Aids to be presented to parliament on Wednesday: World Aids Day.

The Catholic Church has previously been reviled by Aids activists for its refusal to accept the use of condoms. But Catholic Archbishop Lawrence Henry, Auxiliary Bishop Reginald Cawcutt, and the organisation Catholic Welfare and Development have endorsed the programme — which, among other things, includes making condoms freely available through clinics and hospitals and in prisons.

Cosatu (Western Cape region), the Progressive Primary Health

Care Network (Western Cape), and the Bellville Community Health Project are among the other bodies which have endorsed the programme.

The programme is outlined in a memorandum which calls on the present government and its successor "to desist from half measures, but rather act boldly (in the area of Aids) where effective intervention can make a difference."

The memorandum also has the support of the National Aids Convention of South Africa (Nacosa): a coalition of non-governmental organisations and state health departments.

The memorandum points out that, according to recent surveys, at least 320 000 people are known

to be infected with HIV in South Africa. This figure is expected to reach half a million by the end of this year.

It also points out the number of confirmed HIV infections has consistently doubled annually since 1989.

"If these trends continue, a severe political, economic and social crisis will confront South Africa," the memorandum continues.

The strategy promoted by the memorandum covers an area far wider than medical interventions against Aids.

"Expenditure on Aids should be seen as developmental and as part of an overall preventative health programme," the memorandum

states.

"Government inaction and pandering to conservative social, epidemiological, medical or financial advice on Aids/HIV will certainly earn the blame of the whole of society for not having acted soon enough, once the epidemic reaches crisis proportions."

Recognising that there is no cure or vaccine for Aids, the memorandum identifies prevention through education as the most cost-effective response to the epidemic.

The memorandum calls on the government to fund a special programme for the introduction of Aids information into the curriculum in primary and secondary schools.

It states that condoms should be

made available through schools if representatives of parents, teachers and students approve it.

It also asserts the right of HIV-positive patients to medical treatment and calls for the outlawing of discrimination against people with HIV and Aids — particularly in the workplace.

The memorandum pays particular attention to women's need for HIV protection.

"Men use their dominant position to refuse to use condoms even when this is requested by women," the document states, and calls for special HIV/Aids programmes for women which address the inequality between men and women in relationships.

JUSTIN PEARCE

Poor people are most affected by Aids.

CLIVE EVIAN

examines the reasons why the epidemic has mushroomed in the third world, and why it is such a threat to South Africa (92)

Aids thrives in poverty



MIGRANT LABOUR HOSTEL: Social disruption and a dehumanising environment do not encourage a healthy attitude to Aids

As the Aids epidemic spreads, one of its most striking features is its relationship to poverty. It is not surprising that the fastest growth in the Aids epidemic is in Africa, South America and parts of Asia.

Men and women living in poor circumstances often need to leave home to seek work elsewhere. Such work is often only available in distant towns and cities, so in poor communities migration has become common practice.

However, migrants do not only leave a physical home — they also leave a community, a community which develops the values and norms that keep sexual activity in check.

When people leave home, their base of sexual and emotional stability starts to break down.

The migrant worker comes from a place as a "somebody" and becomes a "nobody" in a "nowhere place" — such as a single-sex hostel. Although hostels meet urgent accommodation needs, they fall short of providing a satisfactory environment for normal living.

When people leave familiar surroundings there is often a loosening of personal and community sexual constraints and the development of indiscriminate multi-partner sexual practices.

In these circumstances sexually transmitted diseases become rampant.

For many women living in poverty,

sex becomes a commodity which they can sell. Sex is exchanged for jobs, food, transport, school fees, tuition and other favours.

Sex in poverty situations is sold cheaply, as there are many buyers and many sellers.

It is often sold in trading villages, towns and cities, around industries, bars and shebeens, along public transport networks and truck stops — at every interface between people and money.

If women need to sell sex, their gender subordination further exacerbates their already powerless and vulnerable situation.

Even in stable communities women have little meaningful control over their sex lives, and much less in disrupted communities which are open to exploitation and abuse.

There is enormous potential for the elite to exploit the poor masses, and sexual exploitation flourishes in these circumstances.

Therefore, in poor communities not only the poor succumb to Aids but the elite as well.

In poor communities people have less access to health care. They have less access to the detection and treatment of sexually transmitted disease and less access to condoms.

STDs are known to be a major co-factor aiding the transmission of HIV.

Even when people in low socio-economic circumstances get health care or access to mass media, poor education and illiteracy make it difficult for them to gain a clear understanding and appreciation of the silent nature of HIV infection. They are uninformed about the many complexities of Aids and its transmission, and the relevance of this information to their own lives.

High levels of urban violence, crime, unrest and uncertainty pro-

mote fatalism and despondency within communities which is extremely detrimental to Aids prevention efforts.

Expecting an individual to take initiatives today to prevent infections which will only cause ill health in seven to 10 years times is possibly expecting too much. The day-to-day struggle, together with the prevalence of violence and crimes, mitigates against initiatives to prevent HIV/Aids.

Aids in turn also causes poverty. Job and income loss, rejection, discrimination and stigmatisation and

finally ill health and death all contribute to individual and family misfortune, and to the overall cycle of poverty.

South Africa has been one of the last countries in Africa to be affected by HIV/Aids. But apartheid's devastating impact on the culture and tradition of black family life and the cycle of poverty and migrant labour ensure that South Africa will be no exception and will face an enormous Aids epidemic.

This is an edited version of an article that originally appeared in the journal 'Critical Health'.

Coastal walk for Aids

WHILE AIDS activists will present their demands to parliament at lunch time on Wednesday — World Aids Day — a less confrontational show of solidarity will take place at the Waterfront from 5pm on the same day.

The Tokai Rotary club has organised a walk from the Agfa Amphitheatre on the Waterfront to the Mouille Point lighthouse and back.

Participants in the walk will wear

red ribbons as a gesture of solidarity with Aids sufferers.

Participants in the walk will pay R5 a person or R10 a family, with all proceeds going to the Aids Foundation of South Africa.

There will be prizes for overall and team winners and also for the best-dressed team.

Walkers will be welcomed back to The Waterfront by the sounds of the Cape Town Symphony Orchestra.

●A large pictorial quilt marking World Aids Day was unveiled by the Mayor of Cape Town, Mrs Patricia Kremer, on Monday.

The quilt incorporates the slogans "World Aids Day" and "Cape Town Cares". The panels of the quilt were made by volunteers from City Council community centres, and the project initiated by the Council's Aids Awareness Unit.

The quilt will later be on display at the Waterfront.

This page was made possible by the support of Warner-Lambert

South 3/12 - 7/12/93

By Barbara-Ann Boswell

Black Sash launches women's rights campaign

WOMEN'S rights will not be compromised once a new government comes into power, if the Black Sash has anything to do with it.

The Western Cape branch of the women's organisation launched a campaign on Thursday, the International Day Against Violence Against Women, to ensure that election promises to woo women's votes would not be empty.

The Black Sash released a document entitled "A Declaration to Raise the Status of Women", a public pledge supporting the right of women to be free from abuse.

Politicians will be asked to sign the pledge.

"We are committed, both in private and public life, to upholding the right of women to be free from abuse and will campaign vigorously for this liberation from violence," reads the one-page declaration.

According to Ms Dot Clem-

inshaw, a worker at the Black Sash gender desk, "political parties and candidates for public office across the board" will be asked to sign the declaration.

"It will be used as a tool for women's liberation in the period leading up to the elections," said Clemminshaw.

"When parties release their elec-

tion lists, we will be asking candidates to sign the documents, and this will give an idea of who stands for what."

Clemminshaw hopes that in signing the declaration, politicians will be committing themselves to the empowerment of women — a promise which they can be held to after elections.

"We have to highlight that focusing on women's needs and rights cannot be avoided — it cannot be pushed on the political back burner any more."

Clemminshaw added that the declaration will be circulated among members of the Women's Alliance and the Women's National Coalition, organisations made up of women from all political persuasions, and that it would be further circulated by these women.

The Black Sash will also have information stands in the suburbs and the City on December 10, Human Rights Day, to "conscientise and arouse people's awareness" around women's rights.

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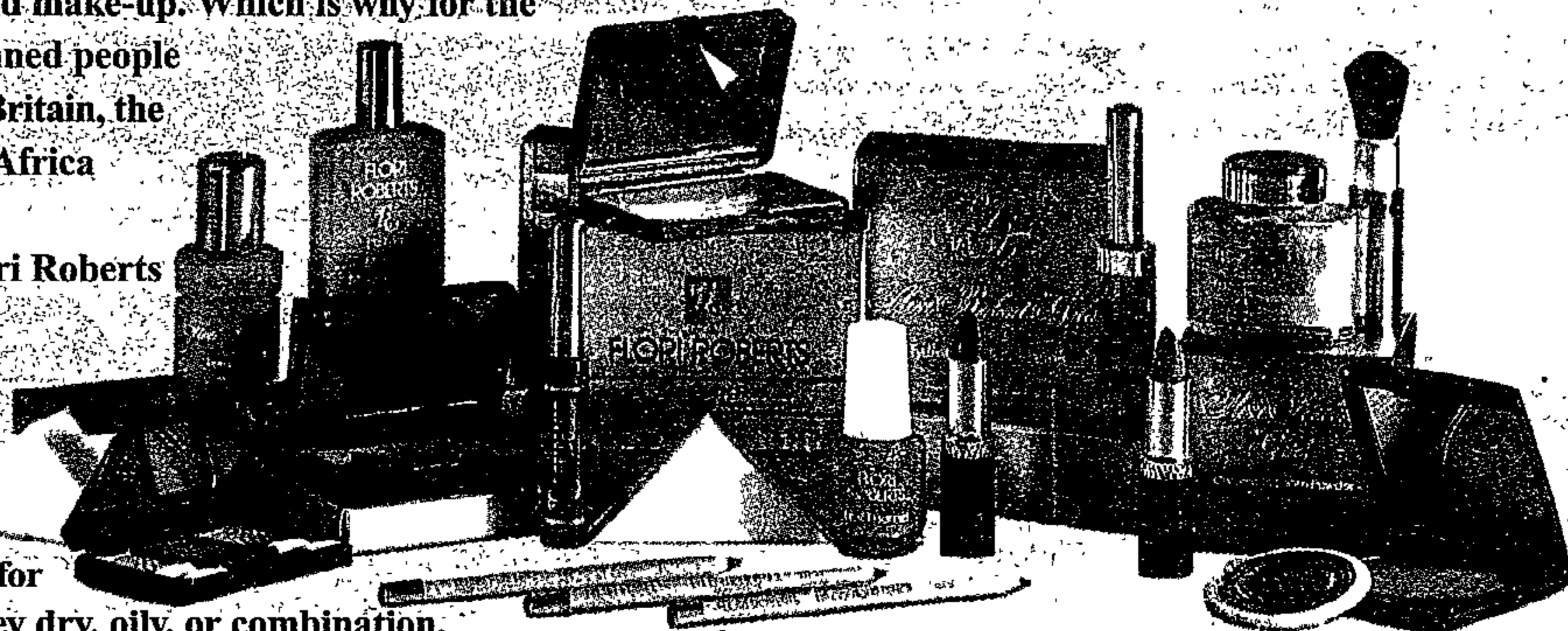


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AGFA 43/0

Cover for HIV patients

Sowetan 3/12/93

By Mokgadi Pela

■ AIDS TREATMENT Major shift in thinking of some medical aid societies:

THINKING in the medical aids sector has undergone a major shift with the announcement that some are ready to provide cover for HIV patients.

This came out at a day-long World Aids Day meeting between representatives of the medical aid schemes, the pharmaceutical industry and interested parties at an East Rand hotel.

The schemes that are considering providing cover for Aids patients are AMA, Medscheme and Transmed.

Addressing a Press conference later, Dr James McIntyre of Baragwanath Hospital and Dr Steven Miller of the Johannesburg HIV Clinic

said the meeting resolved to approach other medical aid schemes to sell the idea of providing cover to Aids patients.

Miller said management of HIV-positive patients was cost-effective. The provision of antiviral drugs for HIV patients would:

- Prolong their symptom-free period;
- Postpone the onset of Aids;
- Improve their quality of life by enabling them to live with their infection for as long as possible. Another objective was that those who

became ill, had mild complications; and

● Keep them productive at the workplace. Miller said: "It doesn't make economic sense, let alone ethical sense, to withhold treatment to patients when drugs are available."

He said there was no precedent in clinical history where diagnosis precluded treatment or care for patients.

He added that the meeting had not given Aids and HIV any special treatment but rather took it where it ought to have been in the first place.

Killer cocktail of AIDS and TB menaces country

S/ Times 5/12/93

By CAS ST LEGER

VERONICA's dream is to see her 22-year-old son graduate from Stellenbosch University in two years' time.

But the 46-year-old Brakpan divorcee, a patient at the East Rand Santa Centre at Modderbee, is unlikely to have her wish granted.

She has the deadly mix of two organisms destroying her — TB and AIDS.

South Africa is sitting on a timebomb. The country is facing a huge outbreak of TB, thanks to the appearance of a drug-resistant strain of the disease, and the addition of AIDS to make a killer cocktail.

The TB bacillus and the HIV virus which causes AIDS work together, making the progress of each disease more rapid and more virulent.

About 10 million South Africans are infected with the TB organism but do not fall ill unless something else — like poor nutrition or the HIV virus — triggers off the disease.

When the victim is HIV-positive, the type of TB is much more severe. And the patient develops full-blown AIDS much quicker than usual.

"AIDS and TB are terrible partners," said

Professor Eric Glatthaar, chairman of the TB Advisory Group and professor of community health at the University of Pretoria.

TB often takes a different form in AIDS patients, attacking organs and bones rather than affecting the lungs. In AIDS patients, TB progresses 10 times faster than normal.

Last September, Veronica started spitting blood, and was eventually diagnosed as having TB. Her blood was tested and she was also found to be HIV-positive.

The TB attacked Veronica's throat, and AIDS has already made its appearance in the form of a fungal infection.

Veronica has little idea what AIDS is. She knows it is sexually transmitted and maintains she has not had a boyfriend since her husband left eight years ago.

"We are all church people," she said.

At the time her husband left, she was involved in a car accident and received "machine blood" during subsequent operations.

She blamed the transfusions for the AIDS, "but I didn't want to cause trouble by saying anything".

She believed she contracted TB from her father. "We all slept in the same bedroom. There are only two rooms in my house."



SPARK OF LIFE Peter Young has lived a month more than expected
Picture: COBUS BODENSTEIN

Mr Peter Young, a TB patient at Rietfontein Hospital, also on the East Rand, does not have AIDS but even so, TB is killing him.

His indispensable oxygen mask fails to hide the former electrician's glee. The 48-year-old man has won an extra month of life.

Seven months ago, Mr Young, whose lungs were destroyed by TB, was admitted to the Rietfontein Hospital. Doctors told him he had six months to live.

"I'm still here!" grinned Mr Young, who makes the most of the gift of extra time by pushing his wheelchair to the end of his link with his oxygen supply and enjoying the hospital garden and legions of cats.

He can only survive for 15 minutes without the oxygen mask.

About 100 TB patients out of 350 at Rietfontein are HIV-positive, and the same is true of 108 of Santa's 352 patients.

"We're facing a huge

outbreak of TB. We're sitting on a timebomb," said Professor Glatthaar.

In addition to the AIDS factor, a new TB superbug, resistant to the usual drugs, is cutting swathes through entire families in South Africa.

Dr Theo Collins, consultant to Santa — the South African National Tuberculosis Association — has traced six families who have been virtually wiped out by the new strain.

With the new strain, the time in hospital stretches to 18 months and the cost of treatment, including hospitalisation, is R16 000 a patient.

If TB is detected early, the six-month-long course of tablets costs about R600. Hospitalisation costs R6 000.

Dr Brendon Girdler-Brown, specialist in the Directorate of Communicable Diseases with the Department of Health, said there were 80 000 new cases of TB every year.

Bishop defends march action

ANDREA WEISS
Health Reporter

CATHOLIC assistant bishop Reginald Cawcutt has defended his decision to withdraw from a city Aids march on World Aids Day.

Responding to criticism from the organisers, the Bellville Community Health Project, he said while he had wholeheartedly supported an Aids campaign, he felt the condom issue had been presented out of proportion, which was why he decided to leave the march.

He said he had signed the

four-page petition, of which only about five lines referred to condoms. One of the themes of the petition was the enormous need for education with regard to Aids.

His primary concern was that there was a need for compassion for those with Aids.

He added: "While many would promote the use of condoms (and even this method is acceptable to many international church leaders) there are two major dangers here — one that it might encourage promiscuity and two, that people might come to believe

(92) ARG 6/12/93
it to be a foolproof method.

"Even then the use of condoms is only one method — the encouragement of abstinence, especially for those given to promiscuity, might be a far more effective means."

Bishop Cawcutt said that when he saw the shape the march was about to take, he withdrew.

"I think that the jollifications displayed by those participating — especially the children — did more to alienate the support of those who witnessed the march."

IN ITS STRONGEST call yet for reforms in prisons, the World Health Organisation (WHO) has urged governments to provide condoms in prisons and, where drug injecting is known to occur, bleach and clean needles or syringes.

The WHO's stand on condoms comes at the same time as a similar call inside South Africa.

The petition presented to parliament on December 1, World Aids Day, specifically called for the availability of condoms in prisons.

Around six million people are thought to be imprisoned globally.

The real total is unknown, and there are no figures available for China. All too often, prisoners are a forgotten part of society, with medical facilities that are at best minimal.

Give condoms to prisoners, says WHO

Because prisons often breed a culture of violence and despair, prisoners are particularly vulnerable to HIV infection.

Sex between men in prison is a major route of HIV transmission. Its extent is difficult to estimate — taboos often surround the discussion of homosexual encounters, and many prisoners adopt an attitude of denial even though they may practise sex with men.

Male rape is also a reality in most prisons. In some places, including South Africa and the United States, it is widespread.

The WHO guidelines call for information in prisons on safe sexual

behaviour and for the distribution of condoms. Switzerland, Canada, Hungary, Sweden and Holland already give out condoms.

In South Africa with its restrictive laws on homosexuality, sex between men in prisons is illegal, and the authorities do not wish to condone it by making condoms available.

In many prisons drug injecting is a serious problem. Many injecting drug users may end up in prison as a result of their drug addiction, or because of drug-related offences.

Although drugs are frequently available in prisons, needles and injecting equipment may be scarce, and needle sharing common.

According to Mr Paul Turnbull of the Centre for Research on Drugs and Health Behaviour in London, creating an environment where treatment of addiction is a real option must be the first priority.

"Good counselling and treatment should be freely available, with no stigma attached to those seeking treatment," he says.

"The second strategy to combat HIV should be bleach to disinfect needles, and the third, a controlled distribution of clean syringes and needles."

The spread of HIV in prisons also has an effect on the spread of HIV in society at large. In 1988, the

prevalence of HIV among Thai drug injectors rose sharply over a few months from 16 percent to 43 percent. This massive increase was ascribed to an outbreak of HIV infection in prison, followed by the large-scale release of prisoners into the community under an amnesty.

"In public health terms," says Professor Tim Harding of the University Institute of Legal Medicine in Geneva, "the prisons are in constant interaction with the rest of society and public health problems cannot be dealt with separately."

As WHO states, "all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community, without discrimination." **TONY KAHANE — Panos**

Bishop abandons Aids campaign

IS IT OK wear a condom for sex? And is it OK to blow it up and wave it around your head during a protest march? These are the questions which resulted in a bishop walking away from last week's Aids march, and facing accusations from Aids activists who have accused him of going back on his word.

Cape Town's Catholic Auxiliary Bishop Reginald Cawcutt changed his mind about participating in the march when he saw marchers waving inflated condoms.

"I was sorry to have pulled out, but Aids awareness involves a lot more than condoms," the bishop told SOUTH.

The purpose of the march was to present parliament with a memorandum calling on the government to implement a comprehensive Aids prevention strategy.

Bishop Cawcutt and Catholic Archbishop Lawrence Henry signed the memorandum, which calls for condoms to be made freely available in clinics and in prisons.

It also demands that condoms be made available in schools, if democratic parent, teacher and student organisations so wish.

"In the light of this agreement we find it strange that Bishop Cawcutt was not prepared to associate himself with the World Aids Day march," said Bellville Community Health Project director Ms Josie Abrahams, who was one of the organisers of the march.



AIDS DAY: The march goes ahead minus one bishop

She pointed out the section in the memorandum dealing with condom distribution was changed after consultation with the bishop's representatives, to enable the church to associate itself with the petition to parliament.

"We realise the importance of religious leaders providing unambiguous guidance to their followers

in the fight against Aids," Abrahams said.

She said the memorandum took "a realistic position which recognises that while we may have differing moral positions in relation to sex, monogamy and marriage, the reality is that the majority of people are not monogamous, do have pre-marital sex, and many have sex with per-

sons of the same gender."

Bishop Cawcutt confirmed his support for compassion for people with Aids, and for a greater emphasis on Aids education as called for in the memorandum.

He expressed reservations about encouraging the use of condoms.

"There are two major dangers here: one, that it might encourage

promiscuity, and two, that people might come to believe it to be a foolproof method.

"The matter of Aids is most serious and I think that the jollifications displayed by those participating did more to alienate the support of those who witnessed the march," Bishop Cawcutt concluded. **JUSTIN PEARCE**

THE SEARCH FOR AN AIDS VACCINE

Life-saver, or safari research?

LARGE-SCALE trials of possible Aids vaccines will begin next year.

These trials move the search for a safe and effective vaccine against the killer disease one step closer to realisation, although the discovery of such a vaccine remains many years away.

Almost all of the trials will be conducted in developing countries, which has raised a thorny ethical question: "Why are Africa and other parts of the developing world being used as the guinea pigs?"

Dr Jose Esparza, the head of vaccine development at the World Health Organisation's global programme on Aids, believes there are a number of important reasons for Aids vaccine trials in the developing world. For one thing, he says, this is where the need for an Aids vaccine is greatest.

Developing countries must be involved in large-scale Aids vaccine

trials, argues Esparza, if they are to have any chance of reaping benefits from a successful Aids vaccine.

"There is no guarantee that a vaccine developed in the US or Europe would be appropriate for use in developing countries," he says.

There are also scientific reasons for testing candidate Aids vaccines in developing countries. Vaccines need to be tested in communities and countries where there is a high rate of new HIV infections.

Professor Souleymane M'Boup, a Senegalese Aids expert, argues that such high rates of new infection mainly exist in developing countries, making them the only place where large-scale trial can be carried out.

A Ugandan expert shares his views.

"Uganda will participate in vaccine trials because we are as interested as anyone else in trying to find a vaccine or a cure for Aids," says

Mr Manuel Pinto, director general of the Ugandan Aids commission, citing Uganda's estimated 1.5 million people infected with HIV.

Pinto says Uganda's decision to participate in trials goes beyond self-interest: "We recognise that Aids is a global human problem and as members of the global community, we have a duty to participate."

But some people have severe doubts about the ethics of testing Aids vaccines in developing countries. They believe it falls into what has been called "safari" or "hit and run" research: medical research conducted in poor countries by scientists from rich countries because it is cheaper and easier, and fewer questions are asked about safety and ethics; and where the profits (financial and social) rarely benefit the populations or countries in which the research was undertaken.

"As an African," says a doctor

from Uganda, "I have seen situations where people have been used in trials of drugs and vaccines who have certainly not benefited from the fruits of such research."

"Developing countries have always been used as test beds for all sorts of things," says Ms Anne Kennedy, who is making a special study of the ethics of Aids vaccine testing in developing countries.

"People in developing countries have always been vulnerable when it comes to medical trials, and there is no reason to suppose that Aids vaccine trials will be any different."

But leaving aside the most obvious and direct benefit of a vaccine trial — the development of the Aids vaccine — developing countries believe there are other benefits to be derived from participation.

"Uganda is benefiting scientifically and in terms of infrastructure," says Pinto, "Most importantly, Ugandan scientists and doctors are benefiting from advanced knowledge and advanced technology."

— Panos

Trials will be conducted in developing countries, which raises a thorny ethical question: Why are Africa and other parts of the developing world being used as guinea pigs?

The clinic was made possible by the support of Warner-Lambert.

Women and AIDS

(92)
ARH/12/93
THE World Health Organisation predicts that 13 million women worldwide will have been HIV infected by the year 2 000, and that about four million of them will have died.

This is due to women's biological, epidemiological, and social vulnerability to HIV, the virus causing Aids — women's bodies have large, mucous areas. When these areas have small sores or broken skin, it facilitates entrance of the HIV.

In South Africa, the HIV prevalence among adult females will be approximately four percent by 1995, 12,5 percent by the year 2 000 and 20,5 percent by the year 2005.

The equivalent figures for males are 2,8 percent; 8,6 percent and 13,6 percent respectively. This means, that by the year 2000, 66,34 percent more women than men will be HIV infected.

As HIV infection amongst women continues to rise, infection of their babies will also increase. To date, about one million infants worldwide are HIV infected, and half of them have developed Aids. This is expected to rise to 4 or 5 million by the year 2 000. There is a 30 percent chance that a pregnant woman with HIV infection will transmit the virus to her unborn or new-born baby, and this may even be as high as 50 percent.

A baby with HIV infection has a life-expectancy of not more than five years.

Moreover, at the end of 1993 there could be up to 2 500 orphans in South Africa, under 15, whose mothers have died from Aids. By the year 2 000 there may be more than 500 000 children orphaned because their parents died of Aids.

HIV cases soar in Western Cape

SI Times [C1 Metro]

12/12/93

By PETA KROST and CHLOE GEORGE

THE number of HIV-positive people in the Western Cape has trebled in the past three years and the figure is expected to double by the end of next year.

Incidence of the HIV virus, which leads to Aids, is increasing dramati-

ly, research has found.

"The number of people being infected doubles every 12 months," said Dr Ivan Bromfield of Cape Town's City Health Department.

"These shocking re-

sults emanate from the most accurate research that has been done and which includes sexually active people between the ages of 15 and 49."

The research, among all women who attend government and private ante-natal clinics, established that by the end of this year 1,32 percent of the sexually active Western Cape population would have been infected, compared with 0,37 in 1991.

However, researchers warn that these figures don't fully reflect the Western Cape situation as many more people are

unaware that they have been infected. (92)

A Western Cape survey of people who requested Aids tests found there were 935 cases in the first three-quarters of this year, compared with 967 cases in the whole of 1992.

"Our figures show that the virus is indiscriminate and as many men as women are being infected," said Dr Bromfield.

"The problem is that

too many sexually active people still have the attitude 'It won't happen to me'.

"What's more, these people are often among the more educated in society."

For the sexually active population the only preventive method — although not foolproof — is to use a condom.

However, this precaution is still extremely unpopular.

PEOPLE'S LIVES *Prevent, prevent*

3 500 infected with Aids daily

CASABLANCA — An estimated 3 500 Africans are infected with the Aids virus every day and the continent is moving towards "a catastrophe — a deluge of disease".

"In Marrakesh we are going to launch an appeal for action, for sustained and vigorous action to alert Africans to the danger of a continental catastrophe," said Professor Abdallah Bensliman, chairman of the 8th African Aids conference opening in the southern Moroccan city on December 12.

"We are faced by an impending catastrophe, a deluge of disease. Until a cure or a vaccine is found, our only hope is prevention," he said in the office of the Pasteur Institute in Casablanca.

If the spread of the fatal disease is not arrested "it is possible that within 10 years the elite in African countries will be simply wiped out," he told *Reuters*.

The World Health Organisation estimates more than 1,5 million people in Africa are suffering from Aids — two-thirds of the world total.

The number infected with the HIV virus responsible for the disease is put at eight million and by the year 2000 the number with the disease itself could reach five million. The WHO estimates take account of "unknown cases, under-reporting and delayed reporting".

Bensliman thinks anti-Aids policy since the first African conference in 1985 has been "disastrous" for a number of reasons and the outlook is not encouraging.

A major problem is finance. Average spending on health services in Africa is R10,50 a head a year, and 29 of the world's 42 poorest countries are in Africa. In some of them the Aids rate is the highest.

"But there is a negative trend. Financial aid for Aids programmes is being diverted to Asia and Eastern Europe," Bensliman said. There is also the problem of how to distribute the aid — to hospitals, non-government organisations, or to governments. "You have to be careful about who you give money to in Africa."

"Of course, funds will be transferred openly within the framework of a world system of control with technical, financial, medical and scientific follow-up," he said.

‘We are faced by an impending catastrophe, a deluge of disease. Until a cure or a vaccine is found our only hope is prevention.’

Sowetan 10/12/93

Bensliman cited the cost of condoms and Aids tests which the majority of Africans cannot afford. He said condoms were not manufactured anywhere in Africa, although he had heard a suitable latex was available in Ivory Coast. "By the time a condom reaches Africa its cost has risen tenfold."

Average per capita annual income in Morocco is about R3 000. "Just think, a man could spend a whole month's income on condoms every year," he said. (92)

An Aids test in Morocco, available free at the Pasteur Institute, costs about R69 in a private laboratory. If it proves positive a second test costs R375 and a third R1 500.

Bensliman said the situation of Aids sufferers in many parts of Africa was desperate and dramatic. "Sometimes there are two or three patients in each bed, or lying on the floor. We must help them to die in dignity."

"The answer is in three words: fidelity, abstinence and protection. No one, no religion, can quarrel with that," he added.

He said Islam, Christianity and Judaism, all preached fidelity. "If everyone practises what those religions preach the spread of Aids will diminish."

"We must enlist the help of town criers in market places and traditional story-tellers and our religious leaders must speak out."

When Pope John Paul visited the central African state of Rwanda where Aids is endemic, he urged the people not to use contraception methods like condoms. "To my mind, that was a crime. Write that down: a crime," Bensliman said.

"Do not forget we are in the 20th century, the age of liberalism, of liberty. But there must be a return to moral values." — *Sapa-Reuter*.

Alex women take a bold move to put brakes on Aids

Sowetan 14/12/93

By Pearl Majola

ALEXANDRA Township women and the Alexandra Aids Action have started a network with the Society for Women and Aids in Africa — the first network of its kind between this country and the rest of Africa.

The women took the decision at a conference in Lonehill, Fourways, last week. It was done on the initiative of the women who addressed the conference, among them SWAA president Dr Eka Esu-Williams.

SWAA is a regional network concerned with women's issues, Aids and development.

The new connection means that concerned local women will be involved in exchange programmes with other countries in Africa and elsewhere.

"We are looking to establishing a focal group

here which will deal with the issues of women and Aids locally. In turn, we will use our regional network to help them with their needs.

"We'll also try to expose African South Africans to people in their situation elsewhere in Africa and the world. (92)

"We will be involving in those exchange programmes the people who are infected and those affected by the Aids virus as well," Esu-Williams said.

Curbing the scourge

Commending the local women for their commitment to curbing the scourge, Esu-Williams said: "I have not met people who are more in touch with their community and more abreast of the situation they are dealing with, despite the political, social and economic problems facing them, than the Alexandra township women."

Esu-Williams said SWAA did not see Aids only as a health issue but also as a social, political and economic one.

AAA director Ms Refiloe Serote said delegates at the conference had identified areas of need in their communities. She said her organisation would provide the necessary training or arrange alternatives.

Serote said: "The good thing about this network is that it will involve women from all walks of life.

"These women have committed themselves and their organisations to the work that needs to be done in Alex."

The women identified education, counselling, support and practical assistance as major areas to be involved in. They decided to target men, the youth and community institutions such as the church for their awareness drive.

Custom of 'inheriting' widows linked to Aids

(92) APR 17/12/93

NAIROBI. — In parts of western Kenya, when a husband dies a brother or other close relative inherits the widow.

Now the custom is getting part of the blame for the spread of Aids among the Luo, one of Kenya's largest ethnic groups. Nyanza province, largely populated by Luo, has the second highest number of diagnosed Aids cases in Kenya.

Vice-President George Saitoti said 9 620 cases of the deadly viral disease had been diagnosed in the past seven years in Nyanza, which borders on Lake Victoria, compared with 12 467 cases reported in Coast province on the Indian Ocean, a tourist area where prostitution is widespread.

Officials want to end wife inheritance, but supporters of the practice say it is part of Luo culture and should be preserved for social and economic reasons.

Dennis Akumu, a Luo legislator, said the custom was responsible for his own existence because "my mother was born after my widowed grandmother remarried".

The purpose of wife inheritance was to ensure that a widow and her children were cared for by a member of their family or clan, he said.

George Opallo, a businessman in Kisumu, a town in the Luo heartland, used the *Old Testament* book of *Deuteronomy* as a defence.

If brothers lived together and one of them died, it said in Chapter 25, Verses 5-7, the survivor should take the widow and perform the duties of a husband.

Muthoni Likimani, a Kikuyu public relations consultant, said many widows, especially in rural Kenya, could not survive without men.

"They are only shown a piece of land to till," Mrs Likimani said. "They don't know there is a land office or the courts. They need a man."

Anglican Bishop Henry Okullu, a Luo, and other opponents argue that the traditional reasons for the practice no longer exist. They say more women are educated, financially independent and demanding equal rights with men, and the traditional extended family structure is breaking down, even in the countryside.

Joyce Onditi, a secretary, pointed out that a pauper might inherit a wealthy widow and decide to share her property "with his original wife, claiming he is the head of the home and has the right to do anything he pleases".

The sexual aspect also worries young women.

"If it were not for the sex aspect, it would be acceptable," said Anne Omodho, 29, a marketing executive. "But there are too many contagious diseases, like Aids, which can lead to loss of life." — Sapa-AP.

'Sugar daddies' top Aids culprits

Weekend Argus
Foreign Service

18/12/93

(92)

PARIS — African "sugar daddies" are the main Aids "transmitters" on the continent as they deliberately choose young girls for sex partners.

In this way, they hope to escape the virus, but infection ensues inevitably in the young girls.

Delegates attending the 8th African Aids Congress at Marrakesh, Morocco, were told also that there were 10 million African men, women and children with the virus and that this number would reach an estimated 20-40 million by the year 2000.

In central Africa there were six times more young girls infected with Aids than young men.

Dr M Zewdie of Kenya told delegates: "African males are traditionally unfaithful and they believe that they will escape infection by choosing young girls as sex partners. English speaking Africans refer to them as sugar daddies. The end result is that they go around spreading Aids everywhere."

Political and religious leaders as well as tribal chiefs must use their authority to stop the activities. They can start by providing young girls with up-to-date facts about how to prevent Aids and, at the same time, tell men to take the necessary health measures.

He said that in spite of well-organised Aids campaigns, many men thought the condom was a medicine to be swallowed like cough mixture.

Dr Kale Kouame, of the Ivory Coast, said that on payday many coffee estates brought in lorryloads of prostitutes for their labour force.

These girls, most of whom have Aids, service nightly up to 25 men who spread the virus when they return to their villages.

Dr Kale heads an Aids prevention unit which treats Abidjan's 10,000 prostitutes and their clients.

City man tells of Aids verdict

MARRAKESH. — A young Cape Town man, Mr Shaun Mellors, told the Eighth International Conference on Aids in Africa here yesterday how doctors had given him six months to live — seven years ago.

The five-day conference heard that 20 million Africans would be infected by the end of the century and that eventually

the disease would kill more people on the continent than famine, civil war, coups d'etat and ethnic violence combined.

Mr Mellors, 28, told delegates that after he collapsed at his job as assistant food and beverage manager in a Cape Town hotel seven years ago, he was told by a doctor: "You have

Aids and you have six months to live." *ET 18/12/93*

The doctor was wrong on both counts. Although Mr Mellors did have the HIV virus, seven years later he has not developed Aids.

Many people were ignorant about how Aids was spread, Mr Mellors said.

He had lost his job after his

condition was diagnosed and since then had been active in Aids organisations and corporate education programmes.

"If you're unemployed in South Africa and HIV-positive, it's difficult to get a disability grant," he said. "I can't get a grant because I'm too healthy and I can't get a job because I'm too sick." — Sapa-AP



GRATEFUL . . . AIDS patient Keith praises the nuns caring for him and says he is lucky to be in the Sacred Heart Hospice Picture: JOHN HOGG

Scourge unites women from different worlds

S Times 19/12/93

By CAS St LEGER

TWO women from different worlds have one thing in common — they have devoted their lives to caring for AIDS patients.

One is a nurse in a sprawling, noisy township, who gives food and counsel to the families of AIDS patients in her care.

The other is an Irish nun who runs a quiet hospice for the dying.

Children recognise Sister Khathide Mkhwamazi as she makes her way through the shacks of Alexandra, delivering monthly food parcels to 15 families affected by AIDS.

"Use-A-Condom!" they cry, repeating the slogan she has been drumming into residents' heads for the past year through her Alexandra AIDS Action Group.

When her patients, who range from a three-month-old baby to schoolchildren and pensioners, are too ill to remain in their shacks, she sends them to people like Sister Cecelia Newell.

The nun of the Sacred Heart Hospice in Kensington, Johannesburg, eases the suffering of the dying.

In Alexandra, an entire family is affected when one person contracts AIDS.

"The first thing that happens when someone gets AIDS is that he loses his job," said Mrs Mkhwamazi.

Because most of the families in her care are destitute, she has introduced self-help projects, including the manufacture of braai brickettes.

Mrs Mkhwamazi also collects donations from companies and church groups of maize meal, cooking oil and peanut butter, supplemented this week by special Christmas food parcels of canned fish and coffee. She also hands out 5 000 condoms a month.

"The first thing that happens when people get AIDS is that they lose their jobs," she said.

Because most of the families in her care are destitute, she has introduced sewing projects and the manufacture of braai brickettes.

Five small boys and their grandmother gather at the boot of her car, ready to receive their food parcels.

The day before, their brother, 19 and the academic pride of the family, collapsed and was taken to Johannesburg Hospital.

His last school report exhorted him to "Keep up the good work". His classmates have no idea he has AIDS.

One of Mrs Mkhwamazi's former patients, Christine, 31, was admitted to Sister Cecelia's hospice in August.

Christine had a boyfriend from Maputo who left her and her four young children when she fell ill two years ago.

"Her time is short," said Sister Cecelia, who ran the hospice single-handed when it first opened three years ago. Now it has a doctor and nurses on 24-hour call, and all care is free.

At present, her charges are six women and four men — all with TB as well as AIDS.

Among them is Keith, 39, admitted in October. "I am lucky to be here," he said. "I am happy, the sisters never lose their patience. Sister Cecelia is there when we need her."

Keith is not afraid of death but wonders how long he has left.

"One's got to take it as best you can," he said philosophically.

The hospice relies entirely on donations for running costs.

Prominent judge dies on holiday

By CARMEL RICKARD

A LEADING member of the Appeal Court, Judge John Milne, died while on holiday in England on Friday, the day before his 64th birthday.

Judge Milne had been Judge President of Natal before his appointment to the Appellate Division in 1988. Earlier this year, he was appointed to head the Milne commission of inquiry into whether attorneys should be given rights of audience in the Supreme Court.

Reacting to Judge Milne's death, the Chief Justice, Judge Michael Corbett, described him as a "very great judge and a very great gentleman".

"He was a dear friend and colleague of us all on the Appellate Division. We were absolutely shocked to hear the news," he said.

Judge Corbett said he had been informed by the

family that Judge Milne and his wife, Shirley, had been visiting their son in London when he died, apparently of a heart attack.

The Chief Justice said that Judge Milne had planned to finish his commissioner's report before leaving to go overseas, but that he did not yet know whether he had done so.

Another colleague on the Appellate Division, Mr Justice Goldstone, said Judge Milne's death was a great loss to the legal community "especially as we enter the new South Africa."

He was strongly committed to human rights and would have made a great contribution. "This is an irreplaceable loss," he said.

Judge Milne, who was born in Maritzburg and attended Hilton College before going on to Oxford, was also highly praised by former colleagues on the Natal bench.

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Alarm grows as AIDS noose on SA tightens

SITIMES 19112193

AIDS is believed to have killed more people in South Africa this year than in the seven years since the first cases of the killer virus were identified in this country.

Insurance company Metropolitan Life has been charting AIDS in South Africa since 1985 and has based its figure of 4 937 AIDS-related deaths this year on data from clinics round the country.

Mr Peter Doyle, Metropolitan's senior general manager, has calculated that there have been 8 687 AIDS-related deaths since 1985, and that AIDS will claim 9 800 lives next year.

Those who have full-blown AIDS and are terminally ill are estimated at 4 902, excluding those who are in the early stages or have been diagnosed HIV-positive.

"We would probably always see under-reporting, even if AIDS were a notifiable disease," Mr Doyle said.

There has been gross official under-reporting of AIDS until this year. A Department of National Health and Population Develop-

By CAS S LEGER

ment update for March 31 last year gave AIDS deaths as 13 for the first three months of 1992, and a total of 424 since 1985. By February 1993, the total death figure was 550.

Giving South Africa's AIDS status on December 1, World AIDS Day, the department recorded a total of only 2 395 AIDS cases. There were 75 053 confirmed HIV-

positives. The department's chief epidemiologist, Dr Horst Kustner, Mr Doyle and senior doctors at Baragwanath Hospital agree that AIDS deaths are usually not recorded as such but, instead, pneumonia or tuberculosis appears on death certificates. All 10 patients at the Sacred Heart Hospital in Johannesburg, for example, also have TB. (92)

Mr Doyle places HIV infections at 297 000 people for the beginning of 1993 and 500 000 for the year end — the same as the official prediction.

The insurance company's practice of requiring prospective clients to undergo blood tests has borne out its estimates.

Generally speaking, positive testing clients came from the lower income groups.

Metropolitan's projections incorporated behaviour changes and found little or no change in people's sexual habits or greater use of condoms.

No gag on Jackson claims

A LOS ANGELES judge this week refused to impose a gag order in a suit accusing pop superstar Michael Jackson of sexually abusing a young boy, saying the allegations were already out in the open.

"Both sides are going to have trouble preventing enormous pre-trial publicity.

"I can't issue an order to control this, even though I might want to," said Judge David Rothman.

Lawyers, however, agreed to prevent the most sensitive information leaking out in the case, which has whipped up a worldwide frenzy of media interest.

Jackson, 35, could respond to the allegations under oath sometime next week, his lawyer said.

No criminal charges have been brought against Jackson and he denies all wrongdoing. Police are investigating the molestation charges. — Sapa-AP

As for the rest of Africa, it is anticipated that AIDS will affect up to 25 percent of the adult population. Child AIDS victims have not been included as they die more rapidly from the disease.

The tendency in South Africa is for AIDS sufferers to be kept at home in their communities as long as possible before being admitted to hospital, where there are no special AIDS wards, or the 35 Hospice Association homes or one of several church and private hospices.

Theories fall short when face to face with AIDS

SITIMES [BUSS]

A HUMAN resources manager has to devise his own means of dealing with an AIDS-infected employee.

Although many companies have guidelines on dealing with AIDS-infected employees, they are inadequate when real-life problems have to be faced.

(92)
UnionBank of Swaziland human resources manager Bruce Walsh tells of the case he had to play by ear: "Customers were talking about an employee's illness. His physical appearance and frequent absence from work affected morale — his colleagues refused to drink out of the same mugs.

"The employee refused to admit he suffered from the disease or even visit the company doctor. He said he was run down and needed a holiday."

Mr Walsh gave him three weeks' leave on condition that if he was away for even one day in the first three months of his return, he would have to see the company doctor. The employee agreed to the terms.

It was then discovered that he was in an advanced stage of the illness and the doctor recommended that he stop working.

Mr Walsh was faced with the dilemma of what to do with the man.

"At only 47, do we put him on early retirement? Do we pay him a disability pension until he retires? What do we do about the money he owes us?"

"The company eventually put the employee on early retirement and he

By TERRY BETTY

had to wait before receiving his initial lump-sum payment.

"He did not live much longer after this. He received only two monthly pension payments before dying."

How to retire an individual, suppress office rumours and manage distraught employees who will not admit they are suffering from AIDS are issues managers have to face.

Mr Walsh said: "I also had to deal with facing my own mortality for the first time." 19112193

AIDS and HIV consultant Jenni Gillies says: "Many companies have theoretical policies on how to deal with AIDS. However, they are usually inadequate for handling a real-life situation. A policy is essential for employees to know where they stand and give management some guidelines.

"However, a theoretical document cannot help a manager deal with the emotional response of general staff to an AIDS-infected co-worker."

The manager has to handle prejudices surrounding the disease. He has to deal with other staff members who reject an AIDS-infected employee.

Prejudice prevails at all levels of a business.

Mrs Gillies says a survey of attitudes shows that 22% of employees refuse to work with an AIDS-infected person — either for fear of infection

or because they do not feel comfortable about it.

Many are willing to work with an AIDS-infected person only under certain conditions. Some are willing to work with AIDS-infected people.

Mr Walsh says the ideal is for the AIDS-infected person to be comfortable enough with co-workers to be open about his disease.

"This ends gossip and the sufferer is likely to receive more support from colleagues.

"The manager will also have to be skilled in balancing the needs of the individual with those of the organisation. I focused on the needs of the corporation and how to get productivity of the department back on stream without taking consideration of the individual.

"Even if a manager feels he cannot give counselling or moral support himself, he should ensure the AIDS-infected worker has access to a network of support from family and friends as well as through the various AIDS organisations."

The balancing act will also be important when the employee's needs clash with those of the workplace — for example, the person cannot do his job properly, but wants to work.

Mr Walsh says it is possible to move an AIDS sufferer to a less demanding position, but at some stage he will have to leave because of declining health.

Alarm grows as AIDS noose on SA tightens

S I Times 19/12/93

AIDS is believed to have killed more people in South Africa this year than in the seven years since the first cases of the killer virus were identified in this country.

Insurance company Metropolitan Life has been charting AIDS in South Africa since 1985 and has based its figure of 4 937 AIDS-related deaths this year on data from clinics round the country.

Mr Peter Doyle, Metropolitan's senior general manager, has calculated that there have been 8 687 AIDS-related deaths since 1985, and that AIDS will claim 9 800 lives next year.

Those who have full-blown AIDS and are terminally ill are estimated at 4 902, excluding those who are in the early stages or have been diagnosed HIV-positive.

"We would probably always see under-reporting, even if AIDS were a notifiable disease," Mr Doyle said.

—There has been gross official under-reporting of AIDS until this year. A Department of National Health and Population Develop-

By CAS St LEGER

ment update for March 31 last year gave AIDS deaths as 13 for the first three months of 1992, and a total of 424 since 1985. By February 1993, the total death figure was 530.

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Others return to rural homes to die where there is no one to record that they had AIDS.

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A haven for HIV babies

■ **LOVING CARE** Abandoned by their mothers after they were found to be infected by the dreaded virus:

By Sizakele Kooma

THERE is one from Soweto, two from the Vaal and two others from rural Natal. All of them, except for one, were abandoned by their mothers because they were infected with the dreaded HIV virus.

Except for the rejection by their parents, they have no wants.

Every day is like Christmas Day for these cheerful, healthy-looking babies at the Salvation Army's Bethesda Home in Klipspruit Extension, Soweto.

They have six doting "mothers" and a home that could make any new mom envious. *Sowetan*

Their three brightly decorated bedrooms are furnished with colourful spanking new cots. Their sunny playroom is awash with good, expensive toys. *28/12/93*

Today they are being given a party and new clothing by the Interdenominational Prayer Women's League and they will be dressed in their cutest Sunday best.

Feelings

If you are not in the know, the four-week-old baby sleeping on the crib or the four-year-old playing on the lounge floor, will not invite even the slightest feelings of pity in your heart.

"They are like any other children," one of their "mothers", Mrs Teresa Mokhesi, explained.

"None of them has developed Aids. They are all well, except for one who was admitted to hospital last month. His

"I haven't opened my mind to what will happen eventually,"
(a2)

illness was like that of any other child from a normal home would be."

Mokhesi joined Bethesda Home when it opened on August 28, four months after she retired from a nursing career. She is employed as a nurse but also helps with the care.

"When I took up this job I did not consider HIV as important. It was the babies who were important, the HIV was just incidental.

"Nothing has caused me to despair so far. Their health is coming up instead of going down. Most of them came here malnourished but they gradually pick up.

"I haven't opened my mind to what will happen eventually. When you nurse a patient, you nurse him or her to get well. I never tell myself they are going to die. I would be miserable. I would not be able to do my job."

Bethesda Home is the only welfare institution that admits children who are HIV positive. Captain Lenah Jwili, matron and founder of the home, said their aim was not to encourage institutionalisation.

"The community should be involved. They should be taught how to handle the situation and be encouraged not to reject their children," she said.



Captain Lenah Jwili



Mrs Theresa Mokhesi

'20 000 in Soweto have HIV'

Star 3/12/93

Twenty-four percent of the population of Soweto will be infected with HIV by the year 2010, predicts Baragwanath Hospital's Aids expert and specialist obstetrician Dr James McIntyre.

Speaking at an Aids Awareness Week parade at the hospital yesterday, McIntyre said about three HIV-positive women gave birth at Baragwanath daily. He estimated the number of HIV-positive people in Soweto at between 20 000 and 30 000.

He said: "It is time the community realised that the illness is not only a medical problem. All members of the community must get involved in learning about and preventing Aids."

The parade was organised by the Aids clinic at the hospital.

■ The Star Africa Service reports from Mbabane that about 10 percent of Swaziland's population has been infected with HIV. Within the next four years, at least 7 000 people will have full-blown Aids in the tiny kingdom, Minister of Health Derek von Wissel warned in an Aids Day message published yesterday.

(92)
It was clear, he said, that the country's hospitals and health services, already grossly inadequate, would not be able to cope with the demand placed on it by the Aids explosion and the rapidly expanding population. — Soweto Bureau.

HEALTH & DISEASES - V.D.
1994

~~JANUARY~~ - ~~SEP~~

W Cape reports highest-ever HIV rate

By BARRY STREEK
Political Staff

MOST of the 935 new HIV-positive cases in the Western Cape in the first nine months of 1993 were transmitted through heterosexual contact, says the Department of National Health.

The number of HIV-positive people in the region last year was the highest

ever — and the 333 new cases from July to September 1993 was the highest-ever total in a three-month period.

The department said in its journal, *Epidemiological Comments*, that 529 people had contracted the disease through heterosexual contact, two through bisexual contact and seven through male homosexual liaisons. It reported 338 cases of unknown origin and 59 paediatric cases.

Between 1985 and September 1993, 3 157 people had been identified as being HIV-positive in the Western Cape.

From 1992 to July 1993, 34 people died of Aids-related causes in Western Cape hospitals, which treated 1 070 Aids patients from January to July. Research had shown that more females than males had been infected in the region.

Projections for South Africa indicat-

ed an HIV infection total of between 4,8 and 6,4 million in 2005 and between 429 000 and 525 000 Aids-related deaths that year. From 17-24% of people aged 15 to 49 would be infected.

The department's Dr L E Zandberg said Aids constituted a "major threat" to the nation's health and economy.

"It is a matter of serious concern," he said.

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AIDS threat to Africa's industries

By PETER MALHERBE
London

AIDS is taking a heavy toll among the educated urban elite in some African countries, wiping out key people in industry. (92)

The latest research on AIDS in the continent has found the highest incidence of HIV infection is in higher-income urban areas, which house the leaders of commerce, government and education, and in towns along transportation networks.

Researchers claim deaths resulting from AIDS already represent a serious problem in industry, with some companies seeking to replace executives with workers from outside Africa.

The recent findings contradict earlier claims that AIDS in Africa was a "myth" promulgated by scientists and workers with vested interests. All indications now are that AIDS has become a major killer in sub-Saharan Africa, doubling the death rate in some countries.

The World Health Organisation estimates eight million people have the virus in the sub-continent — one million of them children.

Mr Richard Feachem, dean of the London School of Hygiene and Tropical Medicine, said there was no doubt the AIDS-HIV epidemic was growing rapidly in Africa, with large increases in mortality rates.

The school's research found the highest prevalence rates in eastern and central Africa, and the Ivory Coast in west Africa.

Mr Feachem said it had been established throughout Africa that the urban educated elite had the highest incidence of infection.

Researcher Susan Foster, whose work has focused on Zambia, said up to 25 per-

cent of all sexually-active adults in urban areas were HIV-positive.

This was causing problems on copper mines, where skilled replacements were increasingly difficult to find.

Miss Foster said high rates of HIV infection were also found along the major rail and road links, with rural areas least affected.

Despite ongoing doubts in some circles about the direct link between HIV and AIDS, a wide-ranging study in Uganda found young adults infected with HIV were 87 times more likely to die prematurely than their uninfected contemporaries.

The researchers also found HIV in Africa was transmitted primarily during heterosexual sex.

● The WHO is backing the development of a cheap spray or jelly which can be used by women to prevent the spread of AIDS. The microbicidal substance would signal a move away from the condom as the front-line weapon against AIDS and give women the power to ensure their protection.

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Delay over

By BRONWEN

RUSSIA has missed its December deadline for announcing the world's last-known smallpox virus. The first decision in the world of a biological species was taken in the former Soviet Union.

Russia has honoured most of its obligations to the former Soviet Union and is believed to be as the virus could be useful for research. It fears that some countries may have intended to use it as a form of biological warfare.

Leaders of Russia's Academy of Sciences are meeting in Moscow on Wednesday to discuss the virus. A decision will be taken next week.

From the 16th to the 18th century, smallpox killed 600 000 people a year in Europe. Wide inoculation had eradicated the disease from the world, but it remains only in laboratory cultures.



do Aids trials

PROBABLY the first Aids vaccine trials in the developing world were those performed in Zaire by French scientist Dr Daniel Zagury in 1986.

In three separate Aids vaccine trials Dr Zagury vaccinated 10 children aged between two and nine; eight children and young people aged between 10 and 18; and around 30 adult volunteers, including members of Zaire's armed forces.

In 1991, the World Health Organisation announced that it had chosen four developing countries - Brazil, Rwanda, Thailand and Uganda - in which to conduct large-scale Phase Three vaccine trials as and when candidate vaccines became available.

Phase One and Two have already been conducted since 1987 on healthy human volunteers in China, Europe, Thailand and the United States. And the US Army looks set to become a significant force in the Aids vaccine trials.

As well as the WHO and the US Army, the US National Institute of Allergy and Infectious Diseases (NIAID) is planning vaccine trials in developing countries. Already, NIAID has established collaborative Pave (Preparations for Aids/HIV Vaccine Evaluations) projects with eight developing countries: Haiti, India, Kenya, Malawi, Rwanda, Thailand, Uganda and Zimbabwe.

According to NIAID, the Pave projects are primarily feasibility studies to determine if vaccine trials in these countries would be practicable, but they also involve some strengthening of scientific capacity.

Touching on the ethics and desirability of Aids testing, the authors of the briefing ask: "Why the developing world?"

"When we help scientists in Brazil, Rwanda, Thailand and Uganda de-

Large-scale trials of possible Aids vaccines will begin this year in a number of developing countries. These trials move the quest for a safe and effective vaccine against Aids one step closer to realisation, although such a vaccine remains many years away. Why has the developing world been chosen for these trials? What are the risks? The benefits? Above all, will it be a fair trial?

World Aids journal editor NEIL McKENNA with PHYLLIDA BROWN, LAURENCE ZAVRIEW and BHUPESH MANGLA, consider the questions in a recent briefing published by the London-based Panos Institute.

92

velop plans for vaccine evaluation, the first question is 'why us?'" says Jose Esparza, head of vaccine development at WHO's Global Programme on Aids.

Esparza believes there are a number of ethical imperatives behind Aids vaccine trials in the developing world. For one thing, the need for an Aids vaccine is greatest in developing countries, many of which are under an intolerable economic burden because of the Aids pandemic.

He also argues that developing countries must be involved in large-scale Aids vaccine trials if they are to have any chance of reaping benefits from a successful Aids vaccine. He adds: "There's no guarantee that a vaccine developed and tested in the US or Europe would be appropriate for use in developing countries."

This is a view shared by Dr Bruce Forrest, director of clinical development at a top US pharmaceutical corporation, who says: "Not doing something in the developing world and just focusing on Europe and North America poses ethical questions as well."

There are also scientific and epidemiological arguments for testing candidate Aids vaccines in developing countries, the briefing's authors point out. They argue that vaccines need to be tested in communities and countries where there is a high rate of new Human Immunodeficiency Virus (HIV) infections -

rates of three and five new HIV infections a 100 people each year would be considered high.

Hence Professor Souleymane M'Boup, a Senagalese Aids expert and one of the two African representatives on WHO's Aids Vaccine Steering Committee, argues that such high rates of new infection mainly exist in developing countries, making them the only place where large-scale Phase Three trials can be carried out.

Meanwhile, Uganda Aids Commission director-general Manuel Pinto, citing his country's estimated 1.5 million people infected with the Aids-causing virus HIV, observes: "Uganda will participate in vaccine trials basically because we are as interested as anyone else in trying to find a vaccine or a cure for Aids."

Pinto also adds that Uganda's decision to participate in trials goes beyond self interest: "We have a vested interest, yes. But we also recognise that Aids is a global human problem and as members of the global community, we have a duty to participate. We want to be good neighbours on Mother Earth."

But some people have severe doubts about the testing of Aids vaccines in developing countries. They charge that it falls into what has been called "safari" or "hit and run" research. This is medical research conducted in poor countries by scientists and pharmaceutical

companies from rich countries because it is cheaper and easier. In this scenario profits - both financial and social - rarely benefit the populations or countries in which research was undertaken.

"As an African," says a doctor from Uganda who prefers not to be identified, "I've seen situations where people have been used in trials of drugs and vaccines who have certainly not benefited from the fruits of such research"

Anne Kennedy, a nurse who has worked on Aids vaccine trials in Britain and who is now making a special study of the ethics of Aids vaccine testing in developing countries, says: "Developing countries have always been used as test beds for all sorts of things. People in developing countries have always been vulnerable when it comes to medical trials."

Robin Gorna of Britain's National Aids Manual believes that testing Aids vaccines in developing countries is essentially racist. "Cynics might think that one of the reasons why vaccine trials are being run in the developing world is because black bodies are more dispensable than white bodies."

At the moment there is no Aids vaccine available, the briefing's authors observe. Nor is there likely to be a safe and effective vaccine for at least a decade. Aids will continue to ravage developing countries until well into the next century. No vaccine, however effective, will stop the Aids pandemic overnight, nor will it eradicate the social and economic reasons for its spread.

"The quest for a preventative vaccine," says Dr I Jsslmuiden, "has the attraction of a 'magic bullet' - that is, the expectation or hope that we will not have to deal with many of the reasons underlying the distribution and spread of Aids and HIV."

HIV cases growing rapidly in the Cape

By GLYNNIS UNDERHILL

NINETY Aids babies are being treated at one city hospital — and the spread of HIV is gathering pace rapidly in the Cape, especially among women.

Most of these infected babies, who are being treated at the Red Cross Children's Hospital, were expected to die before the age of three, said Dr John Burgess, head of the HIV clinic at the Red Cross.

Townships

Doctors and staff at the hospital are mourning the loss of one little girl, aged three, who died of Aids on Monday night. Dr Burgess said yesterday the child had been infected by her mother.

Most of the babies being treated at the Red Cross HIV clinic live in townships around Cape Town and commute with their relatives to the hospital for treatment.

Seventy percent of the babies born to HIV-positive mothers do not contract the disease — but Aids orphans are the product of the rapidly spreading disease.

Some of the HIV-positive babies were abandoned by their mothers and had been placed in homes, said Dr Burgess. "We have had cases of mothers dropping off their babies and running," he said. Others had been orphaned after their mothers had died, he said.

Ten babies have died of Aids at Red Cross Children's Hospital in the past three years and the number of babies being treated at the clinic has increased over the past year.

The latest statistics released by the Cape Aids advisory group reveal that 64 new paediatric cases were reported during 1993. Sixteen new paediatric cases were identified in October alone

(92)

In the 10 months to the end of October last year, there were 1 185 new cases in the Cape Town metropolitan area and 3 300 in the province

In the three months to September last year, there were 333 new HIV-positive cases — most of them women and the highest number of new cases in the Cape since 1989. In October the figure was 132.

Cape Town's Medical Officer of Health, Dr Michael Popkiss, said the figures revealed the growing number of women passing the disease on to their babies.

"Our only hope is in prevention," he said. "But there is a huge problem in the cultural antipathy towards the use of condoms among a large section of the population."

The number of white male HIV-positive cases had dropped and this proved that education programmes did work

The number of heterosexual cases identified showed an increase from 111 in 1990 to 607 in 1993. The number of male homosexual cases dropped from 25 in 1990 to seven last year.

Increase

Dr Robin Wood, head of the HIV clinic at Somerset Hospital, said the clinic had treated 730 adult patients since it opened in 1985. It had seen an increase in the number of women patients over the past two years, especially among the black and coloured communities.

The clinic could not offer more than three patients the expensive AZT drug used to halt the disease because of a lack of resources.

Home-based care for HIV patients was the only solution for the future as the number of cases increased, said Dr Wood.

ET 11/94

MOONSHOTS

CHILDREN'S HOSPITAL

Call for calm in child Aids scare

By CELEAN JACOBSON

PARENTS should not be alarmed by stories of children with the Aids virus infecting other children living in the same house, Mr John Pegge, director of the Aids Support Education Trust, said yesterday.

He was reacting to a week-end report of an American

HIV-positive child who infected another child. The children were aged between two and five at the time.

"The second child may have been infected through open skin lesions or mucous membranes by blood of the first child, who had frequent episodes of bleeding," the report said.

CT 10/1/94

Mr Pegge said the "routes of transmission were well known — sexual intercourse, sharing needles, treatment with infected blood or infection in the womb. This story just reinforces what we already know".

He said these cases were extremely rare and that if precautions were followed there should be no need for worry.

"It would be worse to alienate and separate HIV-infected children," he said (92)

Mr Pegge said precautionary methods for those dealing with Aids patients included wearing gloves and taking care when dealing with blood or other body fluids and not sharing razors or toothbrushes.

Test case over Aids-drug death claim

Own Correspondent

LONDON. — The world's first test case on the possible damage caused by the drug AZT, which is supposed to delay the onset of Aids, is to be heard in the High Court here later this year.

The civil case could open the way for thousands of simi-

lar ones around the world against AZT manufacturer and distributor, Wellcome.

A UK action group has been set up to sue the company in the wake of a ruling by the Legal Aid Board this week to grant legal aid to a widow who is suing Wellcome for damages following the death of

her husband.

AZT was initially hailed as a wonder drug which could stop the advance of Aids, but Anglo-French tests last April showed that it failed to delay the onset of Aids in people infected with HIV.

The case of the widow, Mrs Sue Threakall, a mother of

three from Birmingham, could prove that thousands of people who are HIV-positive are under threat — not from their condition but from the treatment.

Mrs Threakall claims AZT killed her husband, Bob, 47, a haemophiliac who became HIV infected through con-

taminated blood-clotting fluid. He died in 1991, 18 months after being put on the drug.

Aids-related pneumonia was cited as the cause of death, but she is convinced AZT was to blame. She claims her husband's health deteriorated from the day he started taking the drug.

New HIV-positives nearly 3 300 (92)

ARLT 19/1/94

Health Reporter

A TOTAL of 3 289 people have tested HIV positive in the Cape since 1989 with the highest number — 1 185 — in Khayelitsha.

This is the latest figure from the Department of National Health and Population Development, which also revealed that 64 new child cases were reported last year.

It is also noted that the third quarter of 1993, ending in September, yielded the highest number of positive cases since monitoring began in 1989.

Apart from Khayelitsha, the greater metropole, including Stellenbosch and Franschhoek totalled 619 cases and Eerste River to Somerset West 65.

The lowest number came from the West Coast with 13.

Aids posing a 'challenge to churches'

JOHANNESBURG. — The Central Committee of the World Council of Churches opened a week-long meeting yesterday with Aids, women's rights and Africa's needs among key topics.

The 150-member committee meets approximately every 18 months as the guiding body of the WCC, which meets every seven years. The committee will decide the site of the next meeting of the Geneva-based WCC with its 322-member churches in 1998.

WCC general-secretary the Rev Konrad Raiser of Germany said in his report to the committee the HIV/Aids pandemic posed a fundamental challenge to churches. "Too many churches are still maintaining a narrowly moralistic and judgmental attitude which has increased stigmatism," he said.

Mr Raiser said the WCC was also focusing on the question of violence against women. "It is becoming clear that this situation constitutes a fundamental ethical and social challenge," he said.

He said the WCC welcomed the opportunity to meet in South Africa for the first time. While many difficulties lay ahead for the country, "the point of no return has definitely been reached". — Sapa-
Reuter

CT 21/1/94 (92)

FREE AIDS TESTS

Where to go for free Aids counselling and testing in the greater Cape Town area.

South 2111 - 2511/4 (92)

ADRIAANSE Clinic	40th Ave, Clarks Estate, Matroosfontein	824 3687
BELHAR 1 Clinic	103 Chestnut Way	952 2161
BELHAR 2 Clinic	cnr Belhar Drive and St. Vincent Drive	962 1010
BISHOP LAVIS Clinic	Lavis Drive	884 1818
CONSTANTIA/TOKAI AREAS		
ALPHEN Clinic	Main Rd/Evergreen Lane, Constantia	794 5906
CROSSROADS No 1 Clinic	Klipfontein Mission	
	cnr Philiir/Klipfontein Rds, Nyanga	84 7639
CROSSROADS No 2 Clinic	Community Health Centre	
	Lansdowne Rd, Nyanga	84 7639
DURBANVILLE Clinic	49 De Villiers St	96 1418
ELSIES RIVER Clinic	26th Ave	932 1250
FISH HOEK Clinic	cnr Recreation Rd and 2nd Ave	782 3847
FISH HOEK - SUN VALLEY Clinic	14 Baltic Way, Fish Hoek	785 1701 or 782 3847
GRASSY PARK Clinic	cnr Kip and Kiewit Rds	705 1977
GRASSY PARK Clinic	Civic Centre, cnr Victoria and 5th Ave	706 2064
GRASSY PARK Clinic	47 Isaac Way, Extension 12	73 3603
GROENVALLE Clinic	Milmar St	98 5872
HOUT BAY Clinic No 1	Hout Bay Harbour, Karbonkel Rd	790 3570
HOUT BAY Clinic No 2	Main Rd	790 1720
KASSELSVEL Clinic	cnr Hercules and Saker Sts	951 5390
KHAYELITSHA AREA A Area Clinic		
	A564 Zakhole St	361 1113
KHAYELITSHA AREA B	NOLINGING Clinic, Site C	387 1178
KHAYELITSHA AREA C	SITE BD Clinic, Community Health Centre	
	Lwandle Rd	381 4575
LEONSDALE	Community Centre, 12th Ave, Elsies River	932 8170
LOTUS RIVER Clinic	4th Ave, Grassy Park	73 6980
MAMRE Clinic	Liedeman St	(022) 611 129
MATROOSFONTEIN Clinic No 1	Civic Centre	831 2185
NOORDHOEK Clinic	Main Rd	88 1012
NYANGA Clinic	Sitandathu Ave	84 0502
OCEAN VIEW Clinic	Pollux Way	703 1666
OTTERY Clinic	Isaac Way	71 3603
PAARL Clinic	PO Box 23	(022) 1161 1001
PAROV Clinic	Old Children's Hospital, Sara Gilliers St	931 2611
PHILIPP Clinic	cnr Lansdowne and Ottery Rds	692 1141
PROTEA PARK Clinic	Gardena Crescent	(022) 24606
RAVENSMEAD Clinic	Christians St	932 6068
SAXONSEA Clinic	cnr Hamea Ave and Grosvenor St	(022) 25380
SIMON'S TOWN Clinic	King George Way	785 1004 or 782 3847
TABLEVIEW/BOTHAASIG Clinic	South Rd	58 5010 or 557 1065/6
VASCO Clinic	216 Voortrekker Rd	591 5161

Youths SI Times CROSS Metro Aids off 231194 agenda

By EVE VOSLOO

A NATIONWIDE poll of young South Africans of all races has found that only one percent of people aged between 16 and 25 believe fighting Aids should be on the agenda of a new government over the next five years — even though statistics show that 200 000 people could die of the disease by the year 2000. (92)

The poll also found that 94% of whites and 87% of blacks expected violence to increase in the short term and more than two-thirds believed it would degenerate into civil war during the general election.

The survey was conducted by Markinor on behalf of Reader's Digest and the results are carried in the February issue of the magazine.

The magazine's editor, Wendy Morgenrood, said this week that some of the results had been a great surprise.

"We decided to commission a poll on the opinions of young South Africans because they constitute one-sixth of all voters and were probably responsible for forcing the government to cross the Rubicon, but don't really have a voice."

Education

The poll involved 600 young people, half of them black and half white.

Some of the findings are that:

- Only 55% of whites and 48% of blacks show confidence in the education system;
- A staggering 89% of blacks and 73% of whites believe that schools provide inadequate direction;
- A surprising 73% of whites and 67% of blacks are against the use of dagga and 93% of whites and 90% of blacks take a tough stand on the use of hard drugs;
- The majority are against abortion and would prefer not to have a child out of wedlock.

HIV-mum 'won't accept'

CF24/1/94

(92)

Staff Reporter

DAYS after a three-year-old Guguletu baby died of Aids, her young mother has still refused to accept that she is HIV-positive — while her family believes she will not succumb to the baby's illness because she appears healthy.

Red Cross Children's Hospital is mourning the loss of the child who was among 90 Aids babies currently being treated at the hospital's HIV clinic, none of whom is expected to live beyond the age of three.

Churches: 'Aids havens'

JOHANNESBURG. — Churches must become havens for people living with Aids and the church should become involved with stricken communities.

World Council of Churches central committee members were told this on Saturday at a conference here.

Underlined during several of the pre-

sentations was the increasing toll that HIV/Aids is taking on women. Women outnumber men six-to-five among Aids patients in Africa.

Youth adviser Mr Simon Moglia of Australia insisted: "We must talk about sex. It is an issue that leaves us vulnerable but we must face it." — Sapa

Dr John Burgess, who heads the clinic, said the baby had been infected by her mother who refuses to believe this is possible.

The 25-year-old moth-

er, a waitress, is aware of the disease but has refused to go for treatment at Somerset Hospital because she feels perfectly healthy — "and those who go for treatment

die".

The family do not wish to be named.

The sickly child was raised in Guguletu by her 68-year-old grandmother, who said in an

interview yesterday that she was devastated by the death of the brave little girl.

"I think (my daughter) will get over the virus because she has never been sick like the baby. If she feels sick she says she will go to witch-doctors," the grandmother said yesterday.

Health authorities report a growing number of women passing the virus on to their babies, although only 70% of babies born to HIV-positive mothers contract the disease.

Churches urged: ⁽⁹²⁾ No condoms

JOHANNESBURG. — Churches should not support the use of condoms in the fight against the HIV virus and Aids but should instead offer young people a moral vision, an Anglican bishop told the World Council of Churches (WCC) here at the weekend.

Churches and the WCC were urged by central committee members and youth representatives to make young people a priority, and help them face issues such as Aids.

Bishop Drexel Gomez from the West Indies told the international meeting that churches were quick to urge a non-judgmental approach to the sexual element in the transmission of the virus, rather than give them a moral vision based on Christianity.

However, Ms Cristina Boesenberg from Argentina said that people were sexual beings and it was better to prevent problems than face tragic consequences. She agreed that churches should help young people to conduct their sex lives in a Christian way. — Sapa **CF 25/1/94**

Churches urged to preach morality — not condoms

JOHANNESBURG. — Churches should not support the use of condoms in the fight against HIV and Aids, but should instead offer young people a moral vision in keeping with Christian teaching, an Anglican bishop told the World Council of Churches.

Aids was among the many challenges facing young people and the issue was raised at the WCC's central committee meeting in Johannesburg at the weekend.

Churches and the WCC were urged by central committee members and youth representatives to present a higher profile to young people and to try to increase their participation in the ecumenical movement.

Drexel Gomez, a bishop in the Anglican Province of the West Indies and a member of the WCC's executive and central committees, told the meeting that churches were quick to urge a non-judgmental approach to the sexual element in the transmission of the virus.

But, he said, it hurt him when he heard Christian leaders call for judgment to be suspended. The churches

should be presenting young people with a moral vision based on Christianity.

"There are a lot of instances in which we adults, in our efforts to help young people, can do them harm."

He said the Third World was dominated by North American culture, which was influencing young people.

"In all these (American) soap operas, immoral conduct is the thread," Bishop Gomez said.

However, Cristina Boesenberg, from the Evangelical Church of the River Plate in Argentina, told the central committee that people were sexual beings and it was better to prevent problems than face tragic consequences.

Prakai Nontawasee, of the Church of Christ in Thailand, called for action with young people to stop the spread of the AIDS virus.

She said in her work in Thailand she had asked a prostitute if she was afraid of catching Aids. "No, I'm not afraid of Aids," the prostitute told her, "because I won't die alone. I will take others with me." — Sapa.

(92) ARG 25/1/94

Tragedy of city's Aids babies

(92) 26/1/94 CT



MUCH LOVED ... Paul, 2½, is dying of Aids. Sister Margaret of Nazareth House children's home in Vredehoek gives him a loving hug.

Picture: BENNY GOOL

HIV-positive mums' sadness

By GLYNNIS UNDERHILL

BABY Paul, 2½, is dying of Aids. Doctors don't expect him to see the end of the year.

He was abandoned by his mother and now lives at Nazareth House in Vredehoek with three other Aids babies.

"He can't stand or walk because he is terribly weak. Some days he appears so bright and healthy... but since Sunday he has taken no solids. We have been feeding him cereal in a bottle to try to get him to eat," said Sister Margaret of Nazareth House.

This baby is one of 90 children being treated at Nazareth House, which



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This baby is one of 90 children being treated at the Red Cross Children's Hospital HIV clinic, which is headed by Dr John Burgess.

Dr Burgess said that he could only treat baby Paul for his infections and he should be kept comfortable like any terminally ill patient.

"This baby has Aids which lays him open for infection. Whatever comes along he can pick up. He is not expected to see the year out," said Dr Burgess.

The Cape Times spent a heartbreaking morning at the HIV clinic yesterday, interviewing mothers of infected children. Infected babies are likely to die before the age of three, said Dr Burgess.

One 23-year-old township mother was waiting in the HIV clinic's reception room with her two-year-old son.

"My son is HIV-positive — the same as me and his father. Nobody in my community knows — because I don't want to tell them," she said.

The bouncy boy's pretty mother said that her son was often sick, but she was "well", although she had not been for treatment herself.

Nervous

Another 33-year-old mother, who believes her baby got the HIV virus from her after she was infected by her husband, says she does not want to see the result of her own blood test.

"I don't want to know about it. It makes me too nervous," she said.

Dr Burgess confirmed that both these children tested HIV-positive but said people should be encouraged to remain positive when faced with Aids.

Children often developed uncomfortable illnesses like tuberculosis, gastro-enteritis, thrush and pneumonia, said Dr Burgess.

The rate of progression of Aids in children is much more rapid than in adults.

Seventy percent of babies born to HIV-positive mothers do not contract the disease but the numbers of infected children visiting the clinic has shown a "steady increase" since it opened in 1990.

One HIV-positive mother who brought in her young HIV-positive daughter left the clinic in tears. She was followed by a social worker who was to counsel her.

Aids research is conducted in the paediatric department at the hospital, but further funds are needed to subsidise the research, said Dr Burgess.

At Nazareth House, funds are desperately needed to help care for the Aids babies.

New staff have had to be employed and sheets, mobile medicine cabinets and a suction machine are needed.

Volunteers who will "cuddle" and spend time with the Aids babies are being sought.

● Latest statistics from the Cape Aids advisory group show 64 new paediatric cases were reported in 1993.

Conflicting views on Aids have boiled over into an emotive public controversy in Britain, with an article in the influential and respected Sunday Times questioning the linkage between HIV and the killer syndrome. Health Writer David Robbins reports

Is Aids the plague that never was?

Star 27-11-94

(92)

The day is Sunday, December 12 1983. The setting is London. The Sunday Times tells its readers that when in 1984 scientists identified HIV as the cause of Aids, "they may have picked the wrong target".

The day is still Sunday, December 12 1993. But now the setting is Marakech in North Africa. Dr M H Merson, executive director of the Global Programme on Aids, tells delegates to the Eighth International Conference on Aids in Africa that close to 10 million people on the continent are now infected with HIV, and that more than two million of them have so far developed Aids.

A single day in the history of HIV/Aids exposes the contradictions. Is this feared disease really a global scourge, or is it simply "the plague that never was"?

Best way to understand the controversy is to recap on the history. Who will forget the early 1980s and the devastation which swept through the gay and drug-taking communities of America's swarming West Coast. Then in 1983 a French scientist, Luc Montagnier, succeeded in isolating what became known as the human immuno-deficiency virus (HIV) as the human immuno-deficiency virus (HIV) prevalent in victims of the West Coast scourge who were dying in their thousands after a collapse of their immune systems.

The HIV/Aids hypothesis, in highly simplified terms, runs like this: through an ex-

change of body fluids HIV is passed from person to person. The HIV heads straight for cells in the lymphnodes called T-4 helper lymphocytes which are central to our immune system. Once installed in the lymphnodes, HIV uses the lymphocyte reproductive system to reproduce itself, and in the process destroys the crucial T-4 helper lymphocytes, and the immune system is steadily and progressively crippled.

This hypothesis has been challenged, notably by an American scientist named Peter Duesberg, who has suggested that the real cause of Aids (acquired immune deficiency syndrome) is not HIV but, among other things, the actual process of drug taking, and also the actual process of anal intercourse, which are directly responsible for the destruction of the immune system.

Although widely discredited now, Duesberg's work has nevertheless been taken up by the British Sunday Times.

If the HIV/Aids hypothesis is true, the newspaper asked, where is the promised heterosexual epidemic in the First World? Where is the African epidemic when HIV figures are based on tests the results of which have been distorted by the widespread presence of malaria on the continent? The HIV/Aids hypothesis has not yet been scientifically proved and all the evidence which supports it has so far been epidemiological,

in other words circumstantial.

The Sunday Times has attacked what it calls the "HIV industry", which to protect colossal financial investments and hundreds of scientific careers would naturally suppress any challenge to the HIV/Aids hypothesis.

This position has been dismissed by some South African Aids experts. Professor Alan Fleming, a haematologist with the SA Institute of Medical Research at Baragwanath Hospital, comments: "What about the scientific careers which have been sacrificed, especially in Africa, in attempting to warn against the dangers of ignoring the HIV/Aids hypothesis?"

And Dr Helen Schneider, Aids project leader at Wits University's Centre for Health Policy: "In terms of all the evidence which we have, I think this current controversy is making a debate over something that shouldn't need to be debated."

Fleming was working in Zambia when scientists isolated HIV and then cultured the virus to devise a test to measure the body's production of antibodies.

"Of course the original tests in Africa, in 1985, were inaccurate because of the prevalence of malaria," he says. "But these inaccuracies were sorted out during 1985 and 1986 by the application of specific confirmatory testing. The next generation of tests, which used synthetic proteins rather than

extracts of virus grown on tissue culture, reduced the number of false positives; and the tests in use today are accurate."

Fleming, whose own research helped in the development of accurate testing, dismisses the argument that a heterosexual epidemic has not materialised as "simply inaccurate. Nearly a quarter of all new HIV cases in Britain are now among heterosexuals", he points out.

Another indicator is the experience in Thailand, where prostitution is a major industry and where the growth of HIV/Aids is easily the fastest in the world.

Both Fleming and Schneider emphasise the role played by high-risk sexual behaviour in the transmission of HIV, and both are convinced by the evidence which supports the theory, not yet proved by molecular science, that HIV leads to the destruction of the human immune system.

Only about 25 people out of millions have developed Aids without any sign of HIV; and the results of hundreds of independent surveys in various parts of the world point to an HIV incubation period of between eight and 12 years, and then the onset of Aids.

"People need to remind themselves that Aids is a suppression of the immune system which leads to various infectious or malignant complications," says Fleming. Of the infectious complications, tuberculo-

sis is probably the most common. It's a latent condition carried by 50 percent of people in Africa. As the immune system is destroyed, so the infection takes hold. Tuberculosis is dramatically increasing throughout Africa where, as the delegates at Marakech in December heard, 10 million Africans are now infected with HIV.

On the malignant side, Kaposi's sarcoma (a skin cancer), and cervical cancer most frequently occur as a complication of Aids. "All signs are that Africa is in for a major epidemic of cervical cancer," says Fleming.

He also tells the story of a surgeon working in Lusaka who saw the incidence of Kaposi's sarcoma double from 10 cases a year in 1983 and then continue to rise. The surgeon, Ann Bailey, noted two types, an endemic type and a more aggressive type which she classed as epidemic. After HIV had been isolated she was able retrospectively to confirm that in at least 85 percent of cases, those patients suffering from the epidemic variety of the cancer had been previously infected with HIV.

"There's an element of doubt in all science," Fleming says. "But the evidence which links HIV to Aids is overwhelming, even though it hasn't yet been proved in the laboratory. We should remember that we didn't know the exact workings of the tuberculosis bacillus, the polio virus or the chol-

era bacterium until the rise of molecular biology in the last 20 years. All our evidence for those diseases, and the antidotes we applied, were epidemiological as well."

Schneider reiterates: "It's certainly true that there's a lot we don't know. But on the basis of our best available understanding now, HIV leads to Aids, and HIV is transmitted sexually or via the exchange of other body fluids. We have to base our public health decisions on this."

The message coming from such comments is unequivocal. Our prevention policies must remain the same. The practice of safe sex is the key to controlling the disease, as is ensuring that the supply of blood for transfusions is HIV-free.

But Schneider says she had read The Sunday Times debate with "an element of sympathy". In it she detects a reaction to the development of an Aids "industry" for which the confirmed presence of the epidemic has become necessary, and the extent to which Aids has been isolated from other health problems.

"We've all heard of Aids activists," she comments. "But why not measles activists? Or gastro-enteritis activists? It's crucial that we don't isolate Aids as something special. It must be seen as part of a series of health problems which are closely linked to social and economic conditions."

HIV infection of pregnant Soweto women rises to 6%

BIDAY 31/7/94

AN ESTIMATED 6% of pregnant women in Soweto — about 60 000 women — were infected with HIV, SA Institute of Medical Research spokesman Prof Alan Fleming said on Friday. (92)

Speaking at a report-back from the Africa AIDS conference held in Morocco last month, he said the figure had risen from 5% to 6% in the past few months.

Johannesburg AIDS centre head Clive Evian said the incidence of HIV in pregnant women had risen from one in 330 to one in 17 in the past six years.

The UN World Health Organisation warned at the conference that AIDS could hit harder in southern Africa than it had in east Africa. Figures for Kenya indicated that every hour there were 25 new HIV infections, six new AIDS cases and five deaths from the disease.

However, a number of prostitutes in central Nairobi had begun to show immunity to the disease. While about 90% in the city were infected, the other 10% consistently tested negative although they did not practise safe sex.

In other African countries the figure

KATHRYN STRACHAN

seemed to be stabilising at an infection rate of 5% of the population. About 10-million people across the continent were infected with HIV.

AIDS in SA was following the same pattern as the rest of Africa, particularly in the trend highlighted across the continent of an abnormally high infection rate among teenage girls.

Figures for Zimbabwe and Malawi showed five times more teenage girls were infected than teenage boys.

Fleming said there had been a long overdue focus on youth at the conference. Child abuse and rape was an important factor in the transmission of HIV, he said, adding that 5% of the 2 000 cases of rape reported in Soweto each month involved children below the age of five. Sex and AIDS education for children had to become a priority.

Experiences in other African countries also showed the pitfall of leaving health departments to manage the epidemic, and the conference emphasised the need for intersectoral collaboration.

Ex-Rhodesians to be shut out

MICHAEL HARTNACK

HARARE — Zimbabwe's Home Affairs Ministry has published a draft Immigration Amendment Bill which would finally slam the door on most of the 200 000 white Rhodesians who left in the wake of the 1972-80 bush war. BIDAY

Far-reaching changes, which are likely to be put before parliament when it reconvenes next month, would remove all right of re-entry for those who were born or formerly resident in Zimbabwe. 31/1/94

Government-controlled newspapers have claimed more than 30 000 wished to return because of political and economic uncertainty in SA. (31/1/94)

The draft Bill published with this weekend's Government Gazette also gives immigration officers the power to bar women whom they deem to have contracted "marriages of convenience".

Randburg council and Premier under attack

BIDAY 31/1/94

A RANDBURG blockwatch association has described a Randburg Town Council decision to allow Premier Food Industries to make land available to squatters in the north of the town as an act of bad faith.

It also attacked Premier.

The Three Rivers Blockwatch Association said the council had signed an agreement two years ago with the Bloubostrand Action Committee that no squatter settlements would be permitted in Bloubostrand Extension 1 or surrounding areas. (31/1/94)

The Premier land at Number 5, Riverbend, was about 500m from Bloubostrand, it said.

The council had agreed also to resist strenuously and prevent any attempt to erect a squatter settlement in the area.

LLOYD COUTTS

The agreement had been signed after weeks of confrontation — involving road blocks, protest marches and public meetings — between the council and the action committee.

Provision had been made for the erection of formal, affordable housing in the designated area.

"If the Randburg Town Council has disregarded their two-year-old agreement in such a cavalier manner, we and the Bloubostrand Action Committee feel that we are entitled to disregard paragraph 8 of the agreement with the council, which calls upon the residents to 'immediately stop the continuation of such actions as barricading public roads and the instigation of rates and taxes boycotts,'" it said.

Suffering of the families

Sowetan 31/1/94

■ **IN COMMON** *Aids sufferers and*

alcoholics — one thing in common: (92)

By Sizakele Kooma

Aids sufferers and alcoholics, experts point out, have one thing in common — their condition can directly affect between 12 and 17 people within their immediate surroundings.

But until recently the traumatic effects of Aids on colleagues, family members and friends have been overlooked.

In South Africa the conservative outlook towards sex education has resulted in high rates of unwanted pregnancies and venereal diseases. A responsible and progressive approach towards the problem is however gradually being adopted by the business sector, who have realised how Aids can impact on their viability.

Statistics

Statistics show that 14 months ago, 300 people a day were diagnosed HIV positive in South Africa. Today, according to the Community Aids Information and Support Group, the figure stands at about 400.

A leading insurance and financial consulting group has prepared a strategy document on Aids. According to a spokesman for the group a "holistic approach" to educating people on safe sex — the use of condoms and the Aids problem is necessary.

"Experts on the subject of Aids clearly state that the use of condoms is essential to inhibit the spread of the virus. But until recently, public access to condoms has been limited by controlled distribution

Experts on the subject of Aids clearly state that the use of condoms is essential to inhibit the spread of the virus

through health departments, chemists and certain supermarkets. For most people, the purchase of condoms at retail outlets can be embarrassing and the decision not to buy is often the easy way out," the spokesman said.

He said what was needed was an inoffensive way of making condoms readily available, at the same time allowing the person to make his or her decision in privacy.

'Ups and downs'

"The option of condom vending machines in toilets offered a solution. We employ more than 3 500 people and the implementation of the programme was quite daunting: a process of internal memos, canvassing and one-on-one discussions with the staff regarding the concept of 'personal health care' vending machines.

"It had its ups and downs, but soon proved to be less of a problem than originally thought," he said.

The company has installed 17 machines on a trial basis. Those located in the gents toilets dispense only condoms, while those in the ladies dispense condoms, tampons and panty liners at subsidised prices.

AIDS progression 'showing no let-up'

CAPE TOWN — The total number of AIDS-related insurance claimants increased 78% over the past year to 603. This indicated there was no let-up in the progression of AIDS through SA's insured population.

This emerged from an analysis by reinsurer Mercantile & General of AIDS or AIDS-related claims reported by the insurance industry as at January 10 1994. Collation of the statistics started in 1987.

Almost half the claimants fell into the 31 to 40 age group and more than 10% were over 50. The average age of claimants was 38 (37 in 1992). Married claimants accounted for 40% of the total, up from 34% a year ago.

The total Life Office payout on AIDS-related claims now exceeded R30m. Since January 1993 the number of notified AIDS-related claims increased by 375 to 923, representing a 68% increase.

In this time notifications were received dating back to 1991 and the number of claims for 1992 was more than double that reported for the previous year.

This reinforced the view that notification of AIDS claims reached Mercantile & General only six to nine months after being submitted to claims departments. As a result the actual number of AIDS claims in 1993 was expected to exceed 400.

Mercantile & General said a disproportionate increase in married claimants was noticed, while the number of female claimants rose to

EDWARD WEST

11,4% of the total compared with 10,6% by January 1993.

In 1993, 242 new individual life claims were notified. This represented a 74% increase and brought the sum assured related to individual life claims to R21,6m. This was an increase of 56%. (92)

Group life claims increased by 93 or 74%, bringing the sum assured increase to R3,7m. The number of disability claims remained relatively low. Individual disability claims increased to 45 from 30 over the past year, while group disability claims showed a small increase of nine.

The average duration of a policy from inception to an AIDS-related claim stage was still low at 5,13 years. More than 60% of all claims occurred within five years of inception.

Mercantile & General said it was surprising that so many early claims were being notified, taking into account the strict underwriting with respect to AIDS, which had been in place for a number of years in the form of questions on HIV, HIV testing and AIDS exclusions.

The nature of the disease was such that it was unlikely an individual would be unaware of the condition during the two years prior to death and a large proportion of AIDS claims identified within two years of inception were probably due to anti-selection in some form.

Constable lied to inquest about police car light

SUSAN RUSSELL

A POLICEMAN, testifying at the inquest into the death of one of ANC leader Walter Sisulu's bodyguards, admitted in the Rand Supreme Court yesterday that he had lied during his evidence on Friday.

Const Stephanus van Rensburg told the court he had lied about the presence of a blue light on the police car in which he and a colleague were travelling when they were involved in the chase and shootout with Sisulu's bodyguards last July.

Bodyguard Ismael Moloane died after the vehicle in which he was a passenger crashed during the chase and shootout.

Other bodyguards involved in the incident have said they saw no blue light or registration plates on the unmarked vehicle which followed Sisulu's motorcade as it travelled along the Soweto highway.

During their evidence last week Van Rensburg and Sgt Allan Kruger told the inquest there was a blue light on their vehicle during the incident.

Kruger said he had asked another policeman who had arrived on the scene afterwards to make a false statement that he had seen a blue light on their vehicle. He had asked a Sgt Mills to do this, after realising the blue light was not working.

However, Van Rensburg testified yesterday that there had been no blue light in the car at all, before or during the shootout. He said he had decided to tell the court the truth after giving the matter thought over the weekend.

Cross-examined by counsel for the Moloane family, Van Rensburg agreed he and Kruger could have let the people in Sisulu's three-vehicle motorcade know they were policemen.

But, he said, they had not wanted to pull the vehicles over unnecessarily while checking their registration numbers with radio control to see if they were listed as stolen.

'Political' mass killer jailed for 20 years

MARITZBURG — An Inkatha Freedom Party supporter found guilty of killing eight people at KwaNdeni near Cato Ridge last year was sentenced in the Maritzburg Supreme Court yesterday to 20 years' jail.

Baba Langalihle Khomo, 26, with a group of others, attacked the Ndlovu homestead during a party on March 7. The Ndlovus were ANC supporters. Judge Alexander said the killing

was a horrifying example of the bloodlust overtaking Natal, where the answer to political differences seemed to be nothing less than murder. In the absence of any other explanation, one could only assume the attack, led by Khomo, was politically motivated. The judge said he would recommend that Khomo not be paroled until he had served two-thirds of his sentence. — Sapa.

TEC expected to press defiant homeland

PRETORIA — Bophuthatswana's rejection of free political activity within its borders and its continued defiance of the TEC will be high on the agenda of the TEC's full council meeting today.

Bophuthatswana authorities prevented the ANC from holding election rallies in the territory at the weekend, challenging a TEC objective of ensuring free political activity before the election. ANC president Nelson Mandela said at a rally in Rustenburg that the TEC would "deal" with the problem.

However, the TEC's options are limited. A report from its subcouncil on law and order at the weekend said:

ADRIAN HADLAND

"The TEC Act does create the possibility of the TEC having jurisdiction in Bophuthatswana provided that the latter becomes a participant of the TEC. As this has not happened, the TEC has no jurisdiction over Bophuthatswana."

The TEC does have other avenues to force Bophuthatswana into a more politically tolerant attitude.

Other issues likely to be discussed by the TEC today include the operation of hit squads in KwaZulu, the budget of the national peacekeeping force, violence on the East Rand and an application from Ciskei to join the

council.

The TEC agreed last week to launch a civil court action against KwaZulu police commissioner Lt-Gen Roy During to force him to appear before the council with any information or documents he had concerning hit squad activities in his force. Progress on the court action would be heard by the TEC today.

Details of the long-awaited major peace plan for the East Rand are also likely to be disclosed today.

The announcement of a comprehensive plan to restore peace in the region is likely to include the withdrawal of the internal stability unit and the deployment of the SADF.

'Miners with HIV sacked'

05/2/94

92

Own Correspondent

JOHANNESBURG. — Sixteen miners were dismissed by two mining houses after testing HIV-positive, the National Mineworkers' Union alleged yesterday.

However, one of the mining houses named by the NUM has disputed the allegations.

Ten miners from Genmin's Beatrix mine and six from JCI's Randfontein Estates were allegedly dismissed at the end of last year in alleged breach of an "Aids agreement" between the Chamber of Mines and the NUM.

Genmin yesterday denied the union's claims, while JCI said they would investigate the issue.

The NUM has written to both mining houses demanding the reinstatement of the dismissed workers.

The AIDS agreement states that "HIV-positive employees will be protected against discrimination, victimisation or harassment".

It adds that no employee should be fired or denied appro-

16 unfairly tested, says union

priate alternative employment "merely on the basis of HIV infection".

NUM health and safety co-ordinator Mr Sazi Jonas said the union was against Aids testing of its members as the disease "does not hinder or affect work performance".

"We are committed to protect our members' rights in terms of fair employment practices," he said. "The dismissals ... are unacceptable."

At Beatrix, the 10 employees in question left in the middle of last year after "faction fighting" on the mine, but returned at year-end to seek reinstatement.

The NUM said agreement had been reached that workers would be reinstated after their track records as employees were checked. Instead, the NUM charged, workers underwent "forcible" medical examinations and were refused employment after testing HIV-positive.

But Genmin spokesman Mr Andrew Davidson said medical examinations were compulsory for prospective employees and the decision on whether to employ them was left to managements at individual mines.

Investigating

He denied Genmin discriminated against HIV-positive workers and said "no miners were dismissed because of Aids tests being positive".

Num also said that at JCI's Randfontein Estates six employees were tested for Aids without being consulted and were later dismissed.

JCI spokesman Mr Andre Geldenhuis said JCI was investigating the claims.



CF 2/2/94

HIV sacked'

Own Correspondent

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The NUM has written to both mining houses demanding the reinstatement of the dismissed workers.

The AIDS agreement states that "HIV-positive employees will be protected against discrimination, victimisation or harassment".

It adds that no employee should be fired or denied appro-

16 unfairly tested, says union

appropriate alternative employment "merely on the basis of HIV infection".

NUM health and safety co-ordinator Mr Sazi Jonas said the union was against Aids testing of its members as the disease "does not hinder or affect work performance".

"We are committed to protect our members' rights in terms of fair employment practices," he said. "The dismissals... are unacceptable."

At Beatrix, the 10 employees in question left in the middle of last year after "faction fighting" on the mine, but returned at year-end to seek reinstatement.

The NUM said agreement had been reached that workers would be reinstated after their track records as employees were checked. Instead, the NUM charged, workers underwent "forcible" medical examinations and were refused employment after testing HIV-positive.

But Genmin spokesman Mr Andrew Davidson said medical examinations were compulsory for prospective employees and the decision on whether to employ them was left to managements at individual mines.

Investigating

He denied Genmin discriminated against HIV-positive workers and said "no miners were dismissed because of Aids tests being positive".

Num also said that at JCI's Randfontein Estates six employees were tested for Aids without being consulted and were later dismissed.

JCI spokesman Mr Andre Geldenhuys said JCI was investigating the claims.

Taking sides in Africa's deadly Aids war

WM 4-10/3/94

92

Catholics in Ivory Coast are divided over the use of condoms. Henri Tincq reports

De Monde

VORY Coast is one of the five African countries that have been hardest hit by the Aids epidemic: 640,000 out of its population of 12 million were HIV-infected in 1993, and that figure is set to rise to one million by the year 2000; 15 per cent of people over 15 are already affected.

The first two Aids cases in Ivory Coast were recorded only in 1985; today 50 per cent of hospital beds are occupied by Aids sufferers. When symptoms appear, victims are rushed to one of the big hospitals in Abidjan, Trechville, Cocody or Yopougon.

But sufferers are soon sent home to make way for the next batch of patients. "Try visiting the Aids wing in Trechville," says Father Louis Allibe, a French priest. "Two days later, you'll see a different set of faces."

Young people have been the hardest hit. Hundreds of children hang around at night under the two bridges of Abidjan's cliff road, where drugs and sexual favours are haggled over. On the Cocody University campus, young male students boast of having nine or ten partners at the same time.

The government points to a wide range of possible reasons for this disastrous state of affairs: late, the worsening economic situation after the sharp fall in coffee and cacao prices, the collapse of the infrastructure and public utilities, immigration from neighbouring countries like Burkina Faso.

The National Committee to Fight Aids has stepped up its information and prevention campaign in schools



Getting the message across: Anti-Aids publicity in Abidjan

PHOTOGRAPH FRANCIS CHAMERON/RAFO

and on radio and television. The local brand of condom, Prudence, is cheap (the equivalent of 12p) and widely available.

The real problem lies elsewhere: ingrained, rigid attitudes are common: sexual relations take place at an early age; people have many partners; men expect to be obeyed, forcing their wife (or wives) to have sex even when they (the men) are infected; they regard sex without a condom as vile.

Abortions are still carried out secretly. The huckster patients are treated in local infirmaries or hospitals, but then only at special times of day and by young interns in need of a bit of extra cash. The consequences of bungled operations can be seen every morning in the pages of *Fraternité-Matin*, Abidjan's main paper — the death notices of teenage girls or young women who have died "after a brief illness", as the accepted euphemism has it.

The efforts of the Christian and Islamic churches to make Ivorians more "responsible" in their sexual behaviour are widely recognised. Parishes, Christian schools, boy scout groups, Catholic and Muslim student

associations, and mosques have all become centres of communication and prevention.

Information and assistance centres have even been opened by communities of nuns in Alepé and Guitry, by a Baptist congregation in Ferkessé-dougou, in the north of the country.

The main message put across by the various churches is the need for high moral standards and absolute faithfulness between partners. Priests often mention Aids quite openly in their Sunday sermons. "First I ask them not to have sex before marriage — 80 per cent of young offenders in prison were raised by single mothers," says one priest. "Then I advise them to have only one partner. In the last resort, if they feel they can't refrain from sex or be faithful, I tell them to use Prudence condoms."

But the religious communities have strong reservations about prevention campaigns that advocate the use of condoms. Dr Emmanuel Gnaoré, head of the National Committee to Fight Aids, says: "It's the job of the churches to urge a return to certain moral values. And it's a job they do

well. But they can't at the same time ban condoms. There's no incentive to depravity involved. All we're saying is that a barrier must be used to prevent transmission, and for the moment the only barrier is the condom."

It is the Catholic church that has the greatest misgivings about such arguments. Bishops and representatives of Caritas, the Ivory Coast health authorities and various NGOs met at a seminar in Yopougon in May 1993 aimed at "mobilising the church in the fight against Aids".

In his opening address Monsignor Agré, Catholic bishop of Yamoussoukro, stressed that every possible channel — verbal, written and audio-visual — should be used to put across precise information and make young people take responsibility for themselves.

He went on: "Claims that young people are so weak and depraved they reject self-discipline have often come from adults who are immersed in the permissive society, and who project on to them and want to 'protect' them by offering, through aggressive advertising, contraceptive methods that often

offend their young sensibilities and local culture."

This marked the beginning of a campaign by the anti-condom brigade, which argued that accidents often happen with condoms, that they do not guarantee 100-per-cent protection against infection by HIV, that they encourage promiscuity, and that the rich countries, while casting themselves in the role of saviours, are interested only in opening up new markets for pharmaceuticals.

But such arguments are not approved by everyone in the Catholic church. An Italian priest has organised Aids-prevention teams of young laypeople and nurses in Port-Bouet, a working-class district near Abidjan airport. He is not afraid to advocate the use of condoms: "One philosophy is to stick to principles, and the other is to look the facts in the face. When I see all these young people constantly infecting themselves, I say to myself there's no other way of fighting the disease."

Professor Klemens Ochel and the Medical Institute of Würzburg in Germany have just carried out a very extensive study of Aids in Ivory Coast. Their report strongly criticises the Catholic church's attitude, which it sees as too non-committal.

It claims that the church encourages an atmosphere of "dissimulation" and "stigmatisation" where Aids is concerned, gives priority to the "charitable assistance of the sick and the dying", is "prejudiced against condoms", and forces priests and nuns who are actually fighting Aids on the ground to do so "clandestinely".

But can the Catholic church change its spots? The first synod of African bishops is due to be held in Rome in a few weeks' time. The bulky preparatory document that has been drawn up for the meeting devotes precisely one line to the disease that is cutting cruel swathes through the population of Africa.

Mines in Aids test dispute

92 wsm 4-16/2/94
Ferial Haffajee

THE mining industry's fledgling Aids agreement has struck its first rock. In dispute is whether the agreement bars pre-employment testing.

This week the National Union of Mineworkers (NUM) alleged that new recruits at two mines who had already been given contracts of employment were dismissed after testing HIV positive.

The Chamber of Mines says the industry-wide agreement does not preclude pre-employment testing, while employers say no tests were carried out on miners already in their employ.

"Our understanding is that the agreement covers new recruits. There should be no reason why HIV positive workers should be not be employed," said Sazi Jonas, the NUM's health and safety co-ordinator this week.

He alleged six new workers had been dismissed at Randfontein Estates mine and 11 miners refused re-employment at Beatrix mine in contravention of the agreement. This agreement says there will be no Aids test without the consent of employees and that there will be no discrimination against miners found to be HIV positive.

Miners at Beatrix were compelled to re-apply for jobs after hundreds of them had left the mine which was dogged by faction fighting last year. Jonas also points out that many retrenched miners eligible for re-employment could be affected by the chamber's interpretation of the agreement. A letter in the *Mail & Guardian's* possession from Beatrix management concerning one of the rejected miners states: "When considered for re-employment, the employee acknowledged in an undertaking that certain pre-employment conditions, including HIV testing, will be required before employment can be offered. He was rejected on medical grounds."

A Gengold representative said the company did not dismiss existing staff who were HIV positive but said that all new recruits had to go through routine medical tests which included an Aids test. If they were turned down after the tests, the medical reasons were not usually disclosed.

The union is demanding the reinstatement of the workers, but this will be difficult to accede to because all but two of the workers have returned to their rural homes.

Signed in May last year, the agreement is the country's first industry-wide Aids agreement and took at least two years to negotiate and draft.

Aids kills 5 in E Cape (12)

PORT ELIZABETH. — ds and HIV-related diseases have claimed at least five lives in the Eastern Cape since the beginning of the year, it was reported yesterday. 9/2/94

Over 3 400 in Cape have HIV

92
11/2/94

Staff Reporter

A TOTAL of 3 437 people have tested positive for the HIV virus in the Cape since 1989, according to figures released by the Cape Aids Advisory Group and the Department of National Health and Population Development yesterday.

In the third quarter of 1993, 333 new cases were reported — the highest number of positive cases in the Cape since 1989.

Over 940 people with Aids were anonymously and voluntarily reported in 1993 — a 27% increase on the 741 cases reported in 1992.

A total of 74 new paediatric cases were reported during 1993.

Hetrosexual

The mode of transmission most often reported was heterosexual contact, with mother-to-child transmission second highest.

Tendencies in the past indicated that most of the unreported cases of Aids were due to mother-to-child infection, the report said.

With heterosexually-transmitted infection, the male to female ratio was approximately one-to-one.

The highest number of cases were reported in the 25 to 29 age group, followed by the 30 to 34 age group and thirdly by the 0 to 4 age group.

A geographical breakdown showed that in the Cape metropolitan area, including Khayelitsha, 1 236 cases were reported.

KwaZulu is the region with the greatest number of new cases.

Aspirin and Aids: Too soon to raise hopes — doctor

Weekend Argus Reporters

A CAPE Town doctor has criticised a pharmaceutical company's announcement that clinical trials are to be conducted to test whether aspirin might be useful in treating HIV infection.

(92) ARG 12/2/94
Anthony Keen, of the department of virology at the University of Cape Town Medical School, said the announcement was premature and that it was wrong to raise hopes when the trial had not even started.

The trial — involving 46 asymptomatic HIV-infected volunteers — is to be conducted by Donald Kotler of New York.

"This is a premature announcement. He (Dr Kotler) has no idea that it will work. It's only when one has success that you announce something like this," said Dr Keen.

Aspirin was "an old stand-by for many illnesses", but many drugs were being tried for Aids.

Dr Kotler, who has worked with Aids victims in New York for 10 years, said he had test-tube evidence that salicylates — a compound of which aspirin is the best-known — could inhibit HIV. He speculated that this over-the-counter pain reliever might fight HIV because of its anti-inflammatory properties.

He argued that during the body's normal inflammatory response to cellular injury, immune system cells were "activated". If these activated cells were infected with HIV, the virus would make copies of itself.

His theory is that aspirin may prevent HIV replication by blocking the action of endogenous chemicals that activate these cells in the first place.

Several Cape Town doctors working in the Aids field said they had never heard of the pending clinical trial.

■ In the last three months of last year 429 people in the Cape tested HIV-positive, bringing the total since 1989 to 3 586, according to the Department of Health and Population Development.

This was the highest number of HIV-positive cases tested since 1989. Fifty-three cases were reported during the last quarter of 1989, 90 during the last quarter of 1990, 164 during the last quarter of 1991 and 252 during the last quarter of 1992.

Heterosexual transmission was most often reported, distributed equally between men and women.

Mother-to-child transmission was the second highest reported, but most unreported cases of Aids were due to mother-to-child infection.

Most people with Aids were aged between 25 and 29, followed by the 30 to 40-year-olds.

The number of full-blown Aids cases has increased 27 percent since last year.

Syringes 're-used'

DURBAN — Health Minister Rina Venter yesterday expressed shock that some dispensing doctors were re-using syringes in spite of the danger of AIDS.

Venter was reacting to Medicines Control Council disclosures at an AIDS seminar that more than half dispensing doctors were practising unsafe medicine. This included the use of expired medicines and used syringes.

She made an urgent appeal to the Medical Association to prosecute offending doctors. *Biday 22/2/94*

Venter said the number of reported cases of AIDS in SA had increased 27% last year on the 1992 figure. The virus remained seriously under-reported, with most un-reported cases apparently mother-to-child infections.

She said that in the 1993/94 fiscal year, more than R21m had been allocated to AIDS research and support. Non-governmental organisations had received about R2m. Although this budget might be considered insufficient, it had to be remembered government was oriented towards a preventative AIDS approach rather than a curative one. *(92)*

Venter said a taskforce of the National AIDS Coordinating Committee of SA was developing a national plan, and the committee was being extended regionally.

"An AIDS health promotion programme should be an integral part of the local authority's existing health policy and control programmes," she said.

Venter said when a community was fully involved in AIDS prevention, new ideas and practices were rapidly diffused. "Social networks are activated. People with similar values and experience accept advice from each other more readily than from institutions." — Sapa.

Shock at 'unsafe doctors' claim

92 Staff Reporter

CT 23/2/94
ned staff.

DOCTORS have expressed shock at allegations that members of the medical profession could be contributing to the spread of Aids as a result of unsafe practices.

They were responding to information given at an Aids seminar in Durban on Monday where the Medicines Control Council disclosed that some doctors were re-using hypodermic needles, storing medicines in lavatories, and using expired medicines and unquali-

Minister of Health Dr Rina Venter, who attended the seminar, described the allegations as a "shocking revelation".

Dr Roy Davey, chairman of the National General Practitioners' Group, said in a statement yesterday the organisation was "deeply disappointed" in the authorities' failure to take action if they had evidence that the public was at risk.

"Minister Venter and the MCC are abrogating their responsibility

to protect the public from harm by not reporting alleged cases of malpractice to the SA Medical and Dental Council."

Mr Russel Cote, the inspector of the MCC in Durban who presented the facts at the seminar, is unavailable until Friday. No further details of the malpractice allegations could be obtained.

A spokesman for Dr Venter's office, Mr Andre Loubser, said from Pretoria yesterday it was unfair to bring the minister to task.

Aids victim's trail of revenge

HARARE. — Cameroon nurse Ms Melanie Moche, who recently died of Aids, is believed to have deliberately infected about 300 of her lovers with the HI virus in a trail of revenge against men, the Ziana news agency reported yesterday.

Her "grand contamination campaign" came to light after the discovery of her diary. — Sapa

Southern Life turns away 746 HIV cases

SOUTHERN Life said yesterday it had refused life cover to 746 applicants who tested HIV positive since AIDS tests were introduced for prospective policy holders in August 1990. **BIDA**

The company said the life cover that had been turned down was worth about R73,5m. **24-2-1994**

It said in the past six months, 214 applicants had tested positive for HIV, the virus that causes AIDS.

Figures also showed that infection rates were highest among people between the ages of 26 and 30, with 2,5% of all applicants in this category testing HIV positive. **(92)**

Southern Life chief actuary Paul Truyens said the statistics justified Southern's exclusive life policy which eliminated cross-subsidisation of HIV-infect-

ed people. The policy requires periodic HIV testing until the age of 45.

Truyens said policy sales showed customers were prepared to repeat AIDS tests every five years to ensure they paid lower premiums. If exclusive life policy-holders tested HIV positive, their life cover would be reduced to 10% of its value.

Truyens welcomed the HIV testing protocol recently agreed to by the Life Offices' Association. The agreement ensures that HIV tests are handled "sensitively, confidentially and scientifically" by the life assurance industry.

"Our industry needs to be seen to be testing in a responsible manner and it is vital that all life offices abide by the protocol," Truyens said. — Reuter.

Aids: Southern rejects R73,5-m applications

BRUCE CAMERON
Business Editor

LIFE assurer Southern Life has rejected applications for R73,5 million of life cover because of the threat of Aids.

Latest statistics from Southern Life reveal that 1,1 percent of all applicants for life assurance policies are HIV positive.

Since it introduced HIV testing in August 1990 Southern has indentified 746 cases of potential policyholders as HIV positive.

In the past six months alone 214 new cases were recorded.

Infection rates are highest in the 26 to 30 age group, with 2,5 percent of all applicants in this category being HIV positive.

Southern Life chief actuary Paul Truyens said the statistics were further justification of Southern's "Exclusive Life" policy which eliminates any form of cross-subsidisation of HIV infected people.

The policy requires periodic HIV testing until the age of 45.

"Sales of Exclusive Life already make up a third of our new policy sales.

"This indicates that customers are prepared to have repeat Aids tests every five years to ensure that they pay lower premiums.

"Exclusive Life not only protects existing policyholders' funds but also offers a safeguard against future increases in premiums."

92
ARG 24/2/94
HIV prevalence among male applicants to Southern Life has now moved in line with that of female applicants for the first time, said Mr Truyens, with prevalence rates being 1,1 percent for both groups.

Mr Truyens said Exclusive Life was not the only policy in Southern Life's range, with other products being available to meet the needs of people who may be at risk of HIV infection.

"We will continue to develop and market such policies, but policyholders will be kept in separate risk pools to avoid healthy clients cross-subsidising infected people."

He said Southern Life welcomed the HIV Testing Protocol recently agreed by the Life Offices' Association (LOA).

This agreement ensured that HIV tests are handled sensitively, confidentially and scientifically by the life insurance industry and that confirmatory testing is done where policy applicants prove HIV positive.

"Our industry needs to be seen to be testing in a responsible manner and it is vital that all life offices abide by the protocol.

"Issues such as counselling, client consent, confirmatory testing and confidential handling of test results are all areas where the industry has come in for criticism and hopefully this will silence our detractors," Mr Truyens added.

HIV infection rate up in Cape, say experts

VIVIEN HORLER
Staff Reporter

(92) ARCT 24/2/94
THE HIV infection rate in the Cape is growing, with more positive test results in the last quarter of 1993 than in any quarter since records began, says the Department of Health.

It says 429 people tested positive in the last three months of last year in the Cape, bringing the total number of people who have tested positive since 1989 to 3 586.

In December last year alone 149 new patients tested positive, of whom 19 were children at Groote Schuur Hospital. Throughout the year 84 children tested positive.

Almost 1 300 people in the Cape Town metropolitan area, including Khayelitsha, have tested positive since 1989 (62 new cases in December).

In the last quarter of 1989, just four years ago, 53 people tested positive, compared with 429 for 1993.

More and more women are testing positive. Half way through 1992 for the first time more women than men were found to be HIV positive, and this trend has continued.

Because the figures are collated from the reference virus laboratories of Tygerberg and Groote Schuur hospitals and the Port Elizabeth medical officer of health, the nature of the patient is not always known, but the largest single category of known patients is black women, with 788 cases.

Of the 3 586 patients to date, 1 203 are not classified. Of the rest, 12 are white women, 263 white men, 217 coloured women, 337 coloured men, 788 black women and 766 black men.

More heterosexuals are now victims

Aids cases among whites escalate

Star 21/6/94

■ BY DAVID ROBBINS
HEALTH WRITER

South Africa's white heterosexual population has become a definite statistical part of the Aids epidemic currently gathering momentum throughout the country.

This is according to new figures published by the Department of National Health.

Earlier statistics indicated that the disease was largely confined to homosexuals and intravenous drug users among whites.

The latest figures indicate that already one in 200 sexually active white women could be HIV positive.

Accurate

The statistics are based on anonymous testing of many thousands of women at antenatal clinics throughout the country.

The figures are widely considered to be among the most accurate in the world.

The HIV prevalence estimates among whites are up from 0,09 percent in 1992 to 0,52 percent in 1993.

The current prevalence for black women is more than 5 percent, with a national doubling time of 18 months.

LATEST statistics from the Department of National Health say that already one in 200 white women could be HIV positive

(92)

"It's impossible at this stage to make predictions with regard to the disease specifically among whites," said Professor Alan Fleming, head of the department of haematology at Wits and Baragwanath Hospital, and an expert on Aids.

"What we can say for sure is that there is now a definite epidemic in the sexually active white population.

"Figures for previous years would not have supported such a statement."

Fleming pointed out that the prevalence among white women was now at roughly the same level as it was among black women in the late 1980s.

One of the country's most respected commentators on the spread of Aids, Cape Town actuary Peter Doyle, confirmed that, in spite of a relatively small sample size, there was no doubt that HIV was now present in the white heterosexual population, and that it would definitely in-

crease.

"I'd be very surprised, however, if it reached the proportions which we expect among blacks.

"The difference is the prevalence of other sexually transmitted diseases (STDs) among the two population groups.

"Figures of up to 20 percent have been reported for the black population.

"The figure for whites is less than 0,5 percent," he said.

"The presence of other STDs increases the probability of contracting HIV by up to 10 times," Doyle said.

Drug use

"It's nevertheless something the white community can't ignore," he added.

Fleming pointed out that in the US, western Europe and Australia, the major causes of the spread of HIV among heterosexual Caucasian populations had been intravenous drug use, the prostitution which often results from this, and contact with bisexual men.

"In South Africa, intravenous drug use is not a major route," he said.

"Here, the white community is in much closer sexual contact with the black heterosexual population than is often admitted."

'Over 1% of applicants for life cover have HIV'

92 OCT 24 2 59 PM
Business Staff

A total of 1,1% of all applicants for life assurance policies were HIV positive, latest statistics from Southern Life show.

Southern said that life cover totalling R73,5m had been refused to the 746 cases identified since testing was introduced in August 1990.

Recent figures show that 214 new cases have been recorded in the past six months. Infection rates are highest in the 26 to 30 age group, with 2,5% of all applicants in this category being HIV positive, says Southern.

More Cape Aids cases ⁹²

AIDS is on the increase in the Cape with 429 new cases reported in the final quarter of last year.

According to figures released yesterday by the Department of National Health and Population Development, this is the highest number of positive cases tested in the Cape since 1989. **CT 25/2/90**

A total of 3 586 people have tested positive in the Cape since 1989.

Last year there were 84 new paediatric cases.

Gay transmission of Aids 'only 15%'

92
ROGER FRIEDMAN, Staff Reporter

HOMOSEXUAL intercourse has accounted for less than 15 percent of reported cases of HIV infection in South Africa, according to the latest figures from the Department of National Health and Population Development. ARG 15/3/94

Sexual transmission has accounted for almost 80 percent of cases while HIV transmission from mother to child accounted for a further 16 percent.

Since 1982, 3 071 cases have been reported countrywide, 1 188 of them last year.

A spokesman for the department said HIV infection was still under-reported with infection among children "probably the worst reported category".

The mode of transmission was not stated for 3,5 percent of reported cases while blood transfusions and blood products were the mode of transmission in 1,5 percent of cases.

Looking at the situation by region, KwaZulu accounted for 522 of the 1 188 cases reported last year. The Western Cape had 83 new cases.

Plan for new blood donors

Sowetan 25/3/94

TWO members of the South African Institute for Medical Research have suggested measures to recruit black blood donors while lessening the risk of HIV transmission through blood transfusions. (92)

In a statement yesterday, the SAIMR's Dr Freddy Sitas and Professor Alan Fleming said that historically the black donor population had been very small, about 15 percent, but with political enfranchisement the black population could insist on the right to donate blood as part of its civic responsibility.

"It would be necessary to increase blood donation from the black population as exclusion on the grounds of one's race group is ethically and scientifically wrong," said the two SAIMR members.

To decrease the risk of HIV transmission from new donors, they suggest:

- Blood donors should remain unpaid volunteers;
- An intensive education programme should be started for potential

blood donors, emphasising heterosexual transmission of HIV and the dangers of multiple unknown sex partners;

- Confidential self-exclusion systems for those with high risk behaviour should be developed;

- Sub-groups with high risk behaviour such as prostitutes, lorry drivers, prisoners, inhabitants of single-sex hostels and the armed forces must be recognised and excluded;

- It is necessary to recruit first-time blood donors to continue the transfusion service, but their first donations should only be used to prepare virus-inactivated blood components and laboratory reagents; and

- Blood and blood products should be used more appropriately. Too often blood is transfused unnecessarily.

Sitas and Fleming said the incidence of HIV in adults was doubling every year and it had been predicted that by the year 2005 between 18 and 24 percent of sexually active adults would be HIV positive. — Sapa.

R3,5bn PWV bill for AIDS

KATHRYN STRACHAN

THE HIV/AIDS epidemic will cost the PWV region more than R3,5bn a year in lost production by 2000, a Central Witwatersrand Metropolitan Chamber report shows. **B12/14**

Johannesburg City Council health committee chairman Marietta Marx said yesterday the report indicated an epidemic growing at an alarming rate.

The implications for the economy, health services and the family unit were daunting, and ways had to be found urgently to manage the crisis. **30/3/94**

The traditional health care system would not cope with the effect. That meant alternative structures for care, for example home-based care, would have to be established.

A further pressure on the family system would be the growing number of AIDS orphans. A study of Soweto indicated there would be about 137 000 orphans a year from this area alone by 2010, Marx said. **(12)**

Substantial resources would have to be set aside to avert a total breakdown in community and family support systems.

Research conducted by the City Council in Johannesburg since 1988 showed the increased vulnerability of women to HIV.

500 000 have HIV virus

Biden
KATHRYN STRACHAN *31/3/94*

MORE than half a million South Africans are infected with the HIV virus, according to survey results released by the National Health Department yesterday. *(92)*

The department's epidemiology director Horst Kustner said yesterday: "The epidemic is following its expected trend with no sign of respite and now stands at a prevalence rate of 4,69%. This means that 47 out of 1 000 sexually active people are HIV infected."

An estimated 566 000 South Africans were HIV positive by the end of 1993, while the total number of AIDS cases at the end of February was 3 071.

The statistics are based on surveys conducted annually among women attending ante-natal clinics.

The survey results are similar to those forecast by Metropolitan Life actuary Peter Doyle four years ago.

Doyle said that with the epidemic spreading at the present rate, there could be a further 280 000 people infected during 1994 — equivalent to more than 750 new HIV infections a day.

The number of new AIDS cases, however, was less clear, but it was estimated there would be about 8 000 new AIDS cases during this year. By the end of the year, there would be about 4 800 orphans whose mothers had died AIDS-related deaths.

AIDS overtaking first predictions

By CAS St LEGER

311 cases 3/4/94
THERE are now 500 000 South Africans infected with the HIV virus that leads to AIDS, according to new Department of Health and Population Development surveys.

"There is no indication of the trend abating," said Dr Horst Kustner, director of epidemiology. (92)

The highest rate occurred in Natal/Kwazulu at 9,62 percent of the population, while in the Cape it was 1,33 percent. By the end of 1993, over 3 000 AIDS cases had been reported. This was a "dismal result", Dr Kustner said.

Director-General of Health Dr Coen Slabber said the rate of increase was "faster than we originally predicted".



Community drafted in fight against Aids

Star 24/4/94

The pressure placed on Zambia's strained health services by the Aids epidemic, which is claiming nearly 1 000 people a week these days, is enormous. At Lusaka's University Teaching Hospital, wailing by mourners, both in the wards and the hospital grounds, has been banned. And at Leopards Hill cemetery, the capital's main burial ground, the funerals queue to happen.

Large billboards in Lusaka's most crowded streets are devoted to Aids. "Your family still needs you," they proclaim. "Use condoms; avoid casual sex."

But the predictions are that Aids is going to get a lot worse in Zambia before it gets better. Over the next five years there'll be 700 000 new HIV infections, 250 000 Aids deaths, 320 000 new Aids orphans to care for. But the incidence of HIV positivity will only peak around 2005 at 1,6 million of Zambia's about 8 million people.

Yet the new administration under President Frederick Chiluba is fighting back.

At the Salvation Army's Chikankata Hospital in southern Zambia — an institution with an international reputation for innovative ways of coping with Aids — a "special care" ward has recently been opened for the terminally ill.

"But clearly, if we admitted everybody, the hospital would collapse. We'd have to close down all our normal services. For this reason, we have made a deliberate effort to treat Aids patients at home," says a Chikankata doctor, Elijah Chaila.

Chaila explains the initial process. Patients come to the hospital presenting the symptoms of the various opportunistic diseases which take hold as the immune system goes into decline. The hospital acts as a sorting house, which separates Aids sufferers from non-HIV patients. HIV testing, when it is considered necessary to verify the clinical diagnosis, is preceded and followed by coun-

THERE'S a great deal for South Africa to learn from her northern neighbours about coping with Aids, reports Health Writer David Robbins

92

selling by people specially trained at Chikankata. Part of the counselling process is the offer of home-based care.

"At first there were difficulties," says Chaila. "There was a stigma attached to the disease. But most people have come to accept it now."

Home-based care is administered by a team comprising community counsellors, nurses and clinical officers. The last category, also trained at Chikankata, have spent three years learning basic diagnostic skills.

The team goes into the communities (there are 70 000 people in Chikankata's catchment) three times a week to attend to patients. The arrangement has brought relief not only to the hospital but also to many families which would otherwise be disrupted by the move to the hospital grounds while the ill member died.

The home-based care team is also charged with community education.

Yet Chaila admits that the "deficiency of knowledge in communities" is large. "We could do better," he adds.

An obvious solution is increased community involvement, and Chikankata has made considerable advances along this route. The hospital has already developed a primary health care (PHC) system based on health centres, clinics, and a network of voluntary community health workers.

These workers are community members, chosen by the communities and trained by

the hospital to perform basic PHC functions. They are now being retrained with special Aids knowledge, and are taking over many of the routine duties of the hospital's home-based care team, with the team and ultimately the hospital itself playing a largely supportive and referral role.

A new perception of Aids is beginning to emerge: it's a community problem which must more and more become a community responsibility.

Chikankata's training co-ordinator, Daphe-ton Siame says: "A particularly exciting development is emerging near Kitwe on the Copperbelt, after a representative from one of the churches there attended one of our seminars."

The Kitwe development is practical in the extreme. An informal development of 20 000 people has been divided into a grid of nine sections, each section administered by nine community health workers, trained in Aids education and home-based care as developed at Chikankata. The health workers are all attached to the church, carrying some status in the community and highly motivated. The initial Kitwe "grid" programme is already extending to cover a further 200 000 people.

"The exciting thing," explains Siame, "is that this sort of control programme costs nothing, except for drugs. Work is voluntary. Community transport capabilities have also been harnessed to provide a link with the local hospital. It makes you realise what a major role the churches have to play, and how important their contribution will ultimately be in persuading communities to accept responsibility for their own epidemics."

"And make no mistake," Siame adds, "what is happening in Kitwe will almost certainly influence and modify what we are doing here at Chikankata. It is through this interchange of ideas and experience that the best solutions will be found."

KwaZulu worst hit by Aids epidemic

Weekend Argus Correspondent

DURBAN. — South African Aids researchers have joined colleagues in Africa in an attempt to co-ordinate an assault on the disease ravaging the continent.

The move coincides with fresh evidence that the Aids epidemic continues unabated in South Africa, with the KwaZulu-Natal region being worst hit.

According to the latest figures released by the Department of National Health and Population Development, an estimated 566 000 South Africans were infected by the HIV virus by the end of last year.

By the end of February this year 3 071 cases of Aids were confirmed nationally.

KwaZulu-Natal has the highest incidence of HIV infection — about one in ten sexually active adults are estimated to be HIV positive there.

About one in 25 are estimated to be infected in the Orange Free State, about one in 30 in the Transvaal and about one in 75 in the Cape.

The figures are based on tests conducted on women attending ante-natal clinics.

Director of Epidemiology in the Department of National Health, Dr H G V Kustner, says: "In South Africa the HIV epidemic is relent-

lessly following its expected trend with no sign of respite. About 47 out of every 1 000 sexually active people are HIV infected."

An actuary for a life insurance company, Mr Peter Doyle, says the rapid increase in HIV infection in KwaZulu-Natal is disturbing.

"The other regions continue to follow similar patterns of infection, which confirm that South Africa is not likely to escape an HIV epidemic of the magnitude seen in several other South and East African countries."

In some African countries one in four adults are infected with HIV.

Durban researcher, Dr Quarraisha Abdool Karim, recently represented South Africa in Nairobi at an executive meeting of the Network for Aids Research in East and Southern Africa.

The organisation aims to pool technical resources and research findings throughout Africa. A directory of Aids research on the continent is being compiled.

"We can make the vast academic and technical information we have in South Africa available to the rest of Africa," says Dr Abdool Karim. "And we can benefit from the experience of countries in which the Aids epidemic has reached advanced stages."

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Sunday Times Reporters

HIV-POSITIVE South Africans paying up to R900 a month for the drug AZT may have been wasting their time and money.

This follows the release of the Concorde Report, the result of a three-year clinical study in France and Britain, which found that the drug failed to retard the onset of AIDS.

Doctors in South Africa, who learnt of the findings only on Friday, said they would continue prescribing the drug for the present. About 150 patients out of South

Report on drug's failure is bad news for HIV-infected

Africa's estimated HIV-infected population of 500 000 are taking the drug **Stivudine**.

When AZT, or zidovudine, was launched seven years ago it was hoped it would be an important key to deferring the onset of AIDS symptoms in people infected with HIV.

But after the three-year clinical trial, the largest yet carried out, scientists have admitted they have

a long way to go before finding a drug that can hold off the onset of AIDS. **10/14/94**

Fears that AZT was not living up to early expectations were first aired at an international AIDS conference a year ago. But the full results of the clinical trials were published only this week.

Although drug company Wellcome still believes AZT can be effective, particularly if used in

combination with other drugs, the company's fortunes have taken a huge knock on the stock market.

The Concorde study examined almost 1 800 symptom-free HIV-infected people. Half took AZT from the outset of the three-year trial. The other half were put on to the drug when AIDS symptoms appeared.

Results showed that those who had their treatment delayed stood a marginally better chance of survival than those on the early treatment. In both cases, 18 percent of the HIV-positive patients went on to get full-blown AIDS or died.

Poppers worse than HIV virus — studies

Own Correspondent

LONDON. — A legal sex stimulant drug widely used by homosexuals and young ravers could make people more vulnerable to Aids, according to new scientific studies.

The inhaled stimulant, amyl nitrite, which causes euphoria and is better known as "poppers", can cause even more damage to the immune system than the HIV virus which leads to Aids. - (92) CT 11/4/94

In a statement this weekend,

American molecular biologist Professor Peter Duesberg said "many" scientific studies had now concluded that the use of amyl nitrite was more closely correlated with the development of full-blown Aids than the HIV virus.

Prof Duesberg is among specialists who believe researchers seeking a cure or vaccine for Aids have made an error by concentrating their efforts on the HIV virus.

He says the damage done by substances like amyl nitrite supports the argument.

Nestlé slammed for Aids claim

Own Correspondent

LONDON. — Swiss multinational Nestlé's claims that thousands of children were dying from Aids through breastfeeding has provoked consternation among World Health Organisation (WHO) officials who feared that they might encourage a switch to powdered milk.

Nestlé was once the target of a boycott campaign for pressing Third World mothers to use powdered milk.

WHO officials say the risk of children contracting fatal dysentery after drinking contaminated water mixed with milk powder is far greater than the risk of mothers passing on the Aids virus to their babies.

The officials said even HIV-positive women should breastfeed their children unless they had guaranteed access to clean water. Most Aids babies were infected in the womb. *CT14/4/94*

HIV-positive mothers in developed

countries were encouraged to avoid breastfeeding, which was thought to increase the likelihood of the virus being passed on by about 15%.

In the Third World, about three million children died every year from diarrhoea, a figure which dwarfed infant Aids rates.

"Breast milk passes antibodies on to children in their first few months, providing essential immunity from many other fatal diseases," WHO said. *(92)*

Prime move to find jobs for Aids sufferers

DALE KNEEN

Weekend Argus Reporter

AN organisation has been launched to help find jobs for the growing number of HIV-positive people who are unable to find work because of the "paranoia" of employers.

Wola Nani (Embrace), which was formed under the auspices of the St George's Cathedral Foundation Trust in January, also aims to provide help for the expected mass of Aids orphans in the next five years.

Project leader Gary Lamont said Wola Nani co-ordinates its activities with various organisations working with Aids as well a cross-section of religious groups in the Western Cape.

Most of the people working for Wola Nani are volunteers and funding is from the trust, public subscription, corporate sponsorship and benefit functions.

Mr Lamont said about 90 percent of HIV-positive people living in the townships and 50 percent in other urban areas did not have employment and there was little support for these people.

"There are sufficient organisations dealing with people who have just been diagnosed HIV-positive and there are also places which deal with those who are about to die, but nothing for those in between."

Mr Lamont said many of the HIV-positive people were women and they had children who they had to care for but were finding it difficult to do so because they could not find jobs.

"The reason why people do not want to employ HIV-positive people is not because they may die within a decade,

but simply because they have irrational fears about how the virus is transmitted.

"We've heard stories about domestic workers who have been instructed to have Aids tests because their employers were totally uninformed and so imagined their children could get infected."

Wola Nani has found employment for about 20 people each month, placing them in jobs in the formal sector and in self-help and training programmes in the townships.

"The placements are done anonymously. Most of the employers are not told that the person they are employing is HIV-positive unless the business actually approaches us for personnel," said Mr Lamont.

"The reason that we do not tell businesses that their new employees are HIV-positive is because of the stigma of Aids, but that is likely to change as more people become infected."

Mr Lamont said it was expected that "hundreds" of children who were born before their parents became HIV-positive would be orphaned in the next five years.

"I think there will probably be too many orphans for extended family members to look after and so we are planning centres where they can be cared for."

Wola Nani also offers Aids-awareness training and acts as a "conduit for social and spiritual support" for the bereaved by linking them with Christian, Muslim or Jewish organisations.

Anyone wishing to provide Wola Nani with financial or other support is urged to call 23 7385.

AIDS child and his family are pinning their hopes on AZT

STimes 17/4/94

By CAS St LEGER

TINY AIDS sufferer Nkosi opens his mouth wide as his foster mother, Gail Johnson, gives him his mealtime dose of sticky AZT-laced syrup.

As the debate about the anti-AIDS drug AZT rages following the release of the Concorde clinical trials in London last week — they found that the drug does not necessarily slow down the onset of full-blown AIDS in HIV-positive people — two long-term South African AIDS survivors continue to live with the disease.

One takes AZT, the other doesn't.

One is five-year-old Nkosi, who is probably the longest-surviving HIV-positive child in the country.

The other is Vincent Veal, 32, founder of AIDS organisation, Living in Hope, and one of the country's longest-surviving HIV-positive adults.

Vincent does not take AZT.

He says that even if he could afford AZT he would not take it because there are such conflicting views in the medical profession about its effectiveness, and because of its side-effects.

Nkosi, who lives with his foster family in Melville, Johannesburg, has been taking the AZT syrup three times a day since September.

"The AZT has helped Nkosi," said Mrs Johnson. "He is physically more active, he's cheekier and has a better appetite."

And he has shown no side-effects.

The drug company that manufactures AZT syrup donates it to the J G Strijdom hospital where Mrs Johnson gets it for free.

Nkosi's mother, who is very ill, had AIDS before he was born and passed the virus to him in the womb.

Nkosi does not know that he carries the deadly virus, or that he could die at any time.

He wears clothes sized for a two-year-old, and the night sweats associated with AIDS have begun. His glands, liver and spleen are swollen and his lungs infected.

Mrs Johnson met him at an AIDS hostel where she was on the board.

When the hostel had to close, his natural mother had no money and Nkosi, who was very ill with TB, had nowhere to go.

Gail, her TV presenter husband, Alan, and her two children, Brett, 24, and Nicolette, 14, took the youngster into their home and hearts in January 1992.

He is due to go to school next year, but a local pre-school has rejected him.

Mr Veal, who says he is still relatively healthy, is "thoroughly against AZT", though he would not counsel anyone against taking it.

He was diagnosed HIV-positive in 1985, was unemployed and could not afford AZT, which today costs between R468 and R900 a month.

He was forced to choose between buying food or medicine, and he chose a healthy diet and stress-reduced lifestyle as his way of improving and prolonging his life.

Apart from the price he is against AZT because of its side-effects.

He has collected a dossier of data, relating "horrific" effects, from patients turning blue, to suffering severe headaches, nausea or anaemia (92).

He also has evidence from long-term survivors around the world who have given up or never taken AZT.

"Once I was worried I couldn't afford it. Now I wouldn't take it," he said.

He has known 25 people who have died of AIDS over the past eight years, but he firmly believes AIDS is about the living.

Anne Frank to help kids learn about apartheid

By DIANA STREAK

THOUSANDS of South African school-children will learn about human rights and the choices facing them — thanks to Anne Frank, the Jewish teenager who spent years hiding from the Nazis.

International Holocaust expert Professor Rolf Wolfswinkel, a lecturer at the University of Cape Town,

Aids claims payouts top R30m

ET 27/4/94

Staff Reporter

92

INSURANCE payouts for Aids-related claims have topped R30 million, with claimants increasing by 78% in the past year.

A recent edition of Aids Scan, published by the Sanlam Aids media resource centre and the Planned Parenthood Association, reveals that claimants have virtually doubled in the past two years to 603. Married claimants now

account for 40%, up from 34% a year ago.

Aids Scan reports in a separate study that HIV infection in the most afflicted regions of sub-Saharan Africa is high enough to eliminate population growth in coming decades.

However, the authors argue against ending family planning initiatives to offset Aids deaths by high birth rates.

"Family planning initiatives provide a vital setting in which to provide Aids

education and safer sex, to facilitate condom distribution, and to encourage individuals to seek treatment for sexually transmitted diseases that promote HIV transmission," they said.

In a study of 343 uninfected women in monogamous relationships with HIV-infected partners, Aids Scan reported that the risk of acquiring HIV infection was reduced by 90% when condoms were used.

Human trial of Aids vaccine

PRÁGUE. — The Pasteur Institute in Paris is to begin a major human trial of an Aids vaccine cocktail which has shown promise in tests on chimpanzees.

Dr Marc Girard, director of molecular virology at the institute, said yesterday 25 volunteers would undergo a one-year test.

He said the vaccine compound combined a protein from a virus

affecting canaries to prime the body's own immune system and then added a specially altered amino-acid compound that boosted the effect to protect against sub-strains of the HIV virus which caused Aids.

"This (virus) is exactly the same shape as the HIV virus. It's not infectious, but has all of the immunogenic properties of the (HIV) virus," said Dr Girard.

CT 29/4/94
"It is a much more potent vaccine than the ones which have been used so far."

Dr Girard cautioned that although the compound might be able to induce serum antibodies to ward off HIV in the bloodstream, little had been discovered which would stop infection in mucous secretions during sexual contact. — Sapa-Reuter (92)

Nestlé in Aids scandal

(92) WSM 29/4-5/5/94

Edward Luce in Geneva

NESTLÉ, the Swiss multinational once the target of an international boycott campaign for pressing mothers in the Third World to use powdered milk for babies, is attracting controversy over claims that thousands of children are dying from Aids through breastfeeding.

Officials at Nestlé's headquarters in Vevey have provoked consternation at the World Health Organisation by implying that the risk of children contracting HIV from breastfeeding could be greater than that of contracting fatal dysentery after drinking contaminated water mixed with milk powder.

Health experts say that this advice is counter-productive. If Third World women are encouraged to turn to powdered milk as a protection against Aids for children, they say, countless more deaths could result from water-borne diseases.

Nestlé's argument, set out in an editorial in the latest issue of the magazine of its shareholders' association, is attributed to a two-year old WHO report confirming that infants can contract HIV from the milk of mothers infected with the virus.

Campaigners against powdered milk, the editorial says, need to reappraise their stance in light of the WHO report which "states that half a million children have been contaminated by the milk of HIV-positive mothers".

The shareholders' association president, Antoine Duchemin, elaborated: "The social and sanitary situation in the world has changed with such speed that we have to be ready to undergo a radical shift in thinking" in favour of the benefits of powdered milk.

But the WHO report goes on to say that even HIV-positive women should breastfeed their children unless they have guaranteed access to clean water. Breast milk, it insists, has over-riding benefits.

Most Aids babies are infected in the womb. Even so, HIV-positive mothers in developed countries, including Britain, are encouraged by health specialists to avoid breastfeeding, which is thought to increase the likelihood of the virus being passed on by about 15 per cent. But health specialists emphasise that this advice applies only to countries with clean water. In the Third World, about three million children die every year from diarrhoea, a figure which dwarfs infant Aids rates.

B/Den 5/5/94

AIDS-related life policies still rare

CHARLOTTE MATHEWS

AIDS tests have been introduced more widely for applicants for life policies but only one company has launched an AIDS-related policy similar to Southern Life's Exclusive Life, according to a survey in the latest issue of Cover. (a2)

Southern Life launched its Exclusive Life policy about a year ago. Applicants for the policy who agreed to submit to an AIDS test every five years were guaranteed their premiums would not increase.

Southern Life chief actuary Paul Truyens said almost all life policies now allowed life insurers to increase premiums if their investment performance was not good enough or if claims escalated.

On these policies, if the policyholder did not have to undergo an AIDS test, it was probable premiums would increase.

According to Cover's survey, the only other company that had introduced an AIDS-linked policy was Metropolitan Life, whose Premier Cover allowed policyholders to increase cover 10% after every HIV test if the test was negative.

"I know other companies have said it makes sense, but I don't know why they have not followed us," Truyens said.

"They don't seem to have taken any precautions."

With information on a new birth-preparation idea, to breast implants and the threat of AIDS to Africa's future generations, Today's Woman focuses on women and health issues — both at home and around the world.

Ready for B-Day?

04's Page

A new concept in exercise and pre- and post-natal care for pregnant women has just been launched in South Africa. The programme is a combined exercise and advice service for mums-to-be. LENORE OLIVER spoke to Ursula Conning who brought the concept to South Africa.

NERVOUS and uncertain about the B-Day?

Stop worrying — help is at hand in the form of a personalised pre- and post-natal training programme called Fit For Two.

Exercise expert Ursula Conning has just returned from America with the programme and has opened a branch in Cape Town.

"In America, this concept is phenomenally successful and upon my return to South Africa, I saw the gap in the market and that the concept would work here," Ms Conning said.

While in America, she completed courses on body changes during and after pregnancy, exercise during pregnancy and movement studies for pregnancy-related exercises.

She said South African women were much more lackadaisical about their pregnancy than their American counterparts.

"American women are generally more health conscious than South African women," she said.

The one-on-one training service is designed to fit in and around the individual's timetable at a convenient location. The individual can choose whether she wants to do the programme at home or at Fit For Two's studios.

"This is not just another exercise programme for pregnant women, as I also offer advice and references on other topics," Ms Conning said.

Each person receives a personal assessment of their current state of health and a training programme based on this is then devised.

The programme is dedicated specifically to:

- educating mothers on childbirth and care;
- muscle strengthening and toning;
- healthy eating habits;
- limiting weight gain to a healthy level, and returning to a healthier, shapelier pre-pregnant condition.

Each hour-long session consists of warming up, toning, stretching, cooling down and relaxation and/or pregnancy advice and education.

The programme also offers advice on breast feeding, childbirth, infant nutrition, care and safety.

"The programme has many benefits such as improved aerobic and muscular fitness, helps to control weight gain and the facilitation of the labour process," she said.

For more information contact Ursula ☎ 510-8324.



Years of poverty, famine and war have wrought havoc on the children of Africa — now AIDS is a major threat to their survival.

AIDS threat to Africa's children

Decades of improving child survival rates may be in jeopardy as AIDS threatens to take an ever higher toll of children in developing countries.

WASHINGTON. — The spread of AIDS "will reverse some of the hard-won improvements in child survival that had been achieved in many countries over the last several decades," the Census Bureau reports in its biennial World Population Profile.

Projections over the next quarter century indicate that life expectancy in the most severely affected countries will range from nine to 25 years less than would have been expected without AIDS, said the bureau.

The epidemic could cost 121 million lives by 2020, with child and infant mortality already being affected in some countries.

"It will take major changes in behavior to radically alter the course of this epidemic," a spokesman said.

The 1994 look at the world's people adds a special section on the AIDS pandemic and its effects. The report also found that:

- The world's population now totals 5.6 billion, more than double

Art 4's 44

the 2.6 billion who shared the planet in 1950. It's expected to reach 7.9 billion by 2020.

● More than half the people in the world live in just six countries — China, India, United States, Indonesia, Brazil and Russia.

● World population growth has slowed to about 1.5 percent per year, after peaking at near 2 percent in the 1960s. Declining fertility rates have slowed growth.

● Half the world's people are under age 25.

● India, the world leader in births, will record more births this year than the 50 Sub-Saharan African countries combined.

● Currently 10 000 births occur worldwide every hour.

Though AIDS is a relatively new disease, it has spread worldwide, with more than 14 million people infected by HIV, the virus that causes AIDS, the report estimated.

Africa south of the Sahara Desert accounts for an estimated 8 million HIV infections, according to the World Health Organization, over half the world total.

Spread of the disease in Africa tends to be through heterosexual contact, unlike Europe and North America, where homosexual activity and drug use are the more common means of infection, the Census study noted. — Sapa-AP

Star 6/5/94
**Swazi Aids
figures shock**

Mbabane — A new study on Aids in Swaziland expects more than 100 000 Aids orphans in the kingdom by the year 2006.

Within 12 years 41 000 fewer children will start primary school than if there had been no Aids in Swaziland, which has a population of about 850 000, the report says.

Education Minister Prince Khuzulwandle Dlamini said "much of the investment in education will be lost" unless Aids was checked.

Official figures show one in five sexually active Swazis to be HIV positive. In some areas the figure is one in three.

Health Minister Dr Derek von Wissel said a hospital would have to be built every six months to cope with Aids. — Sapa.

(312) (92)



Half adults in Africa suffer this disease

TB's link to Aids 'cause for concern'

BY DAVID ROBBINS
HEALTH WRITER

The links between tuberculosis and HIV positivity hold such serious consequences for South Africa that a special public workshop is being planned for the Soweto/Eldorado/Lenasia area later this month.

Already, around 20 percent of patients admitted to Rietfontein, the PWV's main tuberculosis hospital, are testing HIV positive; and one of the conveners of the workshop, Professor Alan Fleming of Baragwanath, has warned of the consequences.

"We can expect a major resurgence of TB to ride on the back of the Aids epidemic," he said.

Fleming explained the ways in

which TB and HIV interacted.

"HIV suppresses immunity and allows for a reactivation of TB, which is latent in about 50 percent of all adults in Africa.

"For the same reason, HIV also increases the chances of new TB infections and the effects of TB may accelerate the onset of opportunistic diseases in HIV carriers."

In African countries where the Aids epidemic is already mature, at least 30 percent of Aids sufferers have active TB. In Zambia, up to 70 percent of newly diagnosed TB is found in people already testing HIV positive.

"The situation is aggravated by the emergence of multi-drug resistant TB worldwide," said Fleming.

The all-day special workshop

on HIV/TB has been organised by the Soweto Eldorado Lenasia Aids Forum, and will be held on Saturday May 21 on the Soweto campus of Vista University.

One of the aims of the workshop, to be addressed by medical scientists, will be to formulate strategies for the control of TB in the Selaf area.

Among the strategies to be discussed will be chemoprophylaxis, a system of treatment to prevent active TB from developing in HIV-positive patients, and "directly observed therapy", which employs counsellors who ensure that TB treatments are adhered to.

For further information on the workshop, telephone Fleming on (011) 933-1740, Dr DJ Martin (011) 882-9910, or Enea Motaung (011) 982-1016/27.

Star 9/5/94

Needle exchange plan coming

JOHANNESBURG. — The implementation of a needle exchange programme for drug addicts was well advanced, Mr Gary Kohn, president of the Pharmaceutical Society of South Africa (PSSA), said yesterday.

Speaking at the PSSA's national conference at Sun City, Mr Kohn said the aim was to limit the spread of Aids within a high-risk group.

CT78/5/94

Also yesterday, Mr Kohn said the PSSA was pressing for changes to the Medicines Control Act in the interests of better health for all in South Africa.

Mr Kohn said while access to higher schedules was still pending, the PSSA was encouraging its members to equip themselves to obtain section 21 permits allowing access to certain schedule three and four medicines for

specified ailments. Fifty-one of these permits had been granted.

He reported the society had been instrumental in training pharmacists to obtain family planning permits, 2 200 of which had been issued (85) (92)

Dispensing doctors remained a major issue and high level discussions were being held to break the impasse. — Sapa

Aids course for companies

Southeaster (suppl to South)

BY EDWINA BOOYSEN

COMPANIES have a responsibility to employees, their families and the community to educate them about Aids.

To help them do this, the Planned Parenthood Association of South Africa's Aids Education Unit (AEU) holds regular training courses. 1315 - 1715/94

One such programme is a three-day course titled "Aids — Train the Trainer".

Co-ordinator of the AEU, Ms Aloma Foster, said the aim of the course was to educate course attendants to introduce Aids education in the workplace.

"But the main aim is to encourage companies to draw up an Aids agreement or policy for use in the workplace."

Ms Foster said in the past the AEU would approach company management to get people on the course, but this did not work well.

"Management would come on the course themselves, and this

resulted in a kind of 'top-down' flow. We need people on the ground floor to say 'we want to take responsibility'." (92)

She said they were not reaching enough people as companies were reluctant to let employees off to attend the course, which runs from Monday to Wednesday.

"They say that in three days they lose too much productivity and money," Ms Foster said.

"But we cannot have the course any other time as we do not want to impose on people's private time."

During the course delegates deal with attitudes, sexual terminology, medical facts, myths about sexually-transmitted diseases (STDs) and how to prevent HIV and other STDs.

"To help delegates assist their companies' managements set up an Aids policy, we also have guidelines for negotiating an Aids policy and guidelines for an Aids education programme in the workplace," Ms Foster said.

● Contact Ms Aloma Foster on tel: 448-7312 for course details.

This page was made possible

borrow her baby for a bathing demonstration.

Mr Hunter said Jeppe police arrived at least two hours after the 9am abduction and only stayed

was only notified at 1pm.

Mr Greg Hunter, Micaela's uncle, said when he spoke to Matron O'Driscoll at noon, police had still taken no action.

He said police was actually second choice. "Another patient was also visited

Circumcision may offer protection against AIDS

S Times 31/5/94

By CAS St LEGER

EVIDENCE is growing that male circumcision may offer some protection for men and their partners against AIDS.

According to Panos World AIDS, a publication funded by the Ford Foundation and the Swedish International Development Authority, several factors could help the virus to survive and spread more easily on uncircumcised skin.

"Uncircumcised men are more likely to have other sexually transmitted diseases, such as syphilis, which aid and abet HIV," according to the publication.

"Many HIV-infected people are not circumcised," said Professor Ruben Sher, head of the National AIDS Training and Outreach Programme. "We are monitoring the situation at our clinic to see what the incidence is."

While no studies have been carried out in South Africa, Professor Sher said the high incidence of the HIV infection that leads to AIDS in Kwazulu Natal could possibly be related to the fact that Zulu

men were traditionally not circumcised.

He explained that circumcised skin becomes like normal skin, while the uncircumcised skin was a mucous membrane, more vulnerable to infection.

Some tribes, like the Xhosa, accompanied circumcision rites with advice to the young men on sexual behaviour and hygiene.

The latest support for the theory that circumcision reduces the risk of AIDS comes from a survey of 502 homosexual men conducted in Seattle.

The researchers found that uncircumcised men were twice as likely to be infected as the circumcised men.

Panos estimates that only one in five men is circumcised worldwide.

Reported AIDS cases up to September last year numbered 562 patients in Natal and 360 in Kwazulu — a total of 922. There were 790 reported cases in the Eastern Transvaal, 104 in the Orange Free State and two in the Ciskei.

(92)

Subsidise baby food plea

CT 20/5/74

92

ANY future health policy should offer all HIV-positive women the option of subsidised infant formulas to prevent infection of their babies, a group of medical researchers has urged.

Their recommendations are published as a guideline for health workers and policy-makers in the Medical Research Council's Aids bulletin.

"While the promotion of

breast-feeding has saved millions of children's lives, especially in lower-resourced communities where gastro-enteritis and malnutrition are major killers, hundreds of thousands of children could be infected with HIV through breast-feeding."

It was estimated there was an additional 14% risk of transmission if an HIV-positive mother chose to breast-feed her infant.

In urbanised communities formula feeding was the preferred option for infants born to HIV-positive women, the researchers said.

But each case had to be individually assessed, they said. It was sometimes better to breast feed babies where there was not a safe water supply, access to heating and knowledge of simple sterilisation. — Sapa

~~Star~~
**Aids status:
medaid sued**

Port Elizabeth — A Port Elizabeth woman with the Aids virus is suing a local confectionery and a medical aid scheme for R100 000 for breach of confidentiality (92)

The 33-year-old Soweto-on-Sea mother of three was "summarily" sacked from her confectionary job when it was disclosed in April 1991 that she had the deadly virus.

The woman claims that a nursing sister attached to the medical aid scheme had "wrongfully and unlawfully" disclosed her medical status to her employer. She tested positive in an Aids test in April 1991. — Eena.

24/5/94

Aids woman sues

Soweto 24/5/94

A PORT Elizabeth woman with the Aids virus is suing a local confectionery and a medical aid scheme for breach of confidentiality after it was disclosed that she was HIV positive.

The 33-year-old Soweto-on-Sea mother of three was "summarily sacked" from her confectionery job when it was disclosed in 1991 that she had the deadly virus.

In the first known case of its kind in the city, the woman is claiming R100 000 from either or both defendants. She is also claiming costs.

In papers prepared by the Legal Resources Centre, the woman said a nursing sister attached to the Medical Aid Scheme had "wrongfully and unlawfully" disclosed her medical status to her employer.

The woman said she tested positive in an Aids test in April 1991 at the Livingstone Hospital. The test was administered in terms of the conditions of her medical aid scheme.

The papers said the nursing sisters were obliged to treat the information in a professional and confidential manner.

In the papers, which still have to be served on the defendants, the woman said that because of the disclosure of her medical status, she was dismissed without notice or a proper hearing. (92)

Her employers denied that she was sacked, saying they only became aware that she was HIV positive after she resigned from her job in 1991.

She said because of the disclosure she had suffered an invasion of her rights of personality and privacy. - *Ecna.*

City opens first home for Aids sufferers

Star 30/5/94

■ BY ANNA COX

The first residential house for Aids sufferers in Johannesburg was opened in Malvern by Anglican Bishop Duncan Buchanan on Friday. (92)

The house will cater for 16 Aids sufferers who are still able to work, while other homes in the Johannesburg area cater only for terminally ill patients.

The project is the brainchild of the Rev Andrew Dotchin. "Our aim is to take the burden of everyday chores off their shoulders. They will continue their work as normal but will come home to cooked meals, clean rooms and clean clothes.

"We want an improved quality of life for them. By integrating them into a community in a residential area and by helping them to be accepted by the community, we can achieve this," said Dotchin.

The Johannesburg City Council has donated R80 000 for renovations. The house, formerly an old age home, was donated by the O'Connor Foundation — a private welfare organisation which runs feeding and empowerment schemes in the PWV area — to the churches in the area, which will run the project jointly.

The organisation will facilitate renovations and is to engage the unemployed people who live on the nearby Denver mine dumps to do the work.

The foundation will also create employment opportunities such as handicrafts at the house for the victims who are unable to work a full day.

Said Johannesburg city councillor Finbar Dunn: "We are proud to have been able to assist and will continue helping where we can. The residents have been wonderful. We have had no resistance."

Latest figures show that South Africa is headed for a huge and painful Aids epidemic unless action over a wide front is taken now. Health Writer David Robbins reports

The 'next struggle' won't be easy

(92)

Just over a year ago, The Star published research which showed that timely action against HIV/Aids could make a significant difference to the ultimate size of the epidemic.

Focusing on Soweto, the research found that, without any interventions, about 24 percent of the sexually active population would be HIV-positive by 2010.

This can be called the worst scenario. There are others. The research established that with a reduction in sexual partners, increased condom use and effective treatment of all existing sexually transmitted diseases (STDs), this percentage could be reduced to as low as 8 percent.

Recent figures indicate, however, that the whole country is well and truly on the road to the worst scenario.

What will this mean? Since the rest of sub-Saharan Africa is almost a decade ahead of South Africa in terms of the progression of the epidemic, some useful insights can be gained from countries to the north.

Take Zambia as an example. In that country, the epidemic is

well advanced and HIV-positivity is expected to peak at about 20 percent of the total population within the next 10 years. But already nearly 1 000 people are dying each week of Aids-related disease. When the relative populations of the two countries are taken into account, South Africa can expect a future where the weekly toll could rise to 5 000.

That's more than 30 bereavements an hour.

No wonder Lusaka's biggest hospital has been obliged to ban waiting in the wards and even the hospital grounds. And no wonder the Aids problem in post-apartheid South Africa is being called "the next struggle".

This is certainly what Dr Clive Eviann calls it. He's in charge of Johannesburg's Aids Programme, and his offices above the Esselen Street Clinic in Hillbrow are filled with awareness posters, some particularly arresting and explicit ones from Germany: naked men embracing; young women in discotheques armed with condoms.

"These latest figures are depressing," Eviann admits, showing me the simple graphics re-



Gloomy... We cannot allow ourselves to be paralysed by depressing statistics suggesting an Aids catastrophe, says Dr Clive Eviann who is in charge of Johannesburg's Aids programme.
PICTURE: ANTON HAMMERRL

produced on this page. "But I think we should accept that statistics can be cold. We need to get beyond them to see the human side. "No, I am not too

hopeful. But we cannot allow ourselves to become paralysed. In the light of these figures, the time has come for schools, industry, politicians and the mass

media to take real action." Eviann sees the fight against HIV/Aids being conducted at two distinct levels: one at the level of medium-term development ac-

tion, the other at the more immediate level of what he calls "fire fighting". The Government's reconstruction and development pro-

gramme will have a major role to play in the medium-term fight, especially in regard to counteracting the uncontrolled urbanisation of previous years, in launching development and employment programmes among the country's youth, and in providing homes in which families can stabilise and take root.

Eviann points to a survey done among Zimbabwean factory workers recently which sought to establish the odds ratios of various risk and non-risk factors relating to the contraction of HIV. Heading the list at an odds ratio of nearly 12 were workers who had suffered from a genital ulcer disease during the previous year; at the bottom of the list, with an odds ratio of less than 0.5 were home owners.

"Such figures speak for themselves," says Eviann, "and place a heavy responsibility on those responsible for the progress of the Reconstruction and Development Programme."

Among the most important elements which Eviann believes should be included in the more immediate "fire-fighting" attack

on the epidemic are:

- Tackling STDs. The effective treatment of STDs could make an appreciable difference to the overall impact of HIV/Aids because those infected with other STDs are at vastly increased risk of contracting HIV.
- Using existing family planning clinics, which reach up to 40 percent of South African women, to treat STDs and offer Aids education programmes.
- Including sex education as part of the school curriculum as soon and as early as possible. Eviann: "It's crucial that adolescents understand their own sexual responses, that they learn how to say no, and that if no turns out to be an impossibility how to have sex safely."

Such interventions cost money and political commitment. "Until now, the political commitment has been lacking," Eviann comments. But both the money and the commitment are essential now. Otherwise millions of South Africans, so recently liberated, will find themselves embroiled with one of the world's most ruthless — albeit preventable — diseases.

Wednesday, June 1 1994

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(Masa)

AIDS threatens economic gains

BIDAY 11/6/94

KATHRYN STRACHAN

AIDS will cost SA about R16,7bn in the year 2000 in production losses and health care costs, according to Natal University's Economic Research Unit.

Researcher Alan Whiteside said in a recent study that the economic effects of AIDS on SA could be worse than in neighbouring countries. SA's relatively sophisticated economy, coupled with the shortage of skilled and experienced personnel, could cause greater problems than in countries such as Zimbabwe and Zambia.

Countries to the north of SA demonstrated the implications of the spread of the epidemic. It was virtually impossible to buy life insurance in a number of countries, and the World Bank had warned that GDP growth would be reduced in countries such as Zambia and Zimbabwe.

In Zambia, for example, a commercial bank recorded a rise in mortality among staff from 0,4% a year to 2,2% in 1992, and the mortality rate in less skilled sectors increased at an even faster rate.

The highest level of infection was recorded among the 20 to 24-year age group, with a 6,06% rate of infection, closely followed by the 25 to 29-year age group. This data was cause for concern as the under-30 age group

constituted the core of the working population and the future for this group was bleak.

Research indicated there was also a direct correlation between economic development and stability and the spread of AIDS, said Whiteside.

The poverty, violence and general instability in many areas of KwaZulu/Natal had been major factors in the advance of AIDS in the region. In the long run, peace and economic development could address many of the causes of the spread of the HIV infection.

Whiteside warned that the rapid spread of AIDS — at present infecting 4,25% of the population — could put at risk any social, political and economic gains which may have been possible under the new government over the next few years.

On the basis of current figures it would seem imperative for the new government to address the issue as a matter of urgency, he said.

But whether it would be classified as a national priority at this stage was unlikely as there would be too many other calls on funds which would be deemed politically more essential.

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Africa Aids epidemic ^{2/2} 'racing to the south' ^{APR 3/6/94}

HARARE. — Africa has been told to declare war on Aids, which has infected more than 1,5 percent of the continent's population, or face disaster.

H Okoth-Ogendo, head of Kenya's Council for Population and Development, told African leaders in Harare yesterday that the Aids epidemic had wreaked havoc in East and Central Africa and was now racing southwards.

Of the 14 million confirmed adult Aids cases worldwide, Africa with a population of 600 million had nine million, or 1,5 percent of its people, plus 900 000 children infected with the killer disease, Professor Okoth-Ogendo said.

"I would urge that in order to save the continent from impending devastation, action will need to be taken on a war footing," he told delegates in Zimbabwe's capital.

"The epidemic is creating large numbers of vulnerable survivors — orphaned children and elderly with no support in many countries."

He said African governments must urgently:

- Provide large-scale funding to buy condoms and drugs that helped treat Aids.

- Eliminate import duties and taxes on condoms and Aids drugs and distribute these freely, targeting the most vulnerable group, the youth.

- Beef up media and other public campaigns to fight the disease.

"The epidemic in Africa will increase the number of people in poverty and thwart efforts to develop sectors that rely on skilled manpower," Professor Okoth-Ogendo said.

He was speaking at a two-day conference of the Global Coalition for Africa, a think-tank set up in 1991 by the continent and some Western states.

— Sapa-Reuter.

Star 11/6/94

Major Aids epidemic on way in South Africa

■ BY DAVID ROBBINS
HEALTH WRITER

The latest HIV figures released for South Africa reveal that the country is on course for a major epidemic of Aids.

Anonymous testing of between 12 000 and 15 000 pregnant women at ante-natal clinics around the country reveals that the prevalence of HIV (human immunodeficiency virus) positivity is now close to 5 percent of the total sexually active population.

This amounts to more than

half-a-million people, a figure which is doubling every 13 months. (92)

According to the national figures collated by the Department of National Health and Population Development, the worst-hit areas are KwaZulu/Natal (up from 4,8 percent in 1992 to 9,6 percent in 1993), the Free State including QwaQwa (up from 2,9 percent in 1992 to 4,1 percent in 1993) and the Transvaal (up from

► To Page 3

SA faces major Aids epidemic

From Page 1

2,5 percent in 1992 to 4 percent in 1993). (92)

Data collected at Johannesburg ante-natal and STD (sexually transmitted diseases) clinics shows that HIV incidence is approaching 10 percent among the sexually active population generally, and moving rapidly towards 25 percent among those attending STD clinics in the city.

The most disturbing trend within these general figures is the high incidence of HIV positivity among young women.

In responding to the latest figures, Johannesburg's Aids Programme boss, Dr Clive Evian, points out that the HIV/Aids epidemic should be understood primarily in socio-economic terms.

"The juxtaposition of wealth and poverty provides fertile ground for an epidemic based on sexual behaviour."

► 'Next struggle' won't be easy - Page 23

Cape Sisters of Mercy adopt AIDS children

STimes 12/14/94

By PETA KROST

EIGHT abandoned babies suffering from AIDS are living out their last days in a haven of love provided by the nuns of Cape Town's Nazareth House.

With toys, bright coats and walls covered with pictures and cartoons, the nuns and staff of the home do their best to make the children's environment a happy one. Sister Margaret, who is in charge of the project, and the staff recently took the difficult decision to focus on abandoned babies with AIDS, and not take in other tots.

Their task is a traumatic one as they take on the role of mother to the dying babies. "It is emotionally draining because it is impossible not to fall in love with these children," said Sister Margaret.

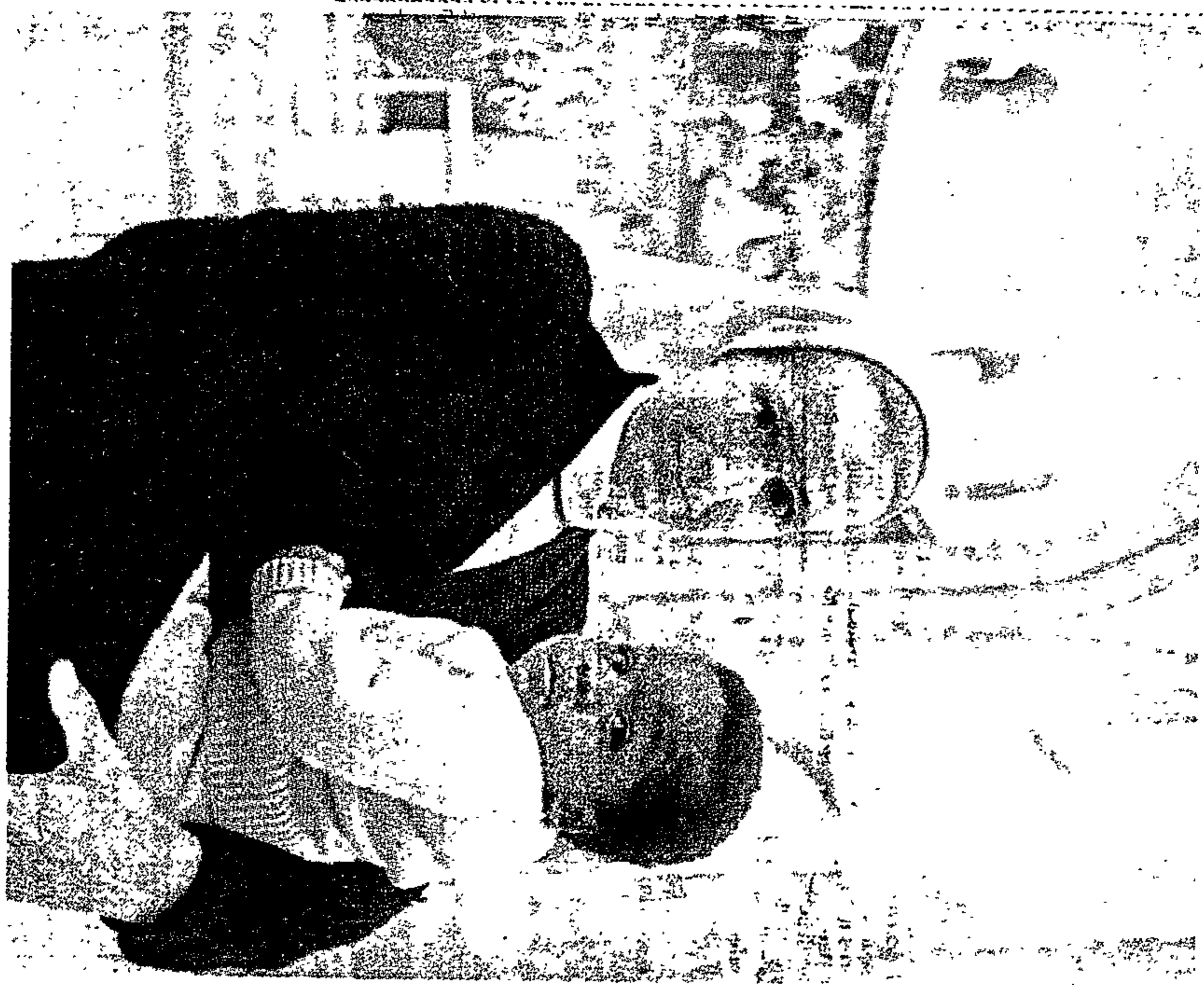
"People say we shouldn't get too attached because the babies won't live long — but that's rubbish. If we don't bond with and love these babies, who else will?" In March, a deep sadness hit the home when a two-year-old boy became the first AIDS baby to die.

"I was so thankful that he died in my arms and I pray that I can be there for all of them when they go, no matter how painful it is for me," said Sister Margaret.

As a young girl in Somerset, England, her only desire was to marry a farmer and have six children. She said the babies compensate her for not having children of her own.

The babies are put in the care of the nuns by the Children's Court and the government provides a small subsidy for each child which hardly covers staff salaries.

The number of HIV-positive babies born in South Africa in 1993 was estimated at between 10 829 and 18 630, according to the Department of National Health.



LOVING ARMS . . . Sister Margaret holds a tiny AIDS victim Picture: TERRY SHEAN



Aids in Africa targets youth

TUNIS. — Southern Africa would be blighted by the same high level of HIV-incidence that eastern and central Africa had experienced, World Health Organisation officials predicted at the weekend.

And if trends in the region followed those of the rest of the continent as expected, the Aids epidemic in Southern Africa would become an epidemic of young people, both as infected persons and as orphans.

Increasingly African children and youth were becoming infected — two out of every three infections in Sub-Saharan Africa occurred among people under 25.

It is estimated by the year 2000 about 20 million people would be HIV infected and that four million African children would be Aids orphans.

CT 13/6/94 (92)

Cape Sisters of Mercy 'adopt' AIDS children

SITimes 12/6/94

By PETA KROST

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● The number of HIV-positive babies born in South Africa in 1993 was estimated at between 10 829 and 18 630, according to the Department of National Health.

SA Aids crisis: 92 500 cases a day

LIBBY PEACOCK
Staff Reporter

AIDS has hit South Africa with a vengeance, with about 500 people being infected with HIV every day.

This means that five years from now 500 South Africans could be dying of Aids daily.

About a million South Africans are now infected — more than half of them women. And by January, more than half of all the people with Aids were in the economically active age group of 20 to 39.

This is why it is vital to address the realities of HIV in the workplace, says James McIntyre of the Department of Obstetrics and Gynaecology at Baragwanath Hospital.

Dr McIntyre is the convenor of the first South African conference to focus on living and working with HIV infection, which will be held at the University of the Western Cape on June 27 and 28.

His experience at Baragwanath showed the sexual behaviour of infected women was no different from that of HIV negative women, he said.

The general attitude of employers towards infected employees was "one of fear" and the first reaction was "utter panic".

Educational and support structures were needed in the workplace.

Some companies were insisting on pre-employment testing for Aids and some infected people were forced out of their jobs.

"Pre-employment testing has no bearing on whether they can do the job. I don't believe it's ethically right," said Dr McIntyre.

The National Aids Convention of South Africa (Nacosa) had developed an Aids policy that looked not only at prevention but also at care.

This would be presented to minister of health Nkosazana Zuma "as soon as it can be arranged".

Big budget for national Aids plan

Start 15/6/94

Cape Town — A task force has developed a national Aids plan, and it will have a budget of R350 million for the first two years.

Details will be released once the plan has been presented to the Department of Health (92)

Dr James McIntyre of the Planned Parenthood Association of SA says his organisation will convene the first South African conference to focus on the realities of living and working with HIV-infected people. It will be held at the University of the Western Cape on June 27 and 28. — Sapa.

Innocents ravaged by Aids

Star 16/16/94

Fourteen percent of the reported Aids cases in South Africa in 1992 were African children, according to a report by the UN Children's Fund.

The report says the incidence of Aids in South Africa is "very high" in comparison with the rates in the US.

South African cases were predominately among children who acquired the disease from their mothers. In most cases, children suffering from Aids were not expected to live beyond their first birthday.

According to the Unicef report, the Aids unit of the Department of National Health and Population Development indicates that 1 in 66 mothers is infected with HIV, and that 100 infected babies are born each week.

It says estimates by the Society for Aids, Families and Orphans reveal



that there are likely to be 300 new Aids orphans a year.

A higher figure has been quoted by other experts who project that if

there is no change in sexual behaviour, it is likely that 31 000 children will be orphaned by 2010.

Indications are that by the year 2000 there could be 4 million people infected with HIV, 250 000 cases of Aids and 200 000 people could have died of the disease. (92)

Indications are, says the report, that as significant numbers of people begin to die of the disease, changes in sexual behaviour are likely to occur.

It adds: "Aids will no doubt have a

disorganising impact on families. In Africa, Aids is a family disease in that children are directly affected by almost every adult Aids case."

The children identified as HIV-positive are often stigmatised and prevented from leading normal lives in their communities, creches and schools. Counselling and supportive public education is needed to address these problems.

"In South Africa, support for and care of children with HIV and Aids is taking place largely around home care, and street children are a particularly vulnerable group with the least developed support systems."

"The increasing social and economic burden of caring for these children will not be adequately met by the extended family."

Aids deaths 92

GWERU. — Aids-related illnesses account for about 90 percent of deaths in Zimbabwe, the Ziana News Agency quoted Health Minister Mr Timothy Stamps as saying here yesterday.

More than half a million Zimbabwean children are expected to have been orphaned by the turn of the century.

Mr Stamps told 300 school principals — who had gathered here for a conference on Aids in schools — that the government could no longer refuse to address the pandemic.

Of Zimbabwe's 10,4 million people, 130 000 have full-blown Aids and a further 800 000 are HIV-positive. — Sapa-AFP 92 CT 17/6/94

19 JUNE 1994

Sunday Times

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K43

By MICHEL MULLER

THE first urban community-based Aids care research project in South Africa has been initiated in Cape Town in a joint venture between the Red Cross home-based care project and the Medical Research Council.

The aim of the pilot project is to establish a model of community-based or home-based

Aids onslaught: Victims get care at home

care (HBC) for people with Aids (PWA) in an urban setting.

The project, in which people are cared for and treated at home rather than being hospitalised, is intended to run in a pilot phase until May next year when recommendations for a large-

scale, community-based home care programme will be made.

In a paper outlining the need for HBC, researcher Judith Soal said the number of people infected with HIV in the Cape Town area was increasing rapidly.

"As early as 1996, 62 560 people are expected to be HIV positive, 2 123 to have (full blown) Aids and 1 163 to die from Aids-related diseases."

Ms Soal said the number of HIV positive people in Cape Town was expected to increase to

120 840 by the year 2000.

"Of these, 6 991 will be Aids sick and 5 392 Aids deaths are expected."

"Recent projections estimate there are 19 684 HIV positive people in the Cape Town area and 309 PWA."

"The Cape Provincial

Administration reports that HIV-related illnesses accounted for 2 828 in-patient days in CPA hospitals during the first three months of 1994."

Recent research conducted by the MRC suggested that alternative approaches to hospital-

care needed to be developed because hospitals would soon be unable to cope with the demand for care for PWA.

"The Red Cross project was motivated by the assumption that HBC might be more cost-effective than hospital-

based services," Ms Soal said.

"PWA require a range of services, including counselling, psychosocial support, pastoral care and advice on nutrition and infection control.

"Community-based services in Africa have largely been initiated because of a fear that the HIV epidemic will overwhelm existing health services," she said.

Aids linked to 90% of deaths in Zimbabwe

ROBIN DREW
Argus Africa News Service

HARARE. — Ninety percent of deaths in Zimbabwe are now thought to be Aids-related, said Health Minister Timothy Stamps.

Health officials said estimates put the number of HIV-infected people at 800 000 and by the end of this year

the number of full-blown Aids cases was likely to reach 120 000.

The figures were given at a conference of schoolteachers who were told that emphasis must be placed on protecting new generations.

Teachers were told they had to be in the forefront of the battle to teach children how to handle, control and prevent the spread of Aids.

Dr Stamps warned that condoms were only 80 percent effective in preventing the spread of HIV. Dedication to one faithful partner was the best way to counter the spread of the disease, he said.

By the turn of the century Zimbabwe expects to have 500 000 Aids orphans in need of care.

ARG 20/6/94

92

Call for motor industry review

B1 Day 2116194
MICK COLLINS

THE head of one of SA's largest vehicle distribution groups yesterday called on government to review urgently some of the constraints shackling the motor industry.

McCarthy Motor Holdings chairman Theo Swart said deposits on HP instalments credit sales should be abolished and private leasing introduced as soon as possible.

If government was to take just these two steps, national sales on new and used cars would be boosted by more than a R1bn a year.

In the process, thousands of much-needed jobs would be created — not only in the motor manufacturing/assembly industry but also in the vehicle distribution/maintenance sector, the banks and other associated branches of commerce and industry.

He said at the same time government would collect significant additional revenue through VAT and other forms of tax.

Swart said his views were supported by the National Automobile Dealers Association (Nada) and one of the country's largest vehicle manufacturers, Toyota SA.

"I cannot think of one good reason why deposits on instalment sales should persist and why private leasing — which was once in force — should continue to be withheld from the cash-strapped man in the street."

He said the immediate effect of lifting these two constraints would be to improve new and used car sales by 5% and 15% respectively.

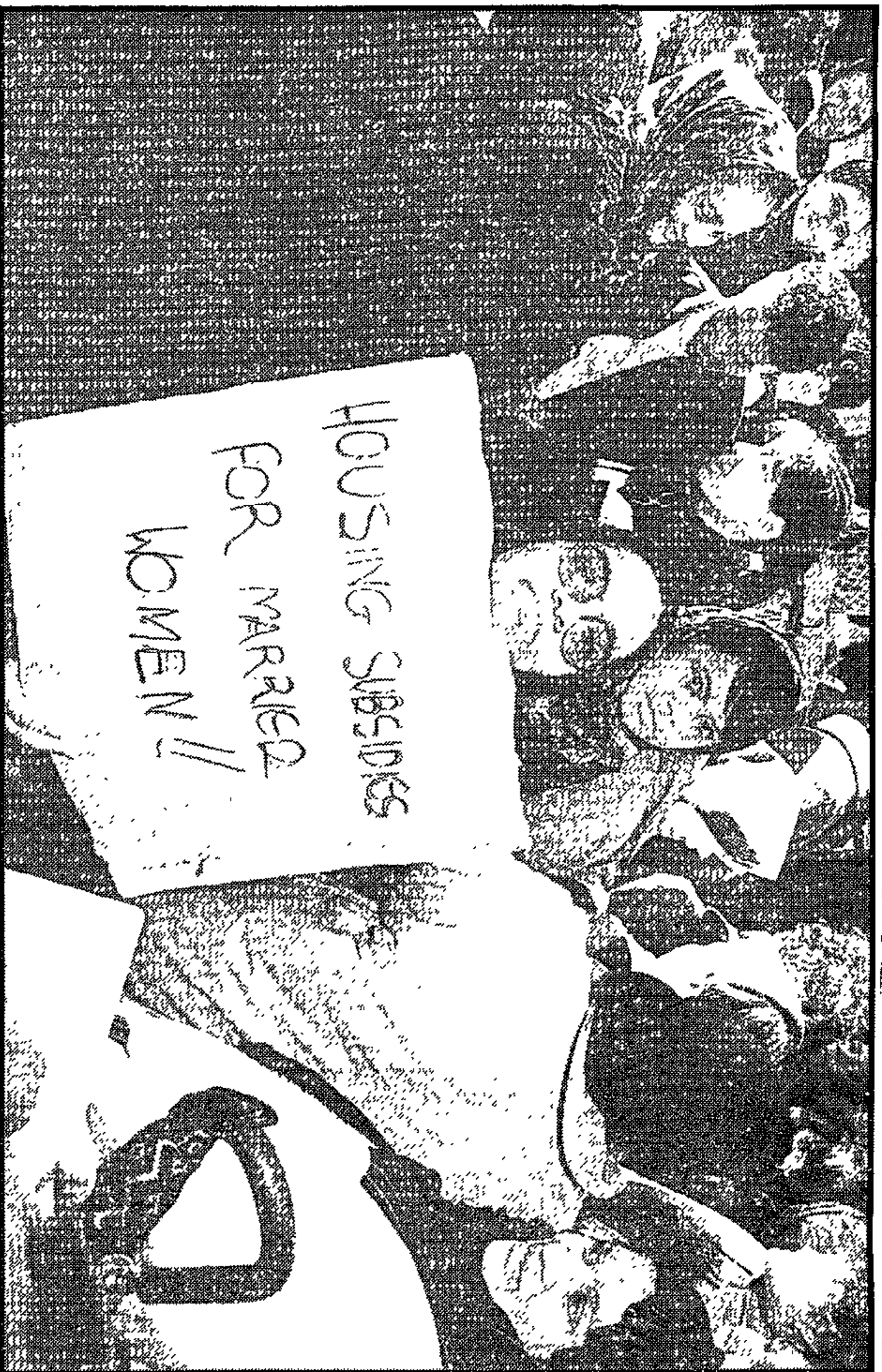
The 10% minimum deposit re-

quired on instalment sales had been the Achilles heel of the passenger car market for far too long. (92)

It was time the banks were given discretion to decide whose creditworthiness allowed him to buy a car without a deposit and who should be asked to pay a deposit — and how much.

Swart's call on private leasing was strongly supported by Nada which, with the National Association of Automobile Manufacturers of SA, was in the process of structuring an official proposal to government on the need for its reintroduction.

Toyota SA marketing MD Brand Pretorius said his group would welcome a relaxation by government along the lines suggested by Swart — particularly since improved affordability would be the result.



Picture OBED ZILWA, The Argus.

DEMANDS: Health workers protest outside the Cape Provincial Administration building in Wale Street

APR 21/6/94 (14/2) (92)

CPA to probe promotions allegations

Staff Reporter

AN investigation into promotions at Groote Schuur hospital has been ordered after staff picketed Cape Provincial Administration offices in Wale Street, alleging the promotions had been unfair.

The CPA asked the Health Workers' Union for 24 hours from yesterday to complete the investigation before con-

tinuing talks.

The union is to take up a 3,5 percent wage offer, which they have rejected, with the national commission for administration.

Union spokesman Norman Maharaj said the group of about 100 picketers were dissatisfied with their salary increases for 1994 and the merit system by which workers were promoted.

Dr Maharaj said the inflation rate for the past two years was more than the two 3,5 percent increases granted over the same period.

"Workers are getting a dismal increase while officials at director's level got increases of between 18 percent and 20 percent.

"In addition, members of parliament, who are also civil servants, are getting huge

pay packets."

Dr Maharaj and four other union officials were allowed into the building about 3 pm

They met a CPA team headed by director-general Herbert Beukes.

People with only five years' service had been promoted over the heads of people with 20 years' service, Dr Maharaj said.

Hundreds of hospital ⁽⁹²⁾ staff protest

Labour Reporter

ACTS 23/6/94

HUNDREDS of non-medical staff at Groote Schuur Hospital have stopped working in protest at the appointment of two provincial administration clerks.

A hospital spokeswoman said about 250 workers, including porters, clerks, ward clerks, housekeepers and general assistants were staging a sit-in in the Nico Malan recreation hall on the premises.

Workers were also protesting about general complaints, including salary increases and the merit increase system.

The spokeswoman said it was difficult to assess the situation, as today was the first day the workers were not at their work stations.

"At the moment everything is under control. The hospital management will have a contingency meeting this morning to evaluate the situation," she said.

Aids 'disaster' for SA economy

(92) CFZ4/6/94

AIDS is an economic disaster of major proportions for South Africa, President Nelson Mandela said yesterday.

Speaking after a meeting with officials of the World Health Organisation, he said this was because most of those infected were economically active and had dependants.

He said black people's sensitivity about sex education complicated South Africa's battle against sexually-transmitted diseases such as Aids.

Black people living in both rural and urban areas were sensitive about sex education, he said at Tuynhuys while meeting a World Health Organisation team.

He had raised the question of sex education for children before, but his suggestions had not been well received.

South Africa's Aids figures were disturbing and the problem was particularly bad at South Africa's seaports... "we all know the problems with sailors," Mr Mandela said.

Extract may hinder HIV spread

KUALA LUMPUR. — A species of tree in Malaysia's rain forests may be able to block the spread of the virus that causes Aids, the United States embassy said yesterday.

It said the US National Cancer Institute signed an agreement this week with the government of Sarawak, a Malaysian state on Borneo island with vast rain forests, to

conduct research into a tree that might be used in Aids treatment.

Dr Gordon Cragg, chief of the institute's natural products branch, signed the agreement which allows the institute to conduct research on the Bintangor tree in Sarawak.

Dr Cragg said two anti-Aids compounds — costatolide and ca-

lanolide — were discovered in laboratory tests.

Both compounds have been approved in the United States for testing on animals.

Sarawak officials, hoping the state can reap commercial benefits if an anti-Aids drug is developed, have banned loggers from felling the tree. — Sapa-Reuter

The problem could not be tackled by the government alone but had to be faced by the entire population.

The World Health Organisation team, headed by its Africa director, Professor Lobe Monekosso, is in South Africa to open an office in Pretoria and to help with the implementation of the national health plan devised by the African National Congress.

Mr Mandela said statistics on Aids in kwaZulu/Natal were "disturbing", and the government was hoping to come up with an effective plan to deal with the situation.

He was aware of statistics which showed that 10% of all people in kwaZulu/Natal were affected with the Aids virus.

"We have been grappling with this question, but it must not be left to the government only. It must be tackled by the whole population."

The effects of Aids on the economy, he warned, could be disastrous as it affected the economically active sector of the population.

"We have to choose between allowing a disaster which can wipe out communities, or taking steps to prevent this tragedy," Mr Mandela said. — Sapa, Political Staff

Farms 'won't be taken from whites'

The Argus Correspondent
Page 23/16/194

PRETORIA — White farmers in the North West province should not fear that their farms would be taken away from them.

This was said yesterday in Mmabatho by the MEC for agriculture and the environment, Rocky Malebane Metsing, while responding to the premier's policy speech.

Mr Metsing made recommendations to the house that land reform should be a priority for the provincial government.

"We are concerned at the massive manner in which black people in general have been alienated from agriculture as an enterprise.

"Decades of a negative and destructive system as well as of systematic legal process aimed at denying black people access to productive land ownership need to be addressed," he said.

The land should be redistributed to all races. The North West region had about 70 000 hectares of state land that should be used profitably so as to implement the reconstruction and development programme.

Cancer centre is part of a success story

LIBBY PEACOCK
Staff Reporter

INVESTMENT in a paediatric cancer centre pays dividends, as 60 to 70 percent of children with cancer can be cured.

And the treatment of paediatric cancer is the "dramatic success story of modern medicine" — but the best results are obtained if children are referred to a cancer centre from the beginning of their illness.

So said Red Cross Children's Hospital head of Oncology Cyril Karabus at the official opening of the extension to the hospital's cancer ward yesterday.

Among the guests were Western Cape Minister of Health Ebrahim Rasool and Marika de Klerk, wife of deputy president F.W. de Klerk.

The R100 000 needed for the extension — which is designed to accommodate the parents of children when necessary — was raised by hospital staff and the parents of patients with help from the community. They also raised a further R70 000 to decorate the new unit and refurbish the old.

Professor Karabus said more and more people were dying of cancer in the developing world, where it was estimated that only about 10 percent of cancer resources were spent

"This hospital is a national treasure which contains probably the broadest collection of paediatric expertise on the continent."

Head of Paediatrics David Beatty said cancer was a curable disease, but it required expert care.

"Children need primary health care, but they also need specialised care. We cannot deliver care in isolated packages."

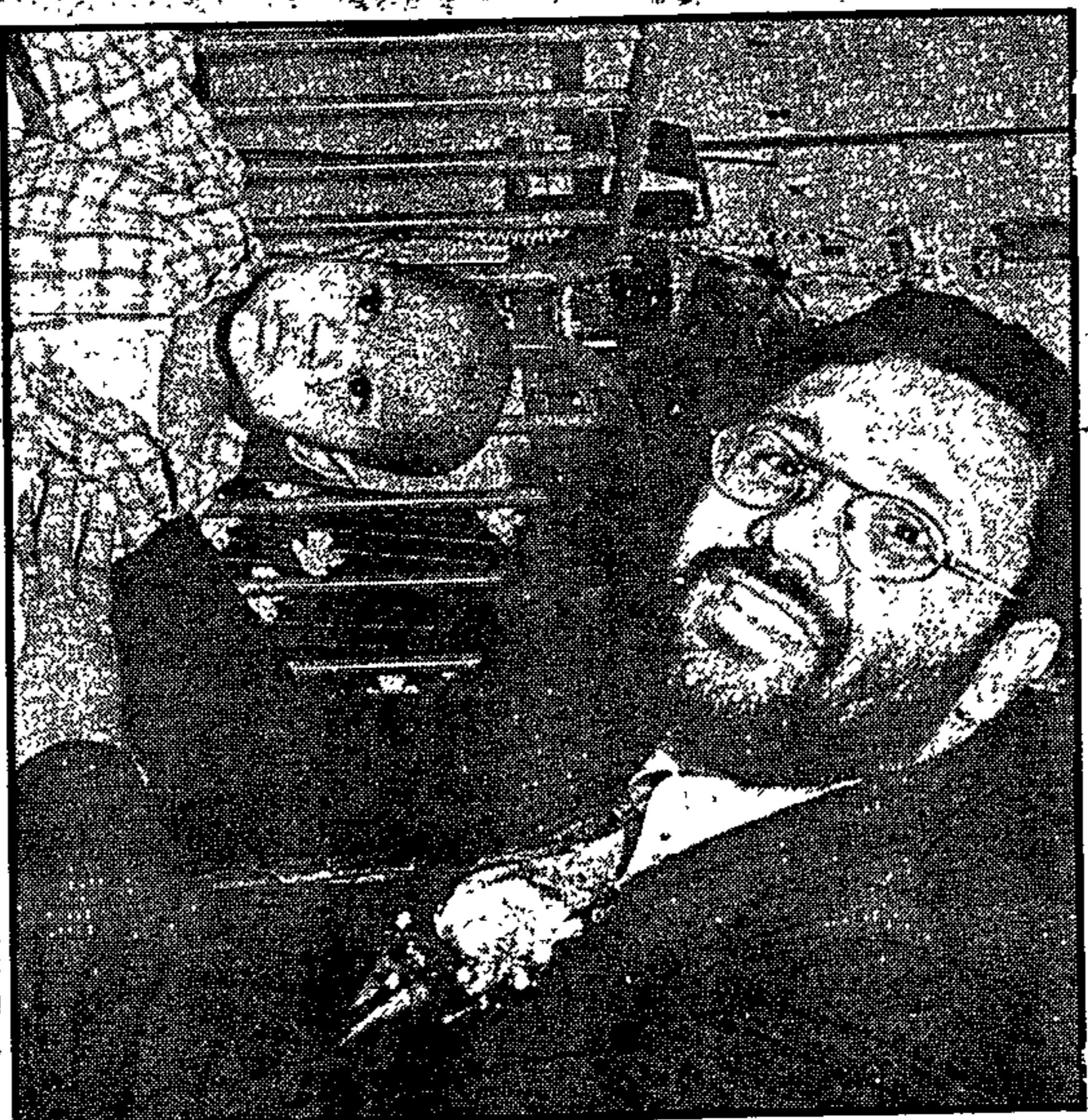
During a tour of the new facilities, Mr Rasool said he was glad that he had the chance to see what was being done for children with cancer.

He was "shocked by the fact that such young children suffer from cancer."

Small alterations — such as the fact that parents could now spend the night with their sick children — meant "so much" and relieved the stress for both child and parent, Mr Rasool said.

Mrs De Klerk, who helped in the fundraising drive, said it was "wonderful" that it had been completed at last.

● The unit holds 14 in-patients, accommodates two live-in mothers and sees 380 out-patients a month. Staff see 80 newly-diagnosed children a year, but 160 children receive chemotherapy at the hospital. Sixty percent of children treated at the unit are fully cured.



Pictures: OBED ZILWA, The Argus.

CARING TOUCH: Western Cape Health Minister Ebrahim Rasool comforts Jonathan Kigo, 2, of Vredendal, a patient in the Red Cross Children's Hospital's cancer ward. Mr Rasool toured the ward during the official opening of a new extension.

EACH 350ml

WOLFE RAZOR

100ml

HOT MENTHOL 8's

Aids a problem for all — Mandela

(92)

ARG 24/6/94

MICHAEL MORRIS
Political Correspondent

PRESIDENT Mandela has pledged the government to a decisive plan to counter the Aids pandemic — but has called on the “entire population” to help thwart the disease.

Speaking at a briefing after meeting World Health Organisation leaders at Tuynhuys, Mr Mandela said: “We have been grappling with this serious threat to social stability, but it should not be left just to the government. It must be tackled by the entire

population.

“Perhaps we will be in a better position to make a contribution now that we are in government, but the problem must be approached by everyone.

“I hope we will be able to come out with an effective plan to deal with this problem,” he said.

Aids posed a threat to the economy because “it attacks the economically-active sector. It has this disastrous effect”.

Particular attention would

have to be given to preventive measures in sea ports.

One of the problems the government faced, particularly in the African community, was a deep-seated reluctance to “talk about sex”.

He said he had “got into trouble” on two occasions for addressing the subject of sex education at school gatherings.

His approach had been that there was a choice between allowing a disaster which could wipe out the community, and taking measures to forestall such a tragedy.

Hospital

staff strike

(92) ARG 24/6/74
Staff Reporter

ABOUT 300 non-medical staff workers are still on strike at Grootte Schuur Hospital today, but the hospital is trying to keep all the services running.

Hospital chief superintendent Peter Mitchell said the workers from different areas were dissatisfied about the promotion of two clerical staff members.

Early today the workers continued their sit-in at the Nico Malan recreation at the hospital premises.

Dr Mitchell said the hospital was willing to address grievances, but regarded the strike as illegal because procedures outlined in the new Public Service Act had not been followed.

Warning on AIDS crisis

ROBYN CHALMERS

DURBAN — The potentially devastating effect of AIDS was a major factor threatening SA's ability to compete in the global arena, Anglo American gold and uranium division chairman Clem Sunter said at the weekend. *Bi Day*

Speaking at the SA Property Owners' Association convention, Sunter said SA was on the brink of an AIDS epidemic which could swamp treatment capacity.

"The AIDS infection rate is doubling every 13 months," Sunter said. "This will totally overwhelm our hospital system and the cost implications, at an average R50 000 a patient, are mind-boggling."

The Department of Population and Development recently estimated that 4,25% of SA's adult population was infected.

Sunter said SA could also be held back by the highly competitive world economy. *27/6/94*

This view was echoed by Centre for African Studies director Eugene Nyati.

He said local manufacturers could take advantage of the "unprecedented global goodwill" towards SA for a while, but there were inhibitions. *(92)*

These related to foreign exchange controls, the high cost of local labour and the fact that SA companies were not sufficiently export-orientated.

One in 20 mums-to-be has HIV

CT 28/6/94
(92)

By MELANIE GOSLING

ONE in 20 pregnant women in South Africa is HIV-positive, a Department of Health survey has revealed.

Dr James McIntyre, vice-chairman of the Planned Parenthood Association of SA, said at a conference entitled Aids in the Workplace held in Cape Town yesterday, that South Africa's HIV infection rate doubled, every 12 to 13 months.

"We are well on the way to seeing the predicted 20% HIV infection rate in this country by 2005," Dr McIntyre said.

He said HIV in South Africa affected people in their most economically active years and could deplete large sections of the work force.

He called for structures to be set up in communities for home-based care, income-generating projects and support for Aids orphans.

There was an urgent need for employers to put resources into education programmes in the workplace, and the workers should participate in planning the programmes.

'Unions duck Aids issue'

TRADE unions do not take the issue of HIV infection and Aids in the workplace seriously, National Union of Mineworkers Aids and HIV safety co-ordinator Mr Sazi Jonas said yesterday.

Addressing the Aids in the Workplace conference, Mr Jonas said trade unions were merely paying lip-service to the Aids issues.

Commenting on Aids policies in the mining industry, he said these policies did not necessarily address workers' needs, which included job security, job access, testing and confidentiality.

He said he linked the incidence of HIV infection to the flow of migrant workers between the mines and their rural homes. — Sapa

Director of Shawco Dr Ivan Toms said the attitude of the business community to Aids was "selfish and pathetic".

He said of 38 companies invited to attend a one-day workshop on implementing an Aids plan, not one company had attended.

"Unless the business community wakes up to its responsibility, we will see a great deal of wringing of hands later in the epidemic, when HIV/Aids prevention workers will be saying 'We told you so'", Dr Toms said.

He said it was essential that unions and managements developed Aids education and prevention strategies.

Aids policy sales boost Southern

Business Staff

SOUTHERN Life's controversial Exclusive Life policy, which offers lower premiums conditional on an Aids test every five years now accounts for 30 percent of new business.

MD Jan Calitz says in Southern's annual report for the year to March that the success of the new product range has enabled the assurer to limit the increase in its reserves for Aids, which now total R298,7 million. *ARLT 29/6/94*

Total premium income increased by 44 percent to R3,6 billion and other new products which contributed to this included the Timed Exposure Portfolio (Step), which offers market-linked returns combined with the security normally associated with guaranteed funds.

The portfolio comprises fixed-interest investments and cash reserves, plus exposure to the JSE overall index via derivatives. This now has assets of more than R700 million.

AIDS screening proves its worth in Southern Life policy.

Star 29/6/94

■ BY STEPHEN CRANSTON

Controversy surrounded the introduction of Southern Life's Exclusive Life policy, which promised lower premiums as it required an AIDS test every five years — and offered substantially reduced cover to those failing it.

But the product has nonetheless gained wide acceptance and now accounts for 30 percent of new business.

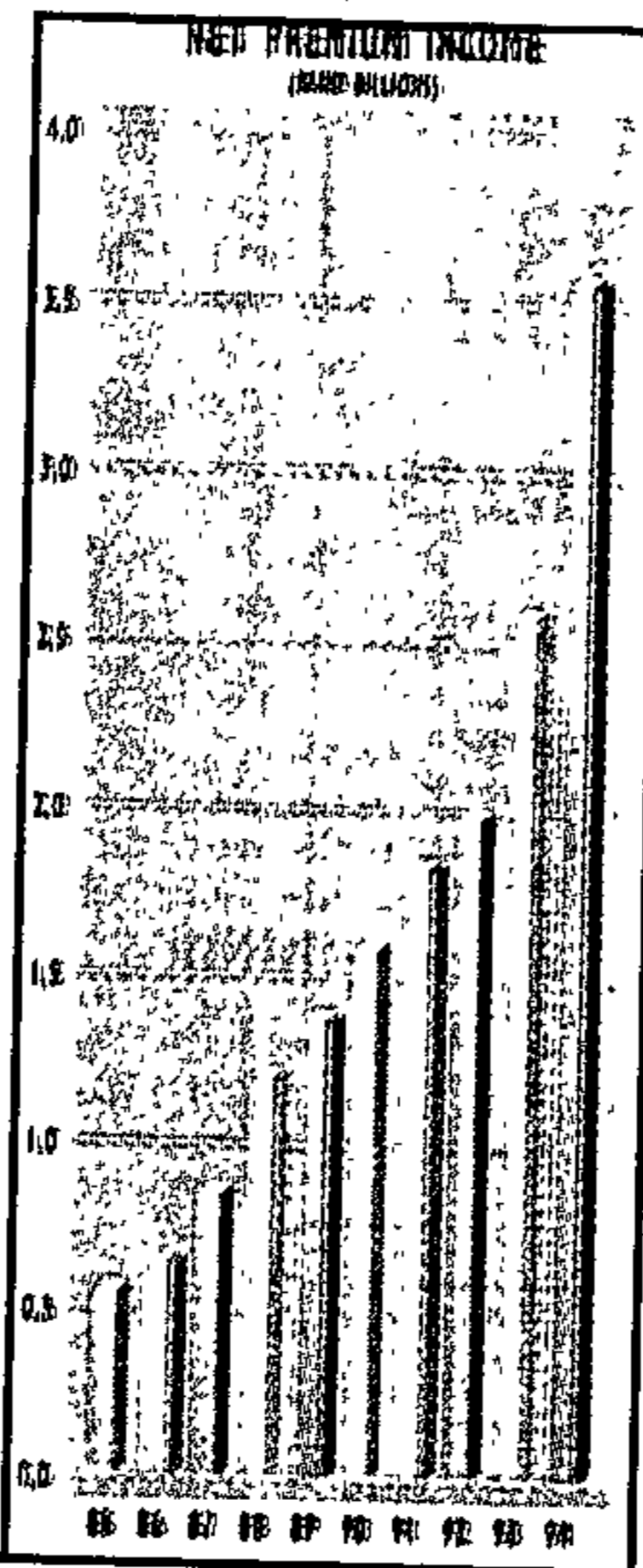
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After the abolition of the Sixth Schedule of the Income Tax Act, Southern was free to launch pure endowment products with a life of five years or more.

A comprehensive range was introduced as the Portfolio Se-



ries. An equity-linked annuity product allowing annuitants to benefit from the performance of the stock market was launched in conjunction with UAL.

To increase Southern's penetration into lower-income groups, Futuregrowth was launched, which enables retirement funds to invest in economically targeted investments, and generating benefits

for disadvantaged communities, while providing a reasonable monetary return relative to the risk involved.

Southern lifted its share of the broker market, which now accounts for more than half of new business. Market penetration was raised by the launch last October of First Link, a joint venture with FNB and First Bowring to market Southern products to FNB customers not normally served by First Bowring.

In the property market, Southern has made innovative investments. Lanseria Airport was acquired for R25 million on a long-term leaseback agreement and a further R29 million was committed to an investment in a community shopping centre at Nyanga Station, near Cape Town, which incorporates the air rights construction technique and was undertaken after extensive consultation by the developers with the local community.

Southern chairman Neal Chapman says the industry has formed an investment development unit, designed to be an interface between the macro funding needs of housing, education and other social spending and the savings they administer.

Chapman says focused funding should be offered on a project-by-project basis, which is preferable to the prescribed-asset approach which creates a mountain of idle money ahead of the need to spend it.

Forces' HIV ban 'illegal' ⁽⁹²⁾

CT 29/6/94

Staff Reporter

THE South African Police Services and SA National Defence Force are acting unconstitutionally by refusing to admit HIV-positive candidates and may be forced to open their ranks, say human rights lawyers.

Attorney Mr Edwin Cameron, who heads the Centre for Applied Legal Studies at Wits University, said yesterday human rights lawyers had "no doubt" that the exclusion policy of the police and army was illegal.

He told delegates attending a city conference on Aids in the workplace, that he aimed to challenge the discriminatory practice in court.

If his challenge is upheld, the police and army could be forced to open their ranks to any applicant who tests positive for HIV or Aids but passes other admittance criteria.

Prison specialists deal with increasing Aids

By BARRY STREEK

THE problem of HIV and Aids in South African prisons has increased so much that every prison in the country now has a staff member trained to deal with the problem, the Department of Correctional Services disclosed yesterday.

The number of HIV-infected prisoners in detention had quadrupled since end of the December 1991 from 94 to 419 at end of the December 1993, the department said in its annual report, which was tabled in Parliament yesterday.

At the end of last year there were 19

Aids cases in detention.

These figures "imply that one out of every approximately 255 prisoners (or about 0,392% of prison population of 111 802) is HIV-infected, as against one in every 80 (irrespective of age distribution) in the community".

The district surgeon determines on admission whether a prisoner should be tested for the virus. The test was conducted after prisoners attended a counselling session and gave written consent, and those who tested positive were afforded further counselling, the department said.

"There can be little doubt that our courts will interpret the new constitution as protecting persons with Aids or HIV from unfair discrimination on the ground of disability," he said.

He also lashed out at the insurance industry for their "shameful and gross discrimination"

against HIV and Aids sufferers and called for a new general statute to prevent the private sector from practising arbitrary discrimination.

Western Cape Minister of Police Services Mr Patrick McKenzie could not be reached for comment yesterday.

Half of Aids cases in 18-25 age group

Star 30/6/94

Cape Town — Nearly half the 3 357 reported Aids cases in South Africa were in the economically active 18 to 25-year age group, National Health director-general Dr. Coen Slabber said yesterday.

Addressing the parliamentary Joint Standing Committee on Finance, he said Aids and tuberculosis were the major communicable diseases which the department had to combat.

Of the 3 357 Aids cases nationally, 1 282 were in KwaZulu/Natal and 877 in the PWV region.

A further 461 cases of Aids in children under the age of four had also been identified. The HIV virus had been transmitted from their mothers during pregnancy or labour.

The number of pregnant women testing HIV-positive countrywide had increased from 1,49 percent in 1991 to 4,69 per-

cent in November last year.

Estimates put the number of HIV-positive pregnant women nationally at about 565 000.

In the Western Cape, the number of HIV-positive women was about 1,33 percent while in KwaZulu/Natal 9,69 percent had tested positive, Slabber said.

The department's Aids budget was R21,935 million in the current financial year, although some carry-over funds were available.

The National Committee on Aids in SA had recently proposed to the Minister of Health that the Aids budget should be R250 million over two years.

The incidence of tuberculosis among the coloured community in the Western Cape was the highest in the world, he added.

More than 8 000 cases were reported last year, Slabber said.
— Sapa.

Nearly half of SA Aids cases in 18-to-25 age group

(92)
AR 30/6/94

NEARLY half of the 3 357 reported Aids cases in South Africa were in the economically active 18-to-25 age group, national health director-general Coen Slabber has said.

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The number of pregnant women testing HIV-positive throughout the country had grown from 1,49 percent in 1991 to 4,69 percent in November last year. Estimates put the number of HIV-positive pregnant women nationally at 565 000.

In the Western Cape, the number of HIV-positive women was about 1,33

percent while in KwaZulu-Natal 9,69 percent — nearly one in every 10 women — tested positive, Dr Slabber said.

The department's Aids budget was R21,9 million in the current financial year. However, additional carry-over funds were available to supplement this amount.

The national committee on Aids in South Africa had recently proposed to the minister of health that the Aids budget should receive R250 million over two years.

"There is no cure or prevention, so the only thing we can do is to educate people. We believe education must concentrate on children between the ages of 10 and 12, before their behaviour patterns are established."

The incidence of tuberculosis among the coloured community in the Western Cape was the highest in the world. More than 8 000 cases were reported in 1993.

"There is no way that the department of health can solve TB without solving the underlying social problems." — Sapa.

Warning of TB linked to HIV ⁹²

HIV-ASSOCIATED tuberculosis is set to become an immense threat to health services, the Medical Research Council (MRC) has warned in its annual report.

The risk of disease from latent infection increased tenfold in people infected with HIV, the MRC said.

Meanwhile, National Health director-general Dr Coen Slabber said yesterday nearly half of the 3 357 reported Aids cases in South Africa were in the economically-active 18-25 age group.

Addressing the parliamentary joint committee on finance, he said the current estimate of pregnant women testing HIV-positive countrywide is 565 000. *ET 30/6/94*

In the Western Cape, the rate of HIV-positive pregnant women was about 1,33%.

The incidence of TB in the coloured community in the Western Cape was the highest in the world. More than 8 000 cases were reported last year.

"There is no way the department can solve TB without solving the underlying social problems," he said. — Staff Reporter, Sapa

'Ban pre-employment HIV testing by law'

By Barry 30/6/94

ERICA JANKOWITZ

PRE-employment HIV testing should be prohibited by statute as being fundamentally discriminatory, says Community AIDS Centre manager Mary Crewe.

Writing in the latest issue of Labour Law News, Crewe says this recommendation is contained in the national AIDS strategy for SA, compiled by the National AIDS Committee of SA. The strategy document is due to be released later this month.

In its section on law reform, the committee highlights the following priorities:

- Non-discrimination in the workplace should become the fundamental tenet of a national HIV/AIDS workplace policy, and measures should be enacted to give effect to this; and
- The principle of non-discrimination in the workplace should be entrenched in law and extended by statute to prohibit pre-employment testing for HIV.

The committee recommends that the unfair labour practice definition be extended to cover job applicants to prevent "irrational discrimination in hiring (including pre-employment HIV-testing)". It also calls for the amendment of the definition to prohibit discrimination on the grounds of HIV/AIDS.

Crewe says the committee believes there should be no difference between the treatment of HIV/AIDS sufferers and those with other life-threatening diseases. All industrial sectors should be covered by the proposed legislation, including farm and domestic labour.

She maintains that the ethical principles established in the Barry McGee judgment concerning the breach of patient-doctor confidentiality should be extended to cover the workplace relationship.

"Pre-employment screening is costly as well as discriminatory in the long run, due to the window period. It is unlikely to achieve anything of benefit to the company. There is no medical or ethical reason for refusing to employ someone with HIV."

Crewe believes that only if employees have fullblown AIDS are they obliged to inform their employers about their medical condition. "The onset of AIDS could alter the ability of a person to continue to perform the task for which he or she was employed."

An employer should be allowed to terminate the employment of an infected employee only after consultation, and with the same benefits available to any worker suffering from a life-threatening disease. Families of workers suffering from HIV/AIDS should also receive the same compensation.

Crewe estimates there are 7 500 cases of AIDS in SA, a further 550 000 people with HIV, and 600 new infections occurring daily.

The epidemic will have a major effect on SA society and the allocation of scarce resources, she predicts, although an overall decline in the size of the labour force is unlikely.

Business accused of ignoring AIDS threat

BEATRIX PAYNE

THE number of AIDS sufferers in SA was expected to double by the end of the year, but employer organisations were not taking it seriously enough, Johannesburg AIDS programme director Clive Eylan said yesterday.

There were currently 600 000 HIV-positive people — about 5% of the sexually active population. This was expected to double every 13 months.

"The elections and violence have pushed the AIDS issue on to the back burner and we need to refocus people's attention on the disease," he said.

AIDS was an "inevitable reality" and companies had not been proactive enough in their approach to the issue.

Businesses with a large migrant workforce were most vulnerable.

Business would need to decide on policy concerning the employment of people with HIV and AIDS, benefit packages and the provision of education and training. A number of medical aids were prepared to fund some of the costs of sufferers.

Institute of Personnel Management AIDS network co-ordinator Angela du Plessis said employer organisations should offer care and advice to dependants of staff members.

She said the network had no policy concerning screening for AIDS before employment. However, screening was not necessarily a problem if the company used the information to provide better facilities and care in the workplace.

Groote Schuur strikers considering an offer

JOHN VILJOEN
Staff Reporter

ARG 1/7/94

was settled. (92) (152)

NO disruptions to services at Groote Schuur Hospital were reported today as striking members of the Health Workers' Union considered an offer from provincial authorities.

Severe disruption of services occurred yesterday when staff, including many doctors and nurses, were prevented from entering the hospital and tending to patients, she said.

The hospital obtained a Supreme Court interdict last night to prevent any further interruption of essential services.

The hospital was functioning "peacefully" today and no action had been taken against strikers, the spokesman said.

Regional Health Minister Ebrahim Rasool yesterday met union representatives in a bid to end the strike which began on June 23.

Yesterday Groote Schuur cancelled non-emergency surgery and advised patients to go to other hospitals in the Peninsula if possible until the strike

This was after workers obstructed all hospital entrances and did not allow goods or laundry to be delivered and refuse to be removed.

Although patients were permitted to enter and leave the buildings they were subjected to "unacceptable harassment and scrutiny", the spokeswoman said.

The workers went on strike because of a dispute over allegedly unfair promotions and wage demands. They stepped up their protest over a decision to enforce a strict no work, no pay policy for the strike period.

Yesterday afternoon about 500 workers marched to the provincial parliament in Wale Street, Health Workers Union general secretary Norman Maharaj said.

A workers delegation demanded to see Mr Rasool and later met him for three hours.

There was "some movement" on the workers' grievances from Mr Rasool, Dr Maharaj said. Workers were to be given a report-back today.

'It will change the face of Africa'

THERE can be little doubt that Aids and HIV infection will change the face of Africa. Although the disease may not lead to massive depopulation and economic collapse, as some pundits have predicted, it will have profound effects on the structure of African society. Aids will be remembered as the disease discovered in the 1980s, but the effects of the epidemic will only begin to be felt in the 1990s and beyond.

There are a number of distinct patterns in the epidemic. Pattern I, which has been seen mainly in the United States, began to spread in the late 1970s and early 1980s mainly among homosexual/bisexual men and intravenous drug users. The male/female ratio is 10:1. This was the pattern initially seen in South Africa where most victims until 1990 were homosexual white males.

Pattern II Aids, which began to spread at about the same time (although later in southern Africa) is the epidemiological type found in Africa. Its features are that most cases are heterosexual men and women in a gender ratio of 1:1, which means that paediatric Aids is common. The national prevalence of HIV infection can and usually does exceed 1% and may be up to 25% of the sexually active population in urban areas.

Pattern II Aids has now reached South Africa and is spreading rapidly among the black population. In 1990 the number of cases of Aids among blacks exceeded those among whites for the first time.

It must be stressed that the reason why Aids is spreading more rapidly among the black population is not racial. Aids is a disease that will spread most rapidly where people are poorly nourished, lack education, and do not have access to health facilities. In areas where social norms have broken down, there is increased multi-partnerism, and poverty creates economic pressure pushing women into prostitution.

The pressures on the black population in terms of rapid urbanisation,

political turmoil and consequent violence, and the breakdown of social norms, have led to this group becoming especially vulnerable. The table shows the number of Aids cases in South Africa to mid-December 1990 by population group, while the diagram shows the breakdown by transmission category.

The number of cases and incidence of full-blown Aids alone does not give a clear indication of trends. Other valuable data are available for the incidence of HIV positivity. Work done in Johannesburg by Drs Padayachee and Schall, points to a doubling time of HIV positivity of between 8 and 9 months. If this trend continues, they warn, by 1991 6% of the black population aged 15-60 years will be HIV positive and this could rise to 18% by 1992. Although these figures are daunting, it must be remembered that these are HIV infections that have yet to occur, and they could be prevented.

The implications of Aids and HIV infection are not yet appreciated. One way in which South Africans may obtain some indication of how the disease will affect them is to look to countries to the north.

Professor Anderson of Imperial College, London, warns: "It appears probable that the disease will have a very significant impact on population abundance over the coming decades in developing countries in which the infection is spreading rapidly." An immediate and ill-informed reaction to this is that 'it will solve Africa's population problems'. This reaction does not appreciate that a particular group, the economically active, are the very people one can least afford to lose, yet who are worst hit.

Aids will also have a considerable economic impact. Not only will it result in direct costs (caring for the patient) but there are also indirect costs such as time lost because a person is sick, and mortality years lost because of premature death. Caring for orphans is already becoming a growing drain on resources in Africa.

A number of firms in South Africa are beginning to assess what Aids will mean to them and their profitability. The immediate impact will be a loss of employees and increased claims on employee benefits. Obviously, in a society like South Africa, one can ill-afford to lose the scarce resources of skilled workers. In the long term, though, Aids may also affect markets — if enough people fall ill and die this could dramatically lower disposable incomes.

It must be stressed that in South Africa there is the opportunity to avert the worst impacts of HIV infection. To do so would require imaginative and extensive education campaigns. So far there has been little sign of this happening.

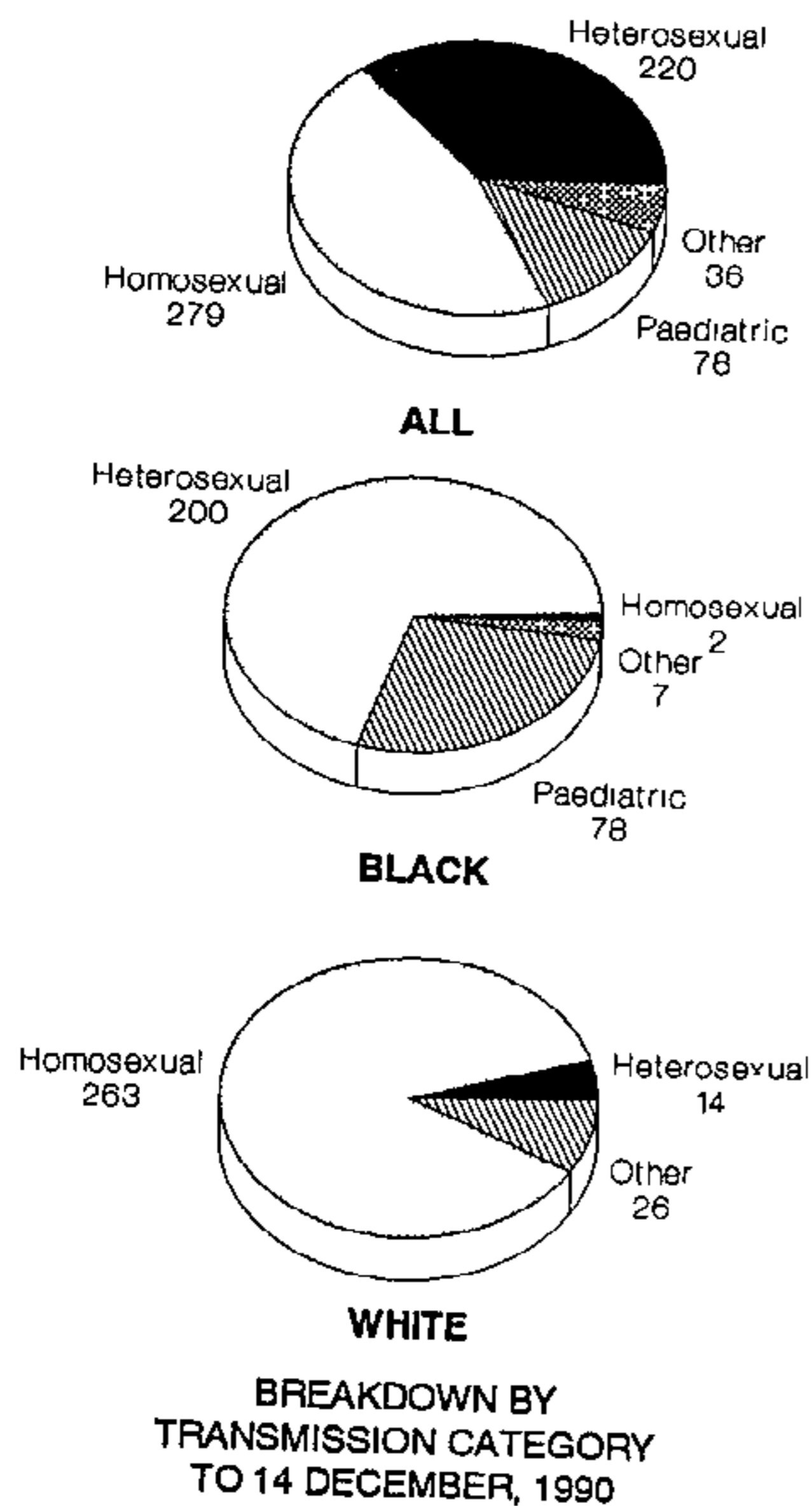
The Economic Research Unit at the university's Durban campus has been looking at Aids over the past 3 years. Originally the topic was studied because we were working on a project on migrant labour to South Africa. It became apparent that these migrants were likely to be hit first and worst by Aids.

The reasons were two-fold: firstly many came from areas of high HIV incidence, particularly Malawi; but secondly, these people travelled to South Africa and worked and lived in an all-male environment — without wives or families, returning home every one or two years; an environment obviously conducive to the spread of Aids.

The Economic Research Unit has built up a large resource base on Aids and, in particular, Aids in Africa and Aids and its economic impact. We have established information exchanges with a number of overseas institutions and have published extensively. Where possible, we work closely with other staff and institutions at the University and, in particular, the Medical School. The most recent venture was a joint publication with the Development Bank of Southern Africa entitled *Aids in Southern Africa: A Position Paper*.

* Alan Whiteside is a senior research fellow with the Economic Research Unit on the Durban campus.

'Matching the most sinister predictions'



THE expansion of the epidemic of HIV infection and of Aids is matching the most sinister predictions that have been made at various times since its first appearance 8 years ago. Over 600 cases of Aids have now been documented, and half of these were diagnosed during 1990. The number of HIV infected people who have not yet developed symptoms is not known and I do not wish to speculate, except to say that, based on the population samples that have been tested (blood donors, for example) the number appears to be large, and that rapid further dissemination is clearly continuing. Tests done in the Natal/

KwaZulu region have detected 3 000 positives to date.

The distribution of the epidemic spans, with varying degrees of emphasis, all population groups and all levels of the social scale.

There is just no room for complacency. The level of public awareness and information is in dire need of elevation and all parties and organisations who are in a position to do so, must assist in this education campaign if any hope of limiting the epidemic is to be realised.

There are indications that 1991 will see a surge in the campaign, with greater concentration on school children — the emergent sexually active generation. The importance of this cannot be over-emphasised. It is easier to influence developing patterns of behaviour than to alter those that are firmly entrenched.

At the University of Natal, a number of informal educational exercises have been carried out over the last 3 or 4 years. In 1990, a committee was formed with the mandate to mount a co-ordinated programme for the whole University community. A survey of "Aids awareness" has already been conducted and plans for a more comprehensive educational operation in 1991 are now at an advanced stage.

It has also been decided to give consideration to the complex questions which may arise out of instances of HIV infection occurring in staff or students, with the guiding principle that the best interests of both the University and the infected person must be safeguarded.

The implications of the epidemic which is among us are extensive and profound. We must do our utmost to curtail it.

* Professor Dennis Pudifin is chairman of the Durban Regional Aids Advisory Group, and Professor of Medicine with a special interest in immunology.

Brush up on those basic facts

AIDS (Acquired Immune Deficiency Syndrome) is caused by the human immunodeficiency virus (HIV). The virus enters the bloodstream and invades specific cells (T-lymphocytes) which constitute the single key factor in the production of antibodies aimed at resisting disease. Thus Aids destroys the body's immune system, laying it open to a host of other diseases which will eventually result in death.

The period from infection to death will vary greatly. People may lead healthy and productive lives for many years after they are infected. Well in excess of 70% of HIV infections are sexually transmitted. Other modes of transmission include contaminated needles used by intravenous drug users, contaminated blood, non-sterile medical instruments, and from infected mother to child.

Aids cases in South Africa to 14 December, 1990

Year of diagnosis	White	Black	Other	Total
1982	2	0	0	2
1983	4	0	0	4
1984	8	0	0	8
1985	8	0	0	8
1986	23	0	1	24
1987	31	6	2	39
1988	63	20	5	88
1989	94	68	8	170
1990	70	193	7	270

40 years of excellence

THE vision of two medical missionaries, Drs Alan Taylor and John McCord, and many years of negotiation and debate led to the establishment in 1951 of the University of Natal Medical School which this year celebrates its 40th anniversary.

During the 4 decades of its existence, the Medical School has established a fine national and international reputation despite suffering years of political harassment, inequitable State funding and a chronic lack of space, facilities and equipment. It has made an invaluable contribution to medicine in providing, until 1976, when the Medical University of Southern Africa (MEDUNSA) opened, the only undergraduate medical training open to black students in the country.

Taylor and McCord realised, as far back as 1921, that the burgeoning black population in and around Durban would require increased health services and, with great foresight, were the first to raise the concept of a medical school for the training of black doctors. The Smuts Government gave approval in principle for the new school in 1947, but it fell to the new Nationalists who came to power a year later to reaffirm this, which they did in 1949.

The opening of the Medical School in 1951 with an enrolment of 35 stu-

dents was a signal achievement. Taylor, then President of the Natal Coastal Branch of the Medical Association and Medical Superintendent of McCord Zulu Hospital, was appointed part-time Acting Dean. He was succeeded the following year by Dr George Gale as first full-time Dean. In 1955, Professor Isidor Gordon, Head of Forensic Medicine, assumed his Deanship which was to span the next 16 years.

Meanwhile, the architects of apartheid were hard at work. A ruling that white undergraduate students be barred from the Medical School was the State's first major inroad into the University's autonomy. In 1957, a bill was introduced in Parliament which provided for the removal of the Medical School from the University's control. Academic staff at the Medical School threatened to resign, and the University criticised the State for its assault on university autonomy and academic freedom. The bill was withdrawn.

This was the first of many Government efforts to close the Medical School for ideological reasons. All were vigorously and successfully resisted, largely due to the valuable service the School was rendering to black communities, its dedicated multiracial staff and to the excellent reputation it had established in South Africa and abroad.

As South Africa emerges from the apartheid era, the wealth of data and experience accumulated through the School's manifold projects carried out over the past 40 years will be of immense benefit to those working towards a new health dispensation in a multicultural society.

More than 2 000 doctors have graduated to make their mark in health care in this country and abroad. Individuals from the Faculty have played significant roles in the development of the Natal/KwaZulu region, in medical care and in their roles as community leaders and advocates for political change. Notable past students include Professor Soromini Kallichurum (see opposite page), Dr H Usewemukwe, Minister of Health, Zimbabwe; the late Steve Biko; and Dr Mamphela Ramphele, Department of Social Anthropology, University of Cape Town, recipient of a Carnegie International Fellowship. The Medical School's total student capacity in 1990 was 657, and 120 first year students are currently commencing their studies.

Although the Government has rescinded its decision that the Medical School should be open to black undergraduate students only, the University Council in 1980 agreed that the University would accept white undergraduate medical students only by a process of expansion within the Medical School.

The Dean, Professor Derek Arbuckle, explains: "The University believes that there are simply not enough black doctors in South Africa either qualified or in training. In addition, the Medical School is full to capacity with black applicants at undergraduate admittance level each year. The University has an important role to play in pre-tertiary education, possibly through introducing a bridging year to assist poorly prepared aspirants who have potential, and special steps are being taken to identify and train black doctors. However, I feel that the time has now come to allow all races to compete for half of the available places in the first year, the remaining half being reserved for students from disadvantaged backgrounds." ¶



The first graduates of Medical School were (back, from left) A K Thambiran, V K G Pillay, A M S Makunyane, P S M Ngakane, M B Zondi, B T Naidoo, H M Mogadime and (seated, from left) S Kallichurum, F G H Mayet, and K Naidoo. Missing: N E G Foster, C H Davidson.

Hospital strikers: Court move

Staff Reporter

THE Cape Provincial Administration was granted a Supreme Court order last night against striking Health Workers' Union members who have disrupted services at Groote Schuur for the past week.

A reliable source said an interdict was requested when strikers manhandled staff and patients at Groote Schuur and the Princess Alice Hospital in Retreat yesterday.

The source said although the order had not been served on the union, the hospital would call in the police internal stability division to prevent further harassment and allow hospital services to be restored.

He said union members were called to vote on compromise proposals made by the CPA to the union at a meeting with the Western Cape Minister of Health, Mr Ebrahim Rasool, late yesterday afternoon.

He said the proposals included an offer of 50% pay for time out striking

and an offer to allow them to "work in" the other 50%.

"This way they (the strikers) will not suffer any financial loss as a result of the strike," said the source.

Dr Norman Maharaj, secretary-general of the Health Workers' Union, confirmed the agreement reached at the meeting with Mr Rasool.

'Bad faith'

He criticised the CPA for "acting in the utmost bad faith" in applying for an interdict against the strikers during negotiations.

Earlier in the day all surgery — except for emergencies — at Groote Schuur Hospital was cancelled as strikers blocked entrances and harassed staff and patients.

A hospital spokeswoman said morning staff were "nastily" manhandled by strikers and entered the hospital in tears. Many staffers turned away in fear, resulting in a staff shortage.

92

ET 1/7/94

Deadly HIV forecast for S Africans

S Times [Cimetro]

By MICHEL MULLER

317194

ONE in every five South Africans will be infected with HIV by the year 2005 in an epidemic that could potentially deplete large sections of the workforce and eventually destroy the fabric of society (92)

Already in kwaZulu/Natal 10 percent of the population or one in 10 people were infected and the rate was doubling every 12 to 13 months, said Dr James McIntyre, national vice-chairman of the Planned Parenthood Association.

In the Western Cape, the rate of infection was the lowest in South Africa, at one percent, the same position kwaZulu/Natal was in four years ago.

Speaking at the University of the Western Cape this week at a two-day conference on Living and Working with HIV, Dr McIntyre said that by the end of this year more than two million South Africans would be infected.

"The World Health Organisation's conservative estimate is that there will be 20 million Aids cases and 40-50 million people infected with HIV worldwide by the year 2000. Already one in 250 adults around the world is infected with the virus," he said.

"In Africa, the situation is worse, with one in 40 adults infected. In many areas of central Africa, one in every two or three women has HIV infection.

"In addition to the 50 million infected persons by the year 2000, there will be 150 million to 200 million dependants affected," he added.

Dr McIntyre warned that South Africa had to start now to set up community structures for home-based care, income-generating projects and support for children orphaned by Aids.

Ambulance drivers in protest

Municipal Reporter

AMBULANCE drivers will not have to work with beach constables for the time being, it was disclosed after ambulance drivers at the Pinelands depot staged a work-stoppage yesterday.

Ambulance drivers stopped work briefly in protest against plans to second 30 under-worked beach constables to assist them during winter.

CT 5/17/94
South African Medical Workers' Union shop steward Mr Jeremy Arendse said negotiations started immediately after the stoppage and were continuing.

"But in the meantime, our workers will not have to work with the beach constables."

He conceded that the ambulancemen were short-staffed.

Mr Arendse would not comment on the beach constables' level of training, but a colleague

of his, Mr Nick Maarmen, said the ambulancemen felt that the constables were not well enough trained to go on the road.

Mr Alan Dolby, deputy city administrator, said the stoppage had lasted less than an hour, and had not disrupted services as other ambulancemen had been out in the field. (92) (92)

"They were unhappy about the disruption to their established pattern of partners," he said.

THE CITY COUNCIL HAS CRITICISED REGIONAL HEALTH AND WELFARE MINISTER EBRAHIM RASOOL FOR FAILING TO RESPOND TO A CALL FOR AN URGENT MEETING TO RESOLVE THE CITY'S AMBULANCE SERVICE CRISIS.

Council slams health minister for ignoring ambulance crisis

Municipal Reporter

THE city council has criticised regional health and welfare minister Ebrahim Rasool for failing to respond to a call for an urgent meeting to resolve the city's ambulance service crisis.

At an amenities and health committee meeting yesterday, councillors berated Mr Rasool for not replying to a letter calling for an urgent meeting.

The minister had since met the SA Municipal Union.

"If he can meet the union, why can't he meet the agents of the service?" councillor Arthur Wienburg asked.

Mr Wienburg said the ambulance service had too many

"frills", and that there should be one control room instead of two.

He objected to the Cape's ambulance training college being funded through the Peninsula's ambulance budget.

Deputy city administrator Alan Dolby said special provincial services could be "handed back" to the provincial authorities, "but that will not mean we will get a bigger slice of the cake".

Mr Wienburg said resources were needed to run an efficient service.

● Ambulance services were disrupted yesterday when ambulance workers refused to go

on duty with beach constables — assigned to other duties during the winter months.

The beach constables had just finished a three-week training course.

Ambulance workers said they had not been consulted. They were also unhappy that constables were getting a five percent increase.

Civic amenities director Jack Kloppers said this week about 38 constables had been assigned to the ambulance service.

Another 60 would patrol central business districts in Camp's Bay and Sea Point where they would enforce municipal regulations.

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92

Demo plan by health workers

PRETORIA. — Members of the SA Health and Public Service Workers Union will protest in Cape Town, Pretoria and Bloemfontein on July 15 demanding, among other things, increased wages, it was announced today.

Union general secretary Silas Baloyi told a news conference in Pretoria that the 45 000-strong union would demand a minimum salary of R1 500 per month, an across-the-board increase of 17,5 percent and that March 21 and June 16 be paid public holidays.

"These demands have been presented to the Commission for Administration, but the commission is hiding behind procedure not to meet these demands or alternatively continue to exploit these workers," he said.

Mr Baloyi said the same demands had also been presented to President Nelson Mandela, whose administrative secretary had responded by saying the matter had been forwarded to the Minister of Labour as it fell under that department.

The protesters in Pretoria will march to the Union Buildings, those in Bloemfontein to the Supreme Court and those in Cape Town will go to parliament to present memorandums to government officials. — Sapa.

'Deal' ended strike at hospital

Political Staff

WESTERN Cape Minister of Health and Social Services Mr Ebrahim Rasool ended Grootte Schuur Hospital's week-long strike by allowing workers to recoup half of their "no work, no pay" losses in overtime, it emerged yesterday.

The remaining loss to members of the striking Health

Workers Union (all of whom were non-medical workers) will be softened by a pro-rata salary deduction over several months.

The other two hospital unions, the National Education Health and Allied Workers Union, and the Public Service League, took a stand against the striking union, de-

CT 6/7/94 (92) ~~92~~
manding Mr Rasool impose the no work, no pay principle.

Mr Rasool did not say over how many months the deductions would be made.

The principle of no work, no pay remained "paramount" and his concessions should not be seen as setting a precedent, Mr Rasool said in a statement.

He expressed "sincere grati-

tude and appreciation," to the "overwhelming majority" of Grootte Schuur Hospital staff who continued working.

● Protest marches in demand of higher wages are to be held in Pretoria, Cape Town and Bloemfontein on July 15 by members of the SA Health and Public Service Workers Union. — Political Staff, Sapa

AIDS discrimination may be banned by law

WORKERS infected with the HIV virus could soon be protected against unfair dismissals.

(92)
The National Manpower Commission may legislate proposals on the employment of people infected with the virus or with full-blown AIDS drafted by the AIDS Consortium and the AIDS Law Project.

The draft version of the HIV/AIDS code of conduct stipulates that neither prospective nor current employees should be discriminated against by employers.

Workers with HIV/AIDS should not be treated any differently from those with comparable life-threatening conditions such as heart disease and cancer, it said, adding that employers were not allowed to refuse promotions nor deny workers with HIV further training in their field.

The code said education programmes should be held in the workplace and strategies that were non-stigmatising should be used by employers.

"Pre-employment testing for HIV is counter-productive because it is discriminatory and could stigmatise prospective employees," said AIDS Law Project legal officer Zackie Achmat.

Achmat said testing was costly and wasteful as well as ineffective because of

the window period in which HIV antibodies could be traced.

The code said voluntary testing for HIV should only be done at the request of workers and that the information obtained was privileged.

"It is against the law to disclose any information on workers with HIV," Achmat said, adding that the proposals handed to the Manpower Commission were in line with international standards practised worldwide.

The SA Journal on Human Rights' first issue on AIDS said nearly 45% of employers would breach workers' rights to confidentiality regarding AIDS, and that 10% of companies surveyed used pre-employment testing to screen job applicants.

According to the journal, about 65% of companies would refuse employment to an HIV-infected person while 64% of companies have not considered implementing AIDS education programmes.

The journal said current legislation in the private and public sectors was inadequate and there was a need to pro-actively challenge bigoted attitudes and prejudices about HIV/AIDS in the workplace.

8/7/94
BIDAY
JACQUIE GOLDING

R350-m earmarked for Aids awareness

APR 9/7/94
Weekend Argus Correspondent

PRETORIA. — The government plans to spend about R350 million on an Aids awareness programme.

Minister of Health Nkosazana Dlamini-Zuma said yesterday the programme would be spread over two years.

The programme will be aimed at teaching people what should be done to combat the disease.

Dr Dlamini-Zuma said that Aids was high on her department's priority list and would have to be dealt with soon.

The government is concerned that Aids figures are going up, especially in Kwa-zulu-Natal.

She said the money for the project would, however, not come from the government's coffers alone. (92)

The government, business and non-governmental organisations would all have to contribute.

She said the government would unveil further details in the next few weeks.

Dr Dlamini-Zuma said she had held discussions with health MEC's from the provinces regarding other projects which the Department of Health was in the process of implementing, such as free medical services for pregnant women and children under six.

Dr Dlamini-Zuma said this new scheme had been well-received and had been implemented in several provinces without any problems.

Other issues discussed included plans for building more clinics in rural areas and a feeding scheme in primary schools.

Soweto clinic forced to turn infected babies away

Aids mercy mission

Star 9/17/94

Hits a rocky patch

AS THE number of abandoned, AIDS-infected babies grows, a Soweto haven of hope finds itself in a quandary. **SANJA GOHRE** reports.

THE Salvation Army's Bethesda "mercy clinic", established to care for AIDS-infected children and babies, cannot cope with the demand for its services. With 12 AIDS-infected babies already in its care, a spokesman at the clinic said

they were unable to cope with the number of children abandoned by HIV-positive mothers and have had to turn 10 babies away.

"Six have been placed in Zakhe (place of safety) in Umhlabi. The others are either in the Coronation, Johannesburg, or Baragwanath hospitals," said the Salvation Army's Captain Lina Jwili.

She said some HIV-positive women abandoned their babies after they themselves were thrown out of their homes.

"Some mothers find themselves on the streets when their families chuck them out after hearing they've got AIDS," she said.

A small home, to care for six HIV-positive mothers and their babies, had been built on the same plot as Bethesda but there wasn't enough money to furnish it, she said.

Once opened, the women will be cared for and counselled until their families have been "tackled to take the women back", Jwili said.

Bethesda has just received a government grant of slightly more than R3 000 a month, something it has been waiting for since it first opened in August last year.

The Salvation Army's media spokesman Denise Baisley said the grant would help in the general running of the

"mercy clinic", but more money was still needed. This, she said, would have to come from the public.

The Salvation Army also needs donations for another home for HIV-infected babies as it expects to have to accommodate up to 30 by December.

She said the home would cost about R250 000, which it hoped to raise through a national fundraising campaign launched three months ago.

Two babies have died so far at Bethesda: the only two to be admitted with full-blown AIDS resulting from the HIV virus. National Aids Training and Outreach Programme director

Ruben Sher said the latest figures showed that by the end of last year, 600 000 South Africans were infected by the HIV virus. He said the World Health Organisation estimated the figure to stand at 15-16 million worldwide.

Although he said one could always question the accuracy of AIDS figures, "a few more or less is not the issue. Absolute figures don't make a difference."

"What is critical is the trend that the figures are increasing. We have an epidemic. I don't think most people quite understand the enormity of this epidemic," he said. — Reuter.

Expert criticises AIDS care at public hospitals

SI Times

10/7/94

By CAS St LEGER

ONE of the country's foremost AIDS experts has lashed out at the treatment of AIDS patients in public hospitals.

The doctor also slammed education programmes, which he claimed were a waste of money in the fight against the disease.

"It is bewildering, but true, that the academic and public hospital sector in this country continues to arrogantly and actively promote a culture of neglect towards the HIV-infected individual," AIDS specialist and private pathologist Dr Steven Miller told delegates of the Third National Conference on Legal Rights and AIDS meeting in Johannesburg on Thursday.

Dr Miller said infected people treated in the private sector were assured of long-term survival but "if one is indigent and has to rely on public hospital resources one is assured of discrimination and neglect".

He claimed that patients at the Johannesburg and Groote Schuur hospitals were threatened with discontinuation of their therapy if they attempted to obtain necessary medications from the private sector.

However, Johannesburg hospital head Dr Trevor Frankish said he was not aware of a single case

Dr Miller could substantiate of a patient being threatened.

Dr Miller also claimed that although certain medications might be available at a particular institution, these would be denied to any individual known to be HIV-positive.

He gave as an example two drugs to prevent blindness in people with AIDS which were refused to them at the Johannesburg hospital but were freely available to transplant and cancer patients with the same visual disease.

To this Dr Frankish responded that he was aware of only one case, where the patient was terminally ill and within days of death.

"In South Africa the right of people with HIV infection to have access to competent care has been severely compromised. The worst abuses are evident within the public-care sector where discrimination and stigmatisation are the rule," said Dr Miller.

"Life-enhancing and life-sustaining medications are actively withheld from those who most require them," he said.

Dr Miller also dismissed AIDS education as a waste of funds.

"The truth is that educational interventions have failed everywhere in the world to produce a sustained drop in the rate of HIV infection in any community."

Dr Miller said that, after the first AIDS patient was diagnosed

in 1982, several types of interventions were used, from community outreach programmes to distribution of educational literature, telephone hotlines and media campaigns.

"Although praiseworthy, none of these approaches has been shown to be effective," he said.

Dr Miller said that a person who tested HIV-positive was considered to be ill and certain to die within a short period of time.

"This has generated profoundly negative consequences for people who are infected but healthy, including denial of employment, loss of jobs, inability to obtain insurance, and curtailment of medical benefits," said Dr Miller.

Compounding this were "doomsday scenarios" from economists and the insurance industry, predicting economic devastation if infected people were employed and given medical care.

Against this, said Dr Miller, patients regarded as doomed were "coming back to life" with the use of AZT.

There was now a range of medications available to control the progress of the disease and to prevent AIDS-related complications.

Dr Miller said the use of these drugs had not increased the overall costs of treatment but rather re-distributed the lifetime costs.

st hit by epidemic • KZP cop faces suspension

Aids programme will cost R350-m

By Josias Charle

THE GOVERNMENT IS to spend R350 million on an Aids programme to be launched in the next few weeks.

Announcing the new plan in Pretoria on Friday, Health Minister Dr Nkosazana Dlamini-Zuma said part of the money would be made available by the Government.

The minister said the rest would have to come from non-government organisations, churches and business.

She said Natal was the region hardest hit by the epidemic.

"We are going to be launching this programme in a few weeks' time to

LAUNCH SOON Government

and NGOs to fund project: (92)

see what can be done to combat it," the minister said.

Dlamini-Zuma also announced that the school feeding scheme announced by President Nelson Mandela in May would be implemented before the targeted 100 days.

Over a period

It would be phased in over a period of time but some provinces might start the programme long after that.

In terms of the project, primary

school children would be fed daily in areas where the need existed.

She said there were no major problems with the introduction of free medical attention for children under six years.

"The programme has been in place for only a month and we have found that there are no major problems.

"Various hospitals do encounter their own problems due to the increasing number of patients but this does not mean they won't cope," she said.

production.

more. About 5% went on to become chronic carriers.

JACQUIE GOLDING

THE Afrikaanse Handelsinstituut (AHI) said it believed employers were entitled to know whether a prospective employee was infected with the HIV virus or not.

"In most companies, pre-employment medicals are conducted and we believe AIDS testing should form part of the entire package," AHI manpower and industry manager Mieke Dames said.

(92)
Dames said on Friday the AHI was preparing guidelines for its associates on an AIDS policy in the workplace.

The AHI said it, together with other employer associations, was involved in a subcommittee dealing with AIDS in the workplace under the auspices of employer federation Business SA.

Sacob, also active on the subcommittee drafting an AIDS code of conduct, said it was against "generalised pre-employment testing".

Sacob spokesman Janet Dickman said employers needed to be informed on workers' HIV status if it "could cause harm to others".

Workplace HIV tests under scrutiny

She said certain employees might need HIV testing "such as airline pilots and truckers".

The first national conference on AIDS and legal rights, a joint venture by the Centre for Applied Legal Studies and the AIDS Consortium, was held in Johannesburg last week.

The SA Journal on Human Rights, carrying speakers' conference contributions, said pre-employment testing should be scrapped because HIV-positive employees could have many productive working years ahead of them.

Also, employees might be HIV negative when the test was done but could become infected after taking up employment.

The journal said the underlying rationale by employers for supporting pre-employment testing was to ensure a labour force free of HIV infection.

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Yet, given the statistical trends on the spread of the virus in SA, an HIV-free environment was "probably impossible".

The journal said the Labour Relations Act did not apply to prospective employees and offered no protection against unfair treatment by employers.

Employers were at present legally free to adopt any criteria, including HIV testing, when employing new workers, it said.

The journal also said some SA employers had followed the approach adopted by the World Health Organisation and the International Labour Organisation and had abandoned pre-employment testing.

SA legislation still lagged behind that in countries such as France, Germany, Malawi and Zambia where pre-employment HIV testing had been banned, it said.

'Aids babies' need care

BY SHIRLEY WOODGATE

The number of "Aids" babies in South Africa is increasing dramatically, triggering urgent appeals from welfare agencies for a new breed of foster parents.

These "special" parents are people prepared to care for children, many of them with death sentences hanging over their heads before they reach adulthood.

This is the challenge now facing health care organisations as the dreaded disease shows every indication of meeting worst-scenario predictions by experts.

Warnings by paediatrician Dr Keith Heimann that South Africa was moving into a "catastrophic" stage of child care which would have a

heavy impact on the country's health and welfare system, have been backed by welfare consultant Jackie Lofell.

"As we move rapidly into the epidemic phase of the disease, experts claim one in five adults in South Africa will be HIV positive by the turn of the century. Those who die will leave a huge burden for child care workers," she said.

Heimann said 5 percent of pregnant women in South Africa were already testing positive, trebling in some parts of the country where up to 15 percent of mothers are testing HIV positive at ante-natal clinics.

Expectations were that a quarter of the South Africa population would be affected by the turn of the century, Heimann said.

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Considering that Aids would claim up to 12 million people in 10 to 15 years, the present budget focus would have to start shifting from housing and education to hospices and community centres catering for those that remained. (92)

"Unless we start working on a far-sighted redevelopment plan related to Aids, we are lost," Heimann said.

Already the problems are surfacing as the Johannesburg Child Welfare Society battles to provide suitable care for Aids babies.

A spokesman said: "Although many of our HIV babies are abandoned and are available for adoption, it is extremely difficult to find suitable adoptive families who are willing to take an HIV positive baby."

Govt's 'minimum' plan to combat AIDS will cost R257m a year

DAVID GREYBE

2017/19/16

CAPE TOWN — Government is set to unveil a R257m-a-year plan to combat AIDS. Its success depends largely on a strengthened primary care system and the elimination of AIDS-discriminating practices which would involve legalising prostitution and homosexuality.

Health Minister Nkosazana Zuma will launch the plan in Pretoria tomorrow. It has been formulated by the National AIDS Convention of SA (Nacosa), which represents government, medical and political interests. Zuma was the convenor of the convention's AIDS strategy and a task

team was appointed in January to plan its implementation and estimate its costs.

Nacosa said it had drawn up "a priority programme" for immediate implementation because it recognised government's many priorities under the reconstruction and development programme (RDP).

The plan's annual cost would be R256,77m. Current expenditure provided for R38m. Other funding would come from the Health Ministry's R14bn budget, the RDP and foreign sources.

The ministry estimated that about 4,7% of the population, 565 857 people, was in-

fectured with HIV at the end of last year.

The plan is "a minimum response required to reduce the transmission of this epidemic and curtail its impact through the maximum mobilisation of resources".

In the short term the plan would have four priorities:

- Sex education in schools. The Health Department would develop a general school health programme focusing on sex education. National and provincial committees would be set up to plan and implement sex

- education curriculum development, including training teachers. Condom outlets would also be increased.
- Care of people with HIV and AIDS. Primary health care sites would be developed to manage the clinical, psychological and welfare needs of cases currently referred to specialist institutions.
- Human rights and law reforms ending discriminatory practices.
- Formulating a national AIDS control programme for national planning and coordination and to strengthen provincial capacity. The immediate priority was the ap-

pointment of national and provincial programme managers.

Of the total budget, 53% (R137m) would be taken up by prevention activities, especially the prevention of sexual transmission (R135m); 38,5% (R98,8m) would be used to reduce the personal and social effects of HIV infection; and 6,2% (R16m) would be used to mobilise resources.

Of the total costs, personnel would account for 20,9% (R53,7m), education and training 11,5% (R29,5m), and professional services and the setting up of advisory groups needed 20% (R51,4m).

Star 21/7/94

Boost for Aids fight

The Government will increase spending on Aids almost tenfold when a programme costing R257 million a year to combat the killer disease is announced, the National Aids Convention of SA said yesterday.

The plan is to be officially launched today by Health Minister Nkomozana Zuma. (92)

About 600 000 South Africans were infected with the Aids virus by the end of 1993. — Reuter.

AIDS plan 'not enough'

THE success of government's R257m-a-year plan to combat AIDS would depend on how it was spent and who spent it, an AIDS analyst said yesterday, adding that the private sector was best placed to lead the campaign.

Alan Whiteside, editor of AIDS Analysis Africa and Natal University senior economic researcher, said it was not enough to provide funding. It was crucial to know how the money was to be spent.

The allocation was welcomed as a sign of government's commitment to solving the problem, but the private sector should be heavily involved in directing the campaign.

Similar private sector-led campaigns in other African states had been successful. Non-governmental organisations would also have to be included to ensure the campaign reached grassroots level.

Whiteside questioned whether government had the funds available for the programme, and whether the amount had already been allocated.

As the disease was more than just a

KATHRYN STRACHAN

health issue it was important that all government departments were involved. *Monday 21/7/94*

The programme did not make enough provision for orphans whose parents had died of AIDS. *(92)*

The plan's designers conceded a priority programme was necessary. The Health Department's R14bn budget had to be stretched to meet the enormous responsibilities of restructuring the health service.

While additional foreign funding was available, it had been designated mainly to support non-recurrent costs. Continuing contributions from this source could not be guaranteed, Whiteside said.

The priority programme would include sex education in schools, increasing the provision of condoms, managing sexually transmitted diseases, caring for people with HIV and AIDS, and addressing human rights and law reforms to end discriminatory practices.

Aids drive will cost

SA R257-m

(92) AUG 21/1994

PRETORIA. — Government spending to combat Aids will increase more than sevenfold when a programme costing R257 million a year is announced today.

The National Aids Convention of South Africa (Nacosa), an independent group of specialists that formulated the plan, said funding would come from the health ministry's R14 billion budget, the reconstruction and development programme and foreign sources. Current expenditure is budgeted at R36 million.

An estimated 600 000 South Africans were infected with the Aids virus at the end of last year, according to statistics compiled by National Aids Training and Outreach Programme director Ruben Sher.

The plan, to be launched officially today by Health Minister Nkosazana Zuma, had its genesis at a national Aids conference last year.

"It is not a government plan, not an ANC plan — it is a national plan, everybody's plan," said Nacosa spokesman Reinett van Heerden.

She said the plan had its roots in primary health care and had three objectives: to prevent HIV transmission, to reduce the personal and social impact of HIV infection and to mobilise and unify local, provincial, national and international resources. — Reuter.

Aids' fight money doubled to R42-m

Sowetan 22/7/94

By Josias Charle

THE Government has doubled to R42 million the amount of money set aside to fight the Aids epidemic.

This was announced by the Minister of Health Dr Nkosazana Zuma at a Press conference in Pretoria yesterday.

She said the Government would spend R42 million in the current financial year compared with R21 million last year. The minister was also presented with a new national Aids plan compiled by the National Aids Co-ordinating Committee of South Africa.

Under the plan, R256,8 million would be needed in two years to meet the rising costs.

Zuma said R100 million would be required in one financial year. She was hoping that local and international non-government organisations would donate more funds. (92)

The plan revolves around three central objectives which are:

- To prevent the spread of the disease through promotion of safer sex, adequate provision of condoms and the control of sexually transmitted diseases;
- To reduce the personal and social impact of Aids through providing counselling, care and social support; and
- To mobilise and unify local, provincial, national and international resources to prevent and reduce the impact of Aids.

Aids budget up to R42m

92
CT22/7/94

THE Health Department has doubled its Aids budget to R42 million this year to help meet the cost of a plan to combat Aids put forward yesterday by the National Aids Convention of SA (Nacosa).

While the priorities laid out by Nacosa's two-year-plan required funding of R257m, Health Minister Dr Nko-

sazana Zuma said she was sure the R100m needed this financial year would come from other government sources and foreign agencies.

She emphasised the plan was a national, not just a government, plan, and that it was the responsibility of the entire community — especially business, churches and labour — to ensure funds were raised and the full programme implemented.

She hoped foreign donors who

More condoms needed

Municipal Reporter

WESTERN CAPE health authorities issue about 10 million free condoms a year to help combat Aids, but this is not considered to be enough.

National Health local representative Dr Peter Vurgarellis told a National Aids Convention of SA (Nacosa) press conference in Cape Town yesterday that this provided only 10 condoms for each sexually active person.

It was hoped condom use would become more widespread as they became available after hours at night spots, garages and spaza shops, for a small fee.

The Western Cape Nacosa committee said it did not know how much of the National Health budget for Aids would be allocated to the region.

Allocations are made on the basis of both population and the number of people with HIV being treated.

helped draw up the plan would kickstart it.

The plan is the first full attempt in South Africa to address all aspects of the HIV/Aids epidemic and to provide a rational framework for prevention, care and legal rights activities.

Dr Zuma said the plan would be steered by the Health Department's national Aids unit. Provinces had begun setting up structures.

Its success depended largely

on a strengthened primary health care system and eliminating Aids discriminatory practices. This would involve decriminalising prostitution and homosexuality.

Medical Research Council representative Mr Malcolm Steinberg said existing legislation on these issues contradicted the new constitution.

It was expected they would be resolved by the Constitutional Court.

Department's AIDS budget is doubled

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B. Day
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KATHRYN STRACHAN

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Finally, the state gets serious about Aids

The new health minister launches a massive Aids programme to deal with the looming crisis.

Mark Gevisser reports

AFTER years of official foot-dragging and negligence, the government has finally endorsed an Aids programme that could see as much as R256-million allocated to Aids prevention and care in the next two years.

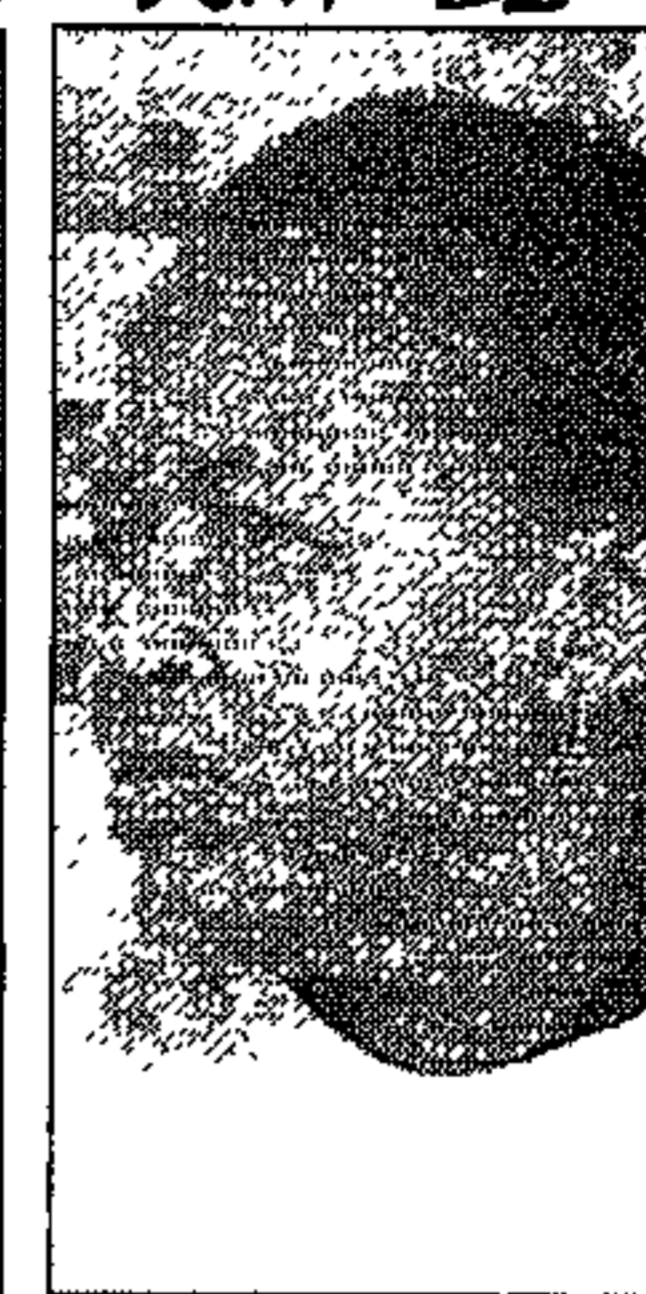
In the most important official acknowledgement yet of the looming Aids crisis, Minister of Health Nkosazana Zuma yesterday endorsed the National Aids Plan, which was developed by Nacosa (the National Aids Convention of South Africa), and undertook to launch a multisectoral National Aids Control Programme that will begin almost immediately.

Zuma plans to spend at least R100-million on Aids prevention programming this year alone. The current Aids budget is R20-million a year, but Zuma believes she can find at least R40-million from within her health budget this year, and that this can be supplemented with another R60-million from international sources like the European Union and USAid.

Zuma's job immediately prior to assuming the health portfolio was chairman of Nacosa's strategy subcommittee. "As Nacosa," she said, "it was obvious that Aids was going to be one of this country's greatest crises — in terms of health and the economy — and that the government was not going to get around to doing anything unless prompted. So we felt that we needed to present it with a plan they could use as the basis for strategy."

Now, as the minister primarily responsible for Aids programming, she is on the receiving end of a plan she developed. "In principle, the government accepts the plan, but that doesn't mean we'll implement it word for word."

Top priorities, she says, are to start developing mandatory sexuality education curricula in schools; to embark on a mass information campaign; to improve the treatment of sexually-transmitted diseases; to distribute condoms more effectively; and to fight discrimination of people with HIV by setting in place national policies and changing discriminatory legislation.



Left: 'The textbooks tell us not to get too close. But how can I not bond with them?'
Above: Sister Theresa Mokhesi runs the Salvation Army's Bethesda Home in Soweto on a shoe-string budget

PHOTOS:
STEVE HILTON-BARBER

Even HIV babies thrive on food and love

It could be any children's home: that cloying nursery smell; the litter of toddler-paraphernalia; the baby-walkers clustered around a big-bosomed matron. But there's one difference to the Salvation Army's Bethesda Home in Soweto: all 14 of its infant occupants have been abandoned — because they have HIV.

Adrian's mother was raped — she abandoned him when he was 10 days old. Khotso's mother left her baby in the hospital when she found out he was HIV-positive. Siphwe's fosterparents dumped him at four months when they discovered he had HIV. The twins' mother is too ill to take care of them.

At the centre of all of them are two unsung saints, Salvation Army pastor Lena Jwill and nursing sister Theresa Mokhesi. "The textbooks tell us not to get too close to the babies, because

we're going to lose them," says Jwill, who started the home after realising that other institutions were rejecting babies because they had HIV. "But how can I not bond with them? I cannot imagine my life without them."

Jwill and Mokesi run Bethesda on the shoestring of R6 500 a month. They already have a waiting-list of 10 babies, and things are only going to get worse. It is estimated that, by the turn of the millenium, there will be between 500 000 and 1,3-million Aids orphans in South Africa, many of them with HIV themselves.

"You just cannot institutionalise 500 000 children," notes Leslie du Toit, who runs a programme for infected mothers and children in kwaZulu/ Natal under the auspices of the National Association of Childcare Workers. "And we already have such an enormous problem with aban-

On this last score she believes "the most important thing is to counter the stigma of Aids. If people deal with it secretly, it just reinforces the culture of fear and ignorance, and makes it impossible to control. People need to see Aids as a disease like any other, to demystify it ... we have to outlaw discrimination against people with Aids."

The plan calls for a national manager based in President Nelson Mandela's office, and regional authorities working out of the nine premiers' offices. But Zuma believes the programme would be better managed as part of the Reconstruction and Development Plan, and intends to keep it as a function of the Health Department.

doned and abused children. So we have to find new solutions."

In Africa, of course, there's the much-mythologised extended family: the granny-generation option. But in parts of Uganda and Malawi, it is common to find an 80-year-old woman taking care of the offspring of all four or five of her deceased children. And because Aids hits the economically active sector of the population, she is doing it with little or no income.

Jwill believes the only solution is to encourage the community to take on Aids orphans. "But there's still so much fear and stigma, so much education that needs to be done."

Most striking about Bethesda is that, although most of the babies entered the home very ill, all are now as healthy as normal children. Surprise, surprise: even babies with HIV thrive on good nutrition — and love.

She stressed, however, that the co-operation of other ministries (Education and Welfare) is critical, and her next step will be to present the plan to the cabinet's RDP committee. She has held preliminary talks with RDP chief Jay Naidoo who "understands the implications of Aids in the workplace". Johannesburg Aids chief Clive

Evian, one of the architects of the plan, said "the most vital aspect of kickstarting a programme like this is the political will of the government". But while he believes "we have a major ally in Zuma, there hasn't been any real demonstration of political will from the other heavies up there, except for Mandela, who has highlighted the issue from time to time"

Zuma will have to battle it out with the other funding priorities facing the new government, and she stressed that the programme cannot work without private sector involvement.

Malcolm Steinberg, head of the Medical Research Council's Aids programme, believes that many in government are still "looking for a quick fix. But what we need to do is tackle the whole value system of this society, and the morality which continues to see Aids as divine retribution for sin".

Zuma acknowledged that this, perhaps, is the major challenge facing her. Previous Aids programmes in schools have failed because of the unwillingness of authorities to deal explicitly and openly with sexuality. "In the long-term perhaps we do need to change the values of this society, so that it can be more acceptable for young people not to be sexually active. But in the short term, let's face it, condoms are useful."

Does this mean she is on a collision course with the churches? "Absolutely not. Clerical leaders must deal with it in a way that they feel is most effective within their own communities."

The plan puts an emphasis on Aids prevention and education (53 percent of the budget), and allocates 38 percent to counselling, care and support for people with HIV and Aids. Most of this funding — about R100-million — will go towards improving the primary health care system. Despite a high HIV-infection rate (550 000), there is not yet an undue strain on health-care services: currently, there are only 10 000 people with Aids needing medical treatment, as opposed, for example, to 11 000 killed on the roads each year. But, notes Evian, "the crunch will come in five to seven years' time".

Most encouraging about the plan, is it was developed by people working in the Aids field. "This gives us a fighting chance. The last government did try, but it had a history of controlling peoples' lives, so people saw Aids prevention as another form of control. I don't think it's going to be easy for us, but we stand a better chance."

'Aids victims abused'

By MICHEL MULLER

THERE was a new basis for exclusion and discrimination in South Africa to be found in the HIV epidemic, the director of the Centre for Applied Legal Studies at the University of the Witwatersrand, Professor Edwin Cameron, said last week at the Living with HIV and Aids conference at the University of the Western Cape.

"We believe exclusion (from work) on the basis of HIV is illegal in terms of the Constitution."

The SA National Defence Force (SANDF) and the SA Police Services (SAPS) tested for HIV "in an abusive way".

Prof Cameron, an advocate at the Johannesburg bar, said: "In the SAPS, the applicant is given a form to take to a private doctor, without counselling. If he is HIV positive he is turned away."

He lambasted the life insurance industry, saying their response to Aids was "shameful".

"Why shouldn't the industry bear the costs of insuring people with HIV?"

Old Mutual actuary Theo Hartwig told delegates that life insurers had had to introduce HIV tests and exclusion clauses or risk calamity.

SILENT ASSASSIN *First of three articles in a series*

A grim warning for others

92

25/7/94

By Tyrone August

AT FIRST they look like a group of holiday-makers lounging about casually in a suburban backyard, their only concern being to soak up the warmth of the weak winter sun.

But this is not a holiday resort and these are not bored pleasure-seekers. This house in Kensington known as Sacred Heart House, is a care centre for Aids and HIV-positive patients.

It is run by the Catholic Church, who opened it in the Johannesburg suburb in 1990 to provide a comprehensive care programme for patients who live there while being treated.

Among them are Thembi (not her real name), a 21-year-old who dropped out of college last year when she tested positive for the human immune-deficiency virus (HIV) which usually causes Aids.

"I was scared when I first heard I was infected," says the slender young woman. "There is no cure and I know some people suffer for a long time before they die."

Thembi found out she was infected in November 1993 and seems more at ease now. But she recognises that she may not have a future.

Mixing with people

"My life is ruined," she says softly. "I have no future. I used to go to the movies and to the park before. What I miss a lot is sitting in the park, taking walks and mixing with other people."

Now she has to take medication twice a day. "It has helped me a lot," she says. "When I came here I saw other people like me. It gave me hope that I would get better."

Now her dreams are far more immediate and revolve around being well enough to go to the park for a stroll. More distant are dreams of looking after her parents one day. "They always come to visit me, especially my mother," says Thembi. "She understands the problem..."

Her family's support has helped her come to terms with her plight. "When some people become sick, their families abandon them," she says.

Her dearest wish for those who are HIV-positive or have Aids is for support from their families.

"All I ask is that if someone is sick, they shouldn't reject them," she says. "When healthy people encourage the sick, they get better quicker."

Steve, who was born in Soweto and grew up in Zambia, also clings bravely to hope. "I fear that I'm going to die," he says, "but I try not to think about it too much."

"I just forget I'm sick because I don't have pains. When I see sick people, I feel frightened. But when I'm alone, I don't worry about myself."

A former carpenter, Steve got tuberculosis in 1988. When he went for treatment, it was discovered that he was HIV-positive — changing his life for ever.

Strong and healthy

"It took me two years to believe and accept that I'm ill," he says. But, even today, he still looks strong and healthy.

"I used to go to mines and hold workshops," says Steve. "But the employers would look at me and say: You're still strong; you don't look like you are sick."

That is part of what makes Aids so dangerous: not all people who are HIV-positive look sickly, so they do not bother to take precautions when having sex, in this way spreading the disease.

"Some people don't even want to talk about the disease," says Steve. "They say: I can't get it. But now we are living with the disease. It's spreading. It's advancing."

Steve, who once loved to play soccer, can no longer kick around a ball: "I don't play anymore. I've lost my power." Now he keeps his passion alive by watching soccer on television.

Both Thembi and Steve encourage people to use con-

■ SLOW DEATH *Aids*

tragedy a grim warning:

doms and limit their number of sexual partners. "We are victims," says Steve. "We need to share our knowledge with the community."

"I always try my level best to tell the community: It's true; this thing is happening. But it's very hard. Young people still say: flesh to flesh."

There are already 3 357 reported Aids cases in South Africa — nearly half of them young people between the ages of 18 and 25. And the number of pregnant women who are HIV-positive is also growing. It is now estimated that 565 000 pregnant women are HIV-positive.

And the horror does not stop there. The HIV infection rate is doubling in South Africa every 13 months. Or, to put it another way, 500 people are infected with HIV every single day.

Steve and Thembi are among those sad statistics. But, as their stories show, their pain cannot be reduced simply to facts and figures. The tragedy of their lives is a grim warning for others.

Tomorrow
 We talk to people running Aids education programmes and counselling the young.



SILENT ASSASSIN *Second part of our three-part series looks at need to teach the young*

Education is our only hope

We are not going to make it if half the population has Aids,

By Tyrone August

THERE IS A LOT of renewed faith and hope in the future of South Africa since the April election. This promise of a new beginning may be wiped out by the threat of an Aids epidemic.

"It is one of the biggest problems facing the future of South Africa," says Dr Clive Evian of the Johannesburg city council's Aids programme. "In fact, I think it is the biggest."

He says many young people do not know they are infected with the Human Immune-deficiency Virus (HIV), which causes the Acquired Immune-deficiency Syndrome.

"So they don't really have any idea that they're getting the disease," says Evian. "But in 10 years the majority of them will be sick, and in 15 years the majority will have died."

Ms Margaret Moralo, a training officer at National Aids Training and Outreach Projects, agrees: "We are talking about the new South Africa, but we are not going to make it if half the population has Aids."

Evian warns that the disease is not visible for a long time. "At the moment about 6 700 000 people are infected, which is about the size of the city of Durban," he says.

"But most were infected in the last three or four years. And as the disease takes about 10 years to manifest itself, most aren't yet sick, so it doesn't look as if there's a problem."

Feel it in a big way

"But the problem is growing all the time, and we will feel it in a big way in the last few years of this decade."

Evian says the number of people with Aids is doubling each year: "That means that, by this time next year, one and a half million people will be infected."

Moralo passionately believes that education is the only answer. "It is the only preventative measure," she says. "Without education, we are lost."

And Ms Sibongile Nkomo, a nurse who is an Aids educator for the local city council, believes the education offered at school should include life skills.

"All kinds of education should be given because it helps a person to draw lines when they meet up with certain behaviour," she says.

"Our main objective when it comes to adolescent programmes is to empower young people. We are trying to make sure that they are well-informed about life."

RENEWED FAITH *The hope after elections overshadowed by deadly Aids:*

In 10 years the majority of them will be sick, and in 15 years the majority will have died,

Evian even believes health must be a school subject with the same status as arithmetic, with an exam at the end of the year.

"If you don't know about AIDS or gonorrhoea or breastfeeding, then you must fail," he says. "Because it's no good knowing arithmetic if you're going to get Aids."

"Aids education at school as part of a general life skills education is fundamental. We need to develop that kind of expertise, and we don't have it."

Natop's director, Professor Ruben Sher, agrees: "Sex is a major part of life — like eating and drinking. They are the pillars on which life is built, so we can't deny people sex."

The only solution is to provide sex education and life skills training. "People have to be taught responsibility," says Sher. "You can't enjoy the pleasures without the complications."

However, the Department of Education and Training has not been very supportive. "We are having a big problem with the DET," says Moralo. "We've just got to fight them."

As a result, Natop approached the private sector to sponsor a project to train guidance teachers about Aids and other preventable diseases. But, Moralo adds, parents must be drawn into this process even before teachers are trained because they may be part of the reason why schools are reluctant to provide sex education.

"Parents believe that by talking about Aids, we are encouraging their children to do things they didn't even know about," she says.

"We must have a parents' meeting in each region before we train teachers, and do a presentation for them — show them the statistics, give them proof that this is happening."

Nkomo agrees that parents form a vital part of educating young people: "Parents



Graphic by John Tsatsi

should also be empowered. They are the main people who can start laying the foundation.

"But most parents do not talk about issues like sex because they are sensitive. Some of them want to discuss these issues but they don't have the information."

Aids educators are also turning to young people's peer groups for help. "The peer group is a beautiful arena," says Nkomo.

The peer group

"There are no rules in the peer group. There you can do it all. In the peer group, there are many more challenges — and dangers. Hence we are trying to use peer groups to reach out to young people in our education strategies. We have discovered that the person in the situation is even better than us."

A major focus of Nkomo's work is peer training: "It is working very, very effectively. They are doing valuable work. If they are trained properly, they are the best."

Moralo also singles out peer groups as important: "Most of the people we have encountered are in the peer group age

Tomorrow

We look at what the Government is doing to address the Aids crisis

where there is pressure.

"They are pleasing their friends more than (seeing to) their needs and rights."

She reaches young people by visiting schools and organisations. "Mass training doesn't usually work," she says. "Targeting certain groups for training works better."

This is clearly an urgent task. Of the 50 to 60 pregnant patients Moralo sees at Hillbrow Hospital on clinic day, about 20 are "very young".

"Some are even still carrying their books," she says. "They never come back when they find out they are HIV-positive, so I'm sure we are having a lot of criminal abortions."

Evian also feels teenage pregnancies are making the problem worse. "Many teenagers will pass the virus on to their babies, so you're going to get a similar epidemic in babies," he says.

So education remains the only hope. "If we're going to build a new country, we must make sure our children are able to be leaders," says Sher.

"And, in the absence of a cure, the only thing we have is education."

SILENT ASSASSIN *Last of two articles about the frightening future facing our young people*

Facing the big Aids challenge

(92)

By Tyrone August

BUILDING houses and creating jobs are not the only challenges facing the new Government. Fighting the spread of Aids among young people is another formidable task.

According to figures provided to Soweitan by the Department of Health, there were 3 278 Aids cases in South Africa by the end of May.

Of these, 452 were between the ages of 20 and 24 and 551 between the ages of 25 and 29. Altogether, half the total number of people with Aids are younger than 30. "The Aids epidemic is now in the younger age group," says Professor Ruben Sher, director of the National Aids Training and Outreach Projects. "Young people should be made aware of the complications of a free-sex type of society. We need to look at responsible sex and honesty."

Dr Clive Evisan, director of the Johannesburg City Council's Aids programme, blames many of the Aids cases in South Africa on the legacy of apartheid. "Many young people in South Africa are in a transitional state," he says. "There's been a lot of unrest and disruption of schooling — the effects of apartheid. All those things add up."

"When you get communities that are unstable, and not economically sound, the potential for multiple sexual part-

■ 3 000 CASES Spread of disease

Among our population cause for alarm:

ners is high."

Evisan says poverty also forces people into vulnerable situations — such as migrant work or poor education — so they do not understand the disease.

"The violence and the unrest also create fatalism and hopelessness, and break up families," he says. "Anything that destabilises the family and community life creates these things."

"If you recognise that, you start building it into all your agendas: lobbying for better wages and housing conditions, workplace programmes, schools."

A major responsibility thus falls on the new Government. It recognises this and recently announced a national Aids plan with a budget of R257 million for the next two years.

Evisan says there has been "wide consultation" with the new Department of Health and that a lot of the money allocated to Aids will go to education, media campaigns and providing condoms.

In a statement to Soweitan, the department says it has already set up 17 Aids training and information centres throughout the country. "The department addresses the Aids problem through the facilitation of educational programmes which target young peo-

ple," it said.

"These interventions take place within the context of lifestyle education and comprise the development of relevant attitudes, knowledge and skills."

The department's education programmes are developed and implemented at both regional and district level. It singles out young women as a particular group of concern.

"The level of HIV-infection among pregnant adolescents is 4,57 percent, rising to 6,06 percent in the 20 to 24 age group," says the department.

"Young women in the latter group are most likely to become infected during adolescence. It is of urgent importance that all children receive education to adopt healthy behaviour patterns."

"The increasing incidence of HIV among young people and teenage pregnancy figures, as well as the fact that 43 percent of the population are below the age of 15, demand educational intervention from an early age."

"The Government has got a big role to play but other institutions also have major roles — religious and education institutions, the workplace and community organisations like burial societies. They must address the problem."



Sher feels parents have a key role to play too: "Parents have to support me and reinforce what I say." In fact, he refuses to talk to children unless he can talk to their parents as well.

"There are many so-called enlightened families who are frightened to talk about sex," he says. "But they must be open and frank as you begin to formulate your sex life when you are young."

He sees the Departments of Health and Education as playing central roles in this campaign as well. And, he adds, openness and truthfulness should be the cornerstones of their work.

"But this is not happening in the education conducted by education departments," Sher says, and blames this on "the old Calvinistic attitude" at schools. Through education people must be taught how to cope and take certain precautions," he says. "And this has to be taught prior to people becoming sexually active."

He puts this at around the ages of 11 to 13. "At that stage, we should already start with sex education," says Sher. "Then we have to deal with complications like pregnancy and sexually transmitted diseases." It is clear that a frightening future lies ahead if Aids education does not move to the top of the country's agenda. To quote Sher: "The future of a nation depends on its children. If this is true, South Africa does not have a future."

Useful numbers

Community Aids Training and Information Counselling Centre
(011) 725-6712
Living In Hope (011) 487-1067
Township Aids Project (011) 982-1016

Friends for Life (011) 922-4000
National Aids Training and Outreach Projects (011) 720-5612/3
Department of Health (012) 312-0000

Jo'burg losing HIV fight

Star 27/7/94

BY CHARMEELA BHAGOWAT

Johannesburg is losing its battle against the HIV virus with at least 10 percent of its sexually active population in the inner city already infected.

Johannesburg City Council's Aids Programme head Dr Clive Evian said this week that between 10 and 12 sexually active people out of every 100 in the inner city were estimated to be HIV positive and the figure had doubled in the past year.

"In three or four years, over 20 percent of sexually active people — between the ages of 15 and 40 years — are likely be infected with the HIV virus," he predicted.

"We've got a very rapidly growing HIV epidemic which will become an Aids epidemic," he said.

Evian said it was difficult

to establish accurate figures because not all HIV sufferers were aware of their condition and if they were, the stigma attached to HIV and Aids prevented them from acknowledging it.

He said the use of condoms alone could not stem the tide of HIV and people had to learn what steps to take to prevent being infected. (92)

One of the biggest obstacles, said Evian, was the public's stigma that promiscuity was the major cause of Aids, which made its victims self-conscious and ashamed.

"People should not fool themselves that this disease is a myth and can't affect them," he warned.

According to the Department of National Health and Population Development, 3 278 Aids cases were reported in South

► To Page 3

Concern as inner city HIV rate soars

Star 27/7/94

(92)

◀ From Page 1

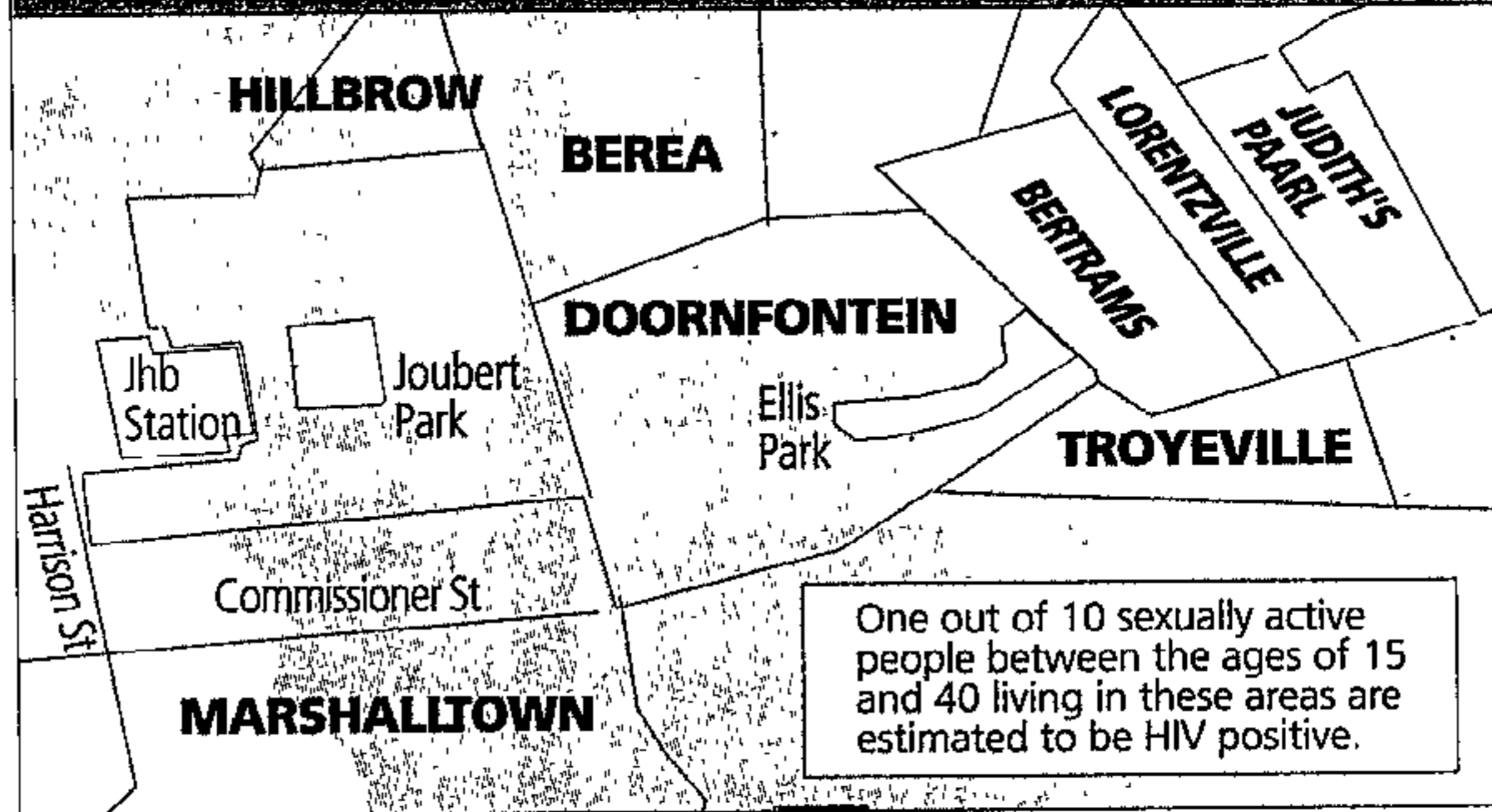
Africa by May this year.

An estimated 566 000 — 4,7 out of every 100 — South Africans were already HIV infected by the end of last year, said the department. This figure has long been surpassed in Johannesburg's overcrowded city centre.

Evian said Aids and tuberculosis were closely associated in South Africa, and at the Rietfontein Hospital in Sandringham, Johannesburg, where serious TB cases were treated, 23 percent of the male and 34 percent of the female patients were HIV positive.

"TB is a social disease affecting people under stress in poor circumstances and is related to unfavourable living conditions like overcrowding,

THE INNER CITY: LOSING HIV BATTLE



lack of heat in winter and inadequate health care," said Evian.

Another factor which attributed to the lethal coupling of the diseases was the fact that the HIV virus reduced the body's immunity to TB (which was latent in most peo-

ple), he said.

Evian said studies showed that women were more susceptible to contracting the HIV virus because they were placed in more vulnerable situations than men, and had less control over their sex lives and very little

control over their sexual partners.

In addition, young women in poorer communities often resorted to bartering sex for work, school fees and other necessities, which made them susceptible to getting the HIV virus.

y day

Mums-to-be Aids shock at Bara

■ **ON THE RISE** Four pregnant women test HIV-positive every day:

By Mokgadi Pela

AN AVERAGE of four pregnant women a day test HIV-positive at Baragwanath Hospital, *Sowetan* learnt yesterday. (92)

Dr James McIntyre, a specialist in the department of obstetrics and gynaecology at Bara, said the trend was seemingly on the increase.

He said there could be more than 35 000 HIV-positive women in Soweto alone. "Our worry is that the figure is doubling every 12 months." He added that seven out of every 100 pregnant women who visited Bara's ante-natal clinic tested HIV-positive.

McIntyre reiterated the hospital's policy of testing women only when they approved. He said babies born of HIV-positive mothers stood a 30 percent chance of acquiring the virus. Most would not live beyond five years.

Responding to the recent increase in

the Aids budget, McIntyre said the National Aids Plan needed to be implemented soon. According to the Department of National Health and Population Development, more than 500 South Africans acquire the virus daily.

"This (Aids) plan represents the first attempt in this country to address all aspects of the HIV epidemic and to provide a framework for prevention, care and legal rights," McIntyre said.

Dr Nkosazana Zuma increased the Aids budget to R42 million on July 21. On the same day, Zuma accepted the Aids plan prepared by the National Aids Convention of South Africa.

McIntyre said the largest concentration of HIV-positive people was in the PWV region.

"This area will be hardest hit by the economic effects of Aids. As more people become ill, all business concerns will be affected by Aids. I wish to urge the business community to support the National Aids Plan," he added.

New hope for HIV survival

(92) CT29/7/94

LONDON. — A quarter of people infected with the Aids virus may remain free of the disease for 20 years, suggests research published here today.

The claim is based on regular counts over a minimum of 10 years of white blood cells among 111 men with haemophilia.

The cells — CD4s — form an important part of the body's immune system and when levels

drop below a certain point Aids develops.

Researchers at the Royal Free Hospital in Hampstead conducted their study on haemophiliacs.

They conclude that 25% of infected individuals will be Aids free after 20 years.

And after 25 years, the researchers suggest 15-20% of patients will be Aids free.

More optimistic forecasts were produced for younger patients. A third of children under 15 at time of infection were expected to free of the disease 20 years later.

Researcher Dr Andrew Phillips said there was no reason to assume that people infected by HIV through sexual activity or other routes would have a different outlook to haemophiliacs.

KILL THIS MONSTER

Yes, we CAN stop

AIDS from devouring us

IT'S considerably less than two decades since an unknown disease began to attack homosexuals in the United States. Now the Hiv/AIDS epidemic is a worldwide phenomenon, with more than 13 million people, the vast majority of

them heterosexuals, already affected. Health Writer **DAVID ROBBINS** examines where South Africa stands in relation to what has been described by the World Health Organisation as "an unprecedented threat to global health". (92)



GRAPHIC: FRANCOIS SMIT

AS YOU read this, one in 20 South Africans between the ages of 15 and 59 is HIV positive, which means that sexual contact with that person could result in death by AIDS.

Worst affected regions are KwaZulu, where nearly one in 10 sexually active people is already infected, and certain areas in the PWV where the percentages will soon be at this level. The national average is one in 22, but rising rapidly.

A glance at the global picture reveals that of the 13 to 14 million people infected with HIV, more than half (7,5 million) live in sub-Saharan Africa. Most countries in our region are already severely affected by the epidemic: people are dying at a rate of nearly 1 000 a week in Zambia, for example, while our own epidemic is still in its infancy.

Why has South Africa lagged behind? The answer is that our political and economic isolation (reinforced by plenty of soldiers and barbed wire along our borders throughout the 1980s) retarded the spread of the disease from the north.

This explains why a country like Namibia already has over 5 000 AIDS sufferers out of a population of less than 1,5 million, while South Africa has less than 4 000 out of a population in excess of 40 million.

But in the long run South Africa cannot hope to be even partially immune. It's an epidemic we are stuck with, according to Peter Doyle, a Cape Town actuary and South Africa's most respected AIDS forecaster, who has made predictions until 2010.

But isn't the whole HIV/AIDS scare overdone? How are HIV statistics collect-

ed? How has Doyle arrived at his predictions? Is there nothing that can be done to lessen the impact of an epidemic that appears from the available evidence to be still in its infancy?

Such questions deserve accurate answers.

Let's take the collection of HIV statistics first. Since 1990, the Department of National Health has conducted surveys among women attending antenatal clinics during a specified two-month period. Pregnant women have their blood tested routinely. After these tests have been conducted, individual names are removed (but not the geographic locality or the race) and the blood is retested for HIV positivity.

The 1993 survey (which has provided many of the statistics used in this article) was based on 15 545 blood specimens collected from across the country. All specimens testing HIV positive were retested in accredited virology laboratories.

By applying statistical procedures to the results, and especially by comparing data to previous surveys, an estimate is

achieved that is widely considered to be one of the most accurate in the world.

Obviously, these annual statistics help a great deal when we get into the prediction business.

Yet it should be borne in mind that in the late 1980s, before the annual surveys began, and when from other sources the incidence of HIV positivity in KwaZulu was estimated at less than 1 percent, Doyle's computer was saying that by 1994 KwaZulu's rate would be around 9 percent. In fact, it's currently standing at 9,6 percent. That's accurate forecasting.

Like forecasting of any kind, Doyle's model is based on what we know (in terms of population figures and current rates of population growth) and how this basic data is impacted upon by what are called key assumptions. Some of the assumptions which Doyle has fed into his computer are that: HIV infection in Africa is transmitted predominantly by heterosexual contact.

Account must be taken of the impact

and incidence of various risk behaviours, as well as a gradual geographic spread of the infection.

There will be no cure for AIDS before 2010.

Significant changes in sexual behaviour will only occur once large numbers of people are sick and dying from AIDS.

An incubation period (from HIV infection to the development of AIDS) of nine years was used, and data from the whole of sub-Saharan Africa was collected to fine-tune the calculations.

The main predictions to emerge are published on this page. HIV prevalence will have climbed to above 20 percent by 2010. That's about one in four to five of the sexually active population. Over the same period, the number of people ill with AIDS will have grown from less than 4 000 to about 600 000.

But look again at the graphics. Notice that there are large differences between the high, medium and low predictions.

Does this mean that there is actually something which can be done which will impact on the size of South Africa's HIV/AIDS epidemic?

Listen to Doyle's definitions of these varying predictions.

"The high scenario assumes that the epidemic will follow the course of the worst-afflicted countries in East and Central Africa, and that there will be no change in sexual behaviour.

"The medium scenario assumes that the epidemic follows the high scenario, but that from the middle 1990s (that's next year) the large numbers of persons sick with AIDS combined with successful and sustained education efforts result in a significant change in the pattern of sexual behaviour.

"The low scenario assumes that the epidemic follows the medium scenario, but in addition major successes are achieved in treating other sexually transmitted diseases (whose presence dramatically increases the chances of HIV transmission), and that condoms are much more widely used."

All this adds up to considerable good news for South Africa. The HIV/AIDS epidemic is not a monolithic monster devouring everything in its path.

Interventions - especially increased awareness and education, the improved treatment of STDs and availability of condoms - could make a significant difference.

Somebody else's problem

THE latest national HIV survey shows that, for the first time, white heterosexuals have become a definite statistical part of the epidemic, even though incidence rates are considerably lower (0,5 percent) than among their black counterparts (around 5 percent).

Does this mean that there are significant differences in sexual behaviour between black and white? The short answer is that it does not.

AIDS has often been seen to attack those who could be marginalised. Homosexuals and intravenous drug users; prostitutes; black people. There has been safety for some in making these generalisations.

The reality

The reality, however, is that HIV/AIDS is set to become a problem of the middle classes in South Africa very soon.

More helpful than making moral judgments, however, is to attempt an understanding of what stimulates the spread of HIV. There are two major factors.

The first is the whole sphere of socio-economic conditions: single-sex hostels in the townships; the assault on family life delivered by decades of influx control and the migrant labour system; and the vulnerability of women, especially in the turmoil of high urbanisation.

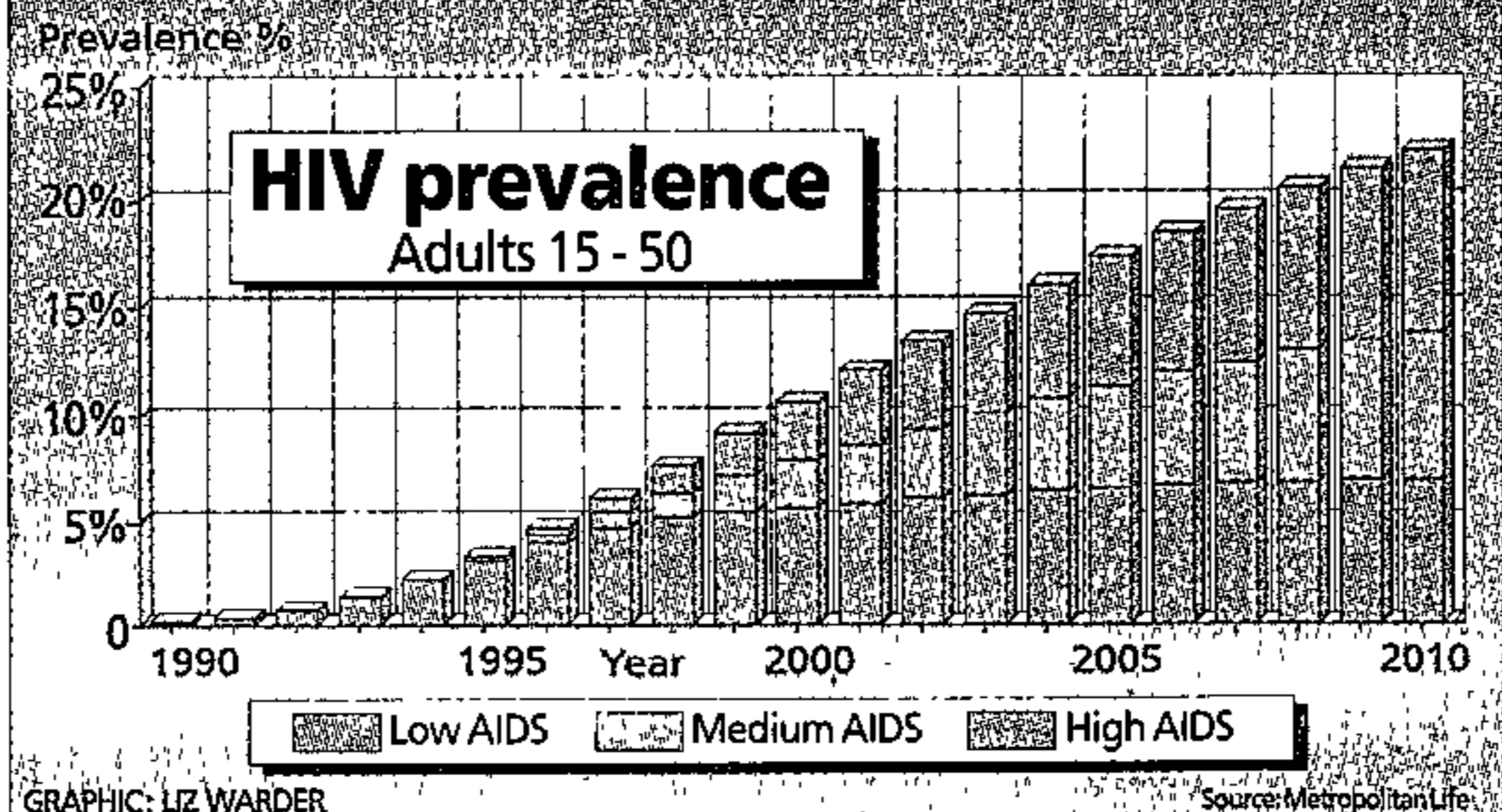
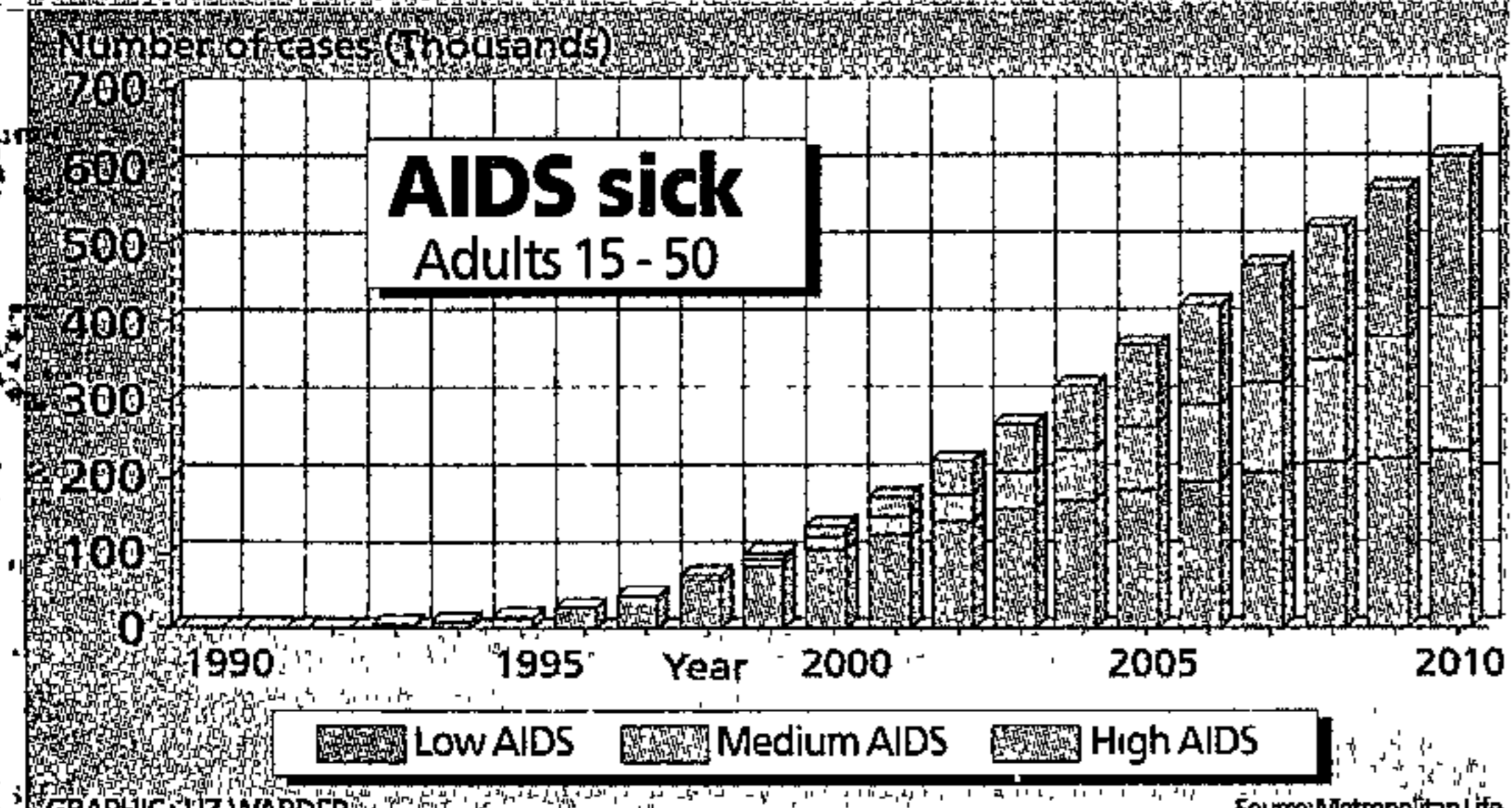
The temptation

Even so, the temptation to see the whole of sub-Saharan Africa as manifesting the same level of HIV prevalence (or promiscuity) should be avoided. There are areas in Zaire where the incidence of HIV is much lower than predicted by some of the prophets of Africa's doomsday. On the other hand, Rwanda has huge HIV problems; and if one believes that social turmoil impacts on individual behaviour, it's not difficult to see why.

The second factor relates to the prevalence of sexually transmitted diseases (STDs), which is often as high as 20 percent among black people and less than half a percent among whites.

The most widely accepted explanation for these differences deals with the accessibility of quality medical care, including the availability of antibiotics for the treatment of some STDs. Historically, Africa simply hasn't had the infrastructure to treat STDs as effectively as they can be and are treated in the First World.

THREE AIDS SCENARIOS . . . and what you should know about it



THE Aids virus, HIV, destroys the body's immune system, rendering the patient incapable of warding off infections. The virus is also capable of penetrating the blood/brain barrier to cause a form of dementia.

HIV is contracted via sexual intercourse with an infected partner, the infusion of infected blood, or from an infected mother to her baby.

After infection, there is a dormant period averaging nine years (for adults) when no Aids symptoms are present but during which the carrier can pass on the virus.

Although the disease is too young to arrive at accurate historical statistics, the chances of developing Aids after being infected with HIV are extremely high.

Once opportunist diseases associated with Aids (such as TB and pneumonia) are present, death is almost 100 percent certain. There is no cure, and the development of an effective prophylaxis should not be expected this century.

Scores of truckers have HIV but figure that an accident will kill them first

Up and down the AIDS Avenue

SEAR 30/1/92

(92)



DEADLY CAVORTING: It's night at Mitto Andei ("Place of Vultures"), a 200 m strip of rooms to hire and bars on the Mombasa-Nairobi highway. A quick drink, quick sex, and then hit the road again.

PETRA'S sixty-something eyes flash with adolescent expectation. "Can you lend me 50 shillings for milk and sex?" he says. "I'll look away. So this is the fare for the lift across Kenya."

I hand him the money, the equivalent of R350. He motions for a wait in her 20s, who trails after him, her eyes redolent of pride long surrendered. She is drawn on his invisible

Every woman above the age of 14 appears to be on the game, including the big-mama bartender with arms as wide as a boobab tree, who sits on the customers' laps and fondles them between serving drinks.

ly here, roughly the price of a bag of mangoes.

Twenty minutes later, they're back. Petra all smiles. He rejoins fellow truckers Moses, Omar and Isak for a beer. The woman — his "street wife" with whom he sleeps whenever he passes through — waits mutely at an adjoining table in case he should require her services again.

It is 9 pm in Mitto Andei, "place of vultures", a 200 m strip of open-air bars and rooms for hire which stretches out on either side of the Mombasa-Nairobi highway. By day, it's a sleepy backwater, but as the lorries roll in at dusk, out come barmaids who double as prostitutes and a city of sex and booze emerges along the tarmac.

At dawn the city will recede again as the transcontinental lorry drivers continue their journey, ferrying imports from Mombasa harbour across Kenya into neighbouring Uganda and beyond into Rwanda, Burundi and Zaire. This busy highway is the main trade route, the lifeline of east Africa, and Mitto Andei



NO SEX WITH SOX: Petra, in his sixties, has been on the road for 45 years, has several "street wives" at different stops and prefers not to use a condom. He has travelled the route more than 1 000 times.

is only one of 15 stops frequented by truckers along the way.

But not just goods are transported along this highway. East Africa is the worst AIDS-affected region in the world and within it, truckers and prostitutes comprise two of the highest risk groups.

In the mid-1980s an AIDS prevention programme targeting the trucker-catering prostitutes of Nairobi was introduced after HIV incidence was found to have escalated from zero in 1980 to 80 percent in 1987.

LORRY drivers ferrying imports from Mombasa across Kenya into Uganda and beyond into Rwanda, Burundi and Zaire are contracting HIV and spreading it over thousands of kilometres. DAVID COHEN rode this highway of death and reports his experiences in the first of two articles. The second article appears next week. BRADLEY ARDEN took the pictures.

Unknowningly, lorry drivers are contracting HIV and spreading it over thousands of kilometres to other sexual partners en route and eventually back to their own communities.

But simply blaming the truckers, the researchers argued, was not the solution — to understand the sexual mores of the denizens of the road and to promote a change in their behaviour re-

First there was the heat to contend with, steamy and cloying, swelling tyres to bursting point and curling the paper in my notepad. "Too hot," said Petra, slowing his 8-ton Nissan diesel truck (with neither air-conditioning nor seatbelts) to a painstaking crawl of 25 km/h. "We get there faster if we go slower."

He pulled a lukewarm Pantala from beneath a blanket, bit off the bottle top with his teeth and smiled: "You'll see what I mean."

One hazard is that oncoming buses and articulated lorries hurtle the coastwards at death-defying speeds, relying on the slower, up-country drivers to give way at the last moment. On the whole, the arrangement — accompanied by much friendly arm-waving — works well. But every few hundred kilometres, you come across a lorry with its wheels in the air, its cargo strewn across the highway.

"I've seen so many bad accidents, so many people killed," said Petra as he manoeuvred past another jack-knifed lorry. "I go slow and that is why I am still alive. But when you see this, you can't help wondering whether you're next to die."

Every few hours, Petra stopped to check his tyres. His wheels were out of alignment and that, combined with the scorching heat, increased the risk of a blowout.

"Lion country," said Isak, as we passed Voi, a small town on the edge of Tsavo East National Park. "If you get stuck here at night, don't go to the toilet!"

The Okay Safari Lodge in Mitto Andei offers beds (no sheets) for 70 shillings (R5) a night. The rooms are dingy and matchbox-like with mysterious bloodstains — too large to be dead mosquitoes — smeared over the wall.

Two communal showers provide a much-needed relief down the hall. But one tap dribsbles cold water, the other offers a generous supply of fresh air. A hole in the ground marks

the toilet, its edges sloped with excrement, the air stained with the stale stench of urine.

Isak cannot afford a room, so he will sleep in the truck, preferring to spend his daily allowance of 110 shillings (R8) on meat, potatoes and Tusker lager. But after nine hours behind the wheel, Petra wants a bed.

Moses and Omar have been following close behind. Cleaned and changed, the four of them sit, eating and drinking, cosseted by the soothing throng. Zairean pop music spills into the night. Every woman above the age of 14 appears on the game. Even the big-mama bartender, with arms as wide as a boobab tree, sits on the customers' laps and fondles them between serving the drinks.

In return for sex they'll buy

The Okay Safari Lodge in Mitto Andei offers beds (no sheets) for R5 a night. The rooms are dingy and matchbox-like with mysterious bloodstains — too large to be dead mosquitoes — smeared over the wall.

the woman dinner and beer and pay her, as Moses says, "what-ever they fancy". By the time they get to Petra's age, they might have a regular at every stop and don't necessarily take precautions.

The older hands, the Petras of the road, "don't like sex with sox" and refuse to wear condoms. Petra has no wife to go home to (she miscarried and bled to death 15 years ago at the age of 35) and his six children (of whom two are truckers) have grown up.

He would like to retire but he has neither pension nor savings. His logic is simple — he reckons the road will kill him before AIDS will. The highway death toll — over 300 in the last two months — reinforces this belief.

Master plan to tackle Aids — but R257m is needed to implement it

92 Ark 30/1/94

DALE KNEEN

Weekend Argus Reporter

A COMPREHENSIVE plan to combat the "major health and social problems" caused by HIV and Aids has been developed, but R256,8 million is needed to implement it effectively.

The National Aids Plan was drafted by the National Aids Convention of South Africa (Nacosa), an organisation representing a broad spectrum of government, political, workplace, civic and Aids groupings.

The Global Programme on Aids of the World Health Organisation, the Centres for Disease Control and the United States Agency for International Development assisted in its development.

The plan has been presented to the Minister of Health Dr Nkosazana Zuma and the Ministry of Health immediately responded by doubling its annual Aids budget to R42 million.

The remainder of the money, it is hoped, will be raised by donors and

therefore only select elements of the National Aids Plan will be implemented immediately.

Key elements of the National Aids Plan are education and prevention, counselling, care, welfare, research and human rights and law reform.

Nacosa noted that the response to the epidemic in South Africa "so far has been less than adequate" and that HIV infection is spreading through the population rapidly.

A recent survey documented that the number of infected adults virtually doubled in 1992/93 to reach 550 000 and there was every indication that it would continue to grow at this rapid rate.

The highest rates of infection were in the 20 to 24 age group, all provinces were experiencing dramatic growth of the epidemic and socio-political conditions were contributing to its spread.

"It thrives in environments of poverty, rapid urbanisation, violence and destitution... and renders women particularly vulnerable in cultures and eco-

nomic circumstances where they have little control over their lives."

The plan, Nacosa suggested, should be immediately launched by establishing a centralised National Aids Control Programme office and appointing co-ordinators in each province.

The fundamental strengthening of a primary health care system in the country and the tackling of discriminatory practices in respect of infected persons and Aids patients are the two broad goals which are critical to the success of an HIV/Aids prevention strategy.

The implementation of the National Aids Plan is focused on three central objectives:

■ To prevent the spread of the epidemic through the promotion of safer sexual behaviour, the adequate provision of condoms and the control of sexually transmitted diseases.

This will be achieved with a school sexuality education programme involving the distribution of Aids texts, the establishment of provincial committees to

develop a sexuality education curriculum and the support of existing extracurricular school programmes.

Other measures are smaller-scale prevention programmes aimed at vulnerable groups such as prostitutes and prisoners, regular media campaigns and the improved distribution of condoms through health services and in communities.

The programme also includes the provision of safe blood supply, the promotion of universal precautions for invasive, skin-piercing surgical and dental procedures and the prevention of unsafe drug behaviour.

The plan suggests information, counselling and services should be provided to prevent parent pre-natal transmission.

■ To reduce the personal and social impact of HIV/Aids through providing counselling, care and social support, including social welfare services for persons with HIV/Aids, their families and the community.

NEWS Minister reacts to teachers' strike threat ● Fight killer disease, business asked

Appeal on Aids

Sowetan 11/8/94

By Oliver Jarasch

THE Aids epidemic will have considerable effect on South Africa's economy, according to Dr James McIntyre.

Speaking at an investment forum organised by *Enterprise* magazine, McIntyre said the equivalent of 156 000 working years could be lost next year due to the killer disease.

McIntyre, the PWV regional chairman of the National Aids Convention of South Africa, warned black entrepreneurs not to push the Aids crisis to the

back of their minds.

"It is not only a problem of the poor Aids also affects a very productive group employed in the business sector.

"Things will change not because of us scientists, but because people like you start to break down the stigma. We have to talk about it and promote non-discrimination. Otherwise the Aids threat will become a new sort of apartheid."

Vincent Veal, HIV-positive since the age of nine, said: "I was fired three years ago just because there was a rumour that I was HIV-positive."

(a2)

Aids ruled out as notifiable disease

ARC 3/8/94 (92)

THERE is no point in making Aids a notifiable disease, says Health Minister Nkosazana Zuma.

Responding in writing to a parliamentary question by Mahomed Cassim (IFP), Dr Zuma said the estimated prevalence of HIV infection was 4,69 percent at the end of last year — up from 2,69 percent at the end of 1992.

She said surveys of women attending ante-natal clinics nationwide had been conducted in October and November each year since 1990 to determine the prevalence of HIV infection.

These surveys provided the most reliable barometer of the spread of Aids, she said.

Obliging doctors to report new cases of the deadly disease would not help to monitor or limit its spread.

“Notifiability will make no difference to accurate data collection and may even be counterproductive as it may discourage infected individuals from seeking health care.”

● The Cape has the lowest rate of infection — 1,33 percent at the end of last year. — Reuter, Sapa.

Aids cases in SA 'doubling'

PORT ELIZABETH. — The latest HIV statistics for the Eastern Cape offer proof that Aids cases are almost doubling each year in the country. (92)

The figures show 546 people have been confirmed HIV positive in the region, compared to last year's figure of 360.

Sixty people have died of Aids-related causes in the region this year, 10 of them children.

Black females made up most of Aids cases.

Sapa CT 4/8/94

UCT's Aids package

MLT 6/18/94

(92)

STAFF perks at the University of Cape Town are becoming much more vital than housing subsidies or company loans:

Free HIV tests are now available to staff, in line with UCT's firm commitment to Aids education on the campus.

The service — now available for staff — has been available to UCT students since the beginning of last year when the university pio-

neered an Aids "package" designed to protect both staff and students who were HIV-positive or had clinical Aids.

Wendy Orr, director of UCT's Student Health Service and convenor of the Aids Education Working Group on campus, told Weekend Argus the service for staff was the result of requests and the realisation that tests were an integral part of the education campaign.

"We have realised that you can't run an education pro-

■ Aids education is gaining impetus at the University of Cape Town where educators provide a unique service to staff and students, and, increasingly to schoolchildren as well.

DI CAELERS, Weekend Argus Reporter

gramme without the technical back-up, part of which is testing. And it's become clear that pre and post-test counselling is one of the best education opportunities available.

"Counselling is a one-on-one situation. It's very persona-

lised and that's when people have the best opportunity to ask whatever questions they please."

Against this background and after much debate, Dr Orr said, the test service was extended to UCT staff. "And of

course, when you educate on a subject like Aids you also create a lot of anxiety and we needed to have some kind of impetus in all kinds of ways.

Dr Orr said the student education campaign was gaining net to pick this up."

Staff are also attending workshops targeted at specific groups, such as residence wardens, faculty officers and student advisers. The workshops are about HIV and Aids and the issues surrounding the disease in the workplace.

Meanwhile, a R20 000 Liberty Life grant means the university will employ a part-time Aids educator for one year who will take over the co-ordination of outreach programmes, particularly those in Cape Flats schools.

"We've just trained a group of 40 students in line with international experience that has shown that peer education is the way to go."

■ See page 18

WHEN Jan and Andrew walked into my house I did not know which of them carried the Human Immunodeficiency Virus (HIV). I suspected it was Jan because he was thin, had lesions on his face and a hacking cough.

He was already manifesting what clinicians call the fourth (final) stage, when Aids-defining conditions are prevalent and the patient is bedridden for at least 50 percent of the day.

Andrew, on the other hand, was a picture of health: shiny hair, full-faced and attractive, but he was withdrawn and showed signs of depression.

They were both diagnosed HIV positive in 1989. Jan in Amsterdam after his lover of nine years died and Andrew in Johannesburg when ulcers in his throat wouldn't heal.

When I asked which of the men was HIV positive, caregiver Joy Wilson said: "People with Aids or HIV don't walk around with stickers on their foreheads. It could be any of us."

She told me she was paranoid about Aids until she went on an awareness course at the training and information centre run by the city council.

"There was an HIV person there who said people were scared of them. I decided to see where I could help.

Joy, who cares for people with Aids and is often at their sides when they are emaciated and at the point of death, said HIV infection did not mean immediate death.

Many patients, however, "stayed at home twiddling their thumbs waiting to die".

It was the stigma, taboo, ostracism — the public's ignorance and prejudice — which drove them indoors.

Andrew was kicked out of his communal home when his housemates discovered he was HIV positive.

"I ended up sleeping on Green Point sports fields," he said.

A Guguletu man, who declined to be named, said: "People with the virus are treated like dogs with a suppurating sore. Nobody goes near them."

He said he knew who carried the virus because people pointed fingers at them behind their backs.

"I would rather drink poison and die than live with the virus and the alienation," he said.

Andrew and Jan both live with friends and draw a R370 a month state disability grant.

But what happens to people who don't know they can apply for a grant and do not have a support group or affordable accommodation at their disposal?

In Cape Town, it is 10 days in the hospice or nothing. For the less privileged, it

HIV: 'It could be any of us'

ARC 6/8/94

92

■ Try to interview people with Aids and HIV infection in the community where it is spreading the quickest — among black heterosexuals — and the response is silence and bureaucratic foot-dragging. So journalist **MICHEL MULLER** invited into her home a private home caregiver and two gay men who were prepared to lift the veil on the subject...

is rumoured that people are dumped in the rural areas to cope where there are no resources and little Aids awareness.

Already in Africa Aids patients die in half the time that Americans do.

The difference is the availability of drugs and the upfront attitude to the disease in developed countries.

Andrew said it cost anything between R4 000 and R5 000 a month "to keep me going".

"But if you don't know what the side effects of the drugs are you can get a headache and panic."

In some African states, where one in 40 people are infected, Aids care gobbles up at least 30 percent of their healthcare budgets.

No wonder the South African government announced last week that it would increase its cash input seven times to R257 million on programmes to combat Aids.

Estimates at the HIV and Aids in the Workplace conference held at UWC last month indicated that by the end of this year more than two million South Africans will be HIV positive. By 2005, at least 20 percent of the nation will be infected, putting a severe strain on state resources once these people develop full-blown Aids.

Already HIV tests are mandatory in the insurance industry for policies exceeding R50 000 — "to avoid a calamity", an actuary said.

Joy said she knew about 160 people with HIV and Jan knew about 70.

"I wonder how many out there don't even know," said Andrew.

According to experts, the majority of people with HIV would only realise they carried the virus once they became sick.

The medical profession, Joy said, was not tuned in to Aids.

"How many times does a doctor treat a patient for thrush, but never test for HIV?"

Tuberculosis and HIV combined are devastating and the Western Cape has the highest incidence of TB in the world.

Because of the stigma and medical aid and insurance exclusion clauses, doctors are often compelled not to disclose their patients' HIV or Aids status. Confidentiality stops medical aids recording the prevalence of the disease.

Back at my dining-room table, it was Jan who first told me of his status.

Let's be honest, I'm HIV," he said.

It took Andrew a little longer, but eventually he confided: "I haven't told anyone about it for more than a year."

They have access to the grant because they tire easily and are preoccupied by their condition, which can flare up any time into debilitating illness. They are what the government calls 30 percent disabled.

Jan said he had undertaken some temporary jobs, "but I never know what I am going to look like or feel like. In Amsterdam my gums receded.

"I can wake up one morning and I've got no energy. I feel so drained I can't even lift a hand to smoke a cigarette.

"I worry about stupid things like this winter, my chest and my cough. It's been going on two weeks and I've got thrush in

the oesophagus. It's common with HIV."

Andrew said he blamed the medical profession for his confused state after he was diagnosed HIV positive. He left his job in Johannesburg and came to Cape Town "to die".

"I had no pre- or post-test counselling. It's absolutely necessary. You do stupid things if you don't have the knowledge and nobody talks to you. Ten-to-one I'd still be in my job."

An Aids counsellor told me the language barrier was an obstacle to successful counselling at clinics where most patients were Xhosa-speaking.

"We're also dealing with circumstances where seemingly well people cannot grasp the concept that they have a virus in their bodies that is going to kill them. They think it's a lie," she said.

The situation is desperate and clouded by a veil of secrecy and discrimination.

Aids orphans are another result of the deadly disease. The impact on the economy when the workforce starts dropping like flies will be another.

In the Western Cape, where the rate of infection is the lowest in South Africa at one percent, there is no reason for complacency.

Four years ago, in KwaZulu/Natal, the situation was the same as it is here. Now the prevalence is an alarming 10 percent and rising rapidly.

Even if new infections halted today, there are still be a huge number of people who will become Aids sick.

And as Andrew and Jan will tell you, your life changes — dramatically.

New approach to Aids opened

LONDON. — French researchers say they have hard evidence that scientists have fundamentally misunderstood the Aids virus.

Their findings, to be announced at the International Aids Conference in Japan, could force a radical rethink of current Aids research.

They provide new insight into how the virus destroys the human immune system and open up a new approach to combating the disease with well-established and widely available drugs.

The researchers argue that the Aids virus does not destroy cells in the immune system but tricks the cells into committing suicide.

This view has been rejected by orthodox researchers, but a University of Paris team under Pro-

Evidence cells kill themselves

fessor Jean-Marie Andrieu has produced results that contradict orthodox theory.

The new thinking is that if the Aids virus triggers immune system suicide, the more active the immune system the faster it will destroy itself.

It follows that one way of treating patients would be to give them "immunosuppressive" drugs to slow down the immune system.

On the conventional view, such

a treatment would simply further reduce the ability of infected patients to fight off disease.

In their pilot experiment Professor Andrieu and his team found the drug cyclosporin stabilised the immune system, apparently checking the virus' attack.

In a second study, using the drug prednisolone, the results were even more dramatic, creating a condition in which patients were less likely to develop Aids.

Professor Andrieu said: "These results are good indicators. Patients with low activity in their immune system will probably survive longer."

Professor Angus Dalgleish of St George's Hospital here said: "Now those who claim Aids is just the result of the virus killing cells will have to explain why reducing immune system activity produces improvements." — The Telegraph plc

CT8/8/94

92

SA Aids plan may be too late - expert

818494
BY LEE-ANN ALFREDS

South Africa may have run out of time in its fight against Aids, National Aids Training and Outreach Programme director, Dr. Ruben Sher warned yesterday.

Sher was responding to reports that official figures — which put the number of people suffering from Aids at 4 000 — were totally inaccurate.

He said that from the time the epidemic was first monitored, authorities throughout the world believed 30 to 40 percent should be added to official figures to get a proper indication of the number of people infected with the HIV virus.

Although official figures put the number of people suffering from Aids in South Africa at

4 000, experts have indicated that they believe the correct figure is about 9 000.

"I believe the incidence of Aids cases has been under-reported by about 50 percent, Sher said.

He said full-time employees should be appointed to collate statistics in an effort to calculate a more accurate estimate.

Despite welcoming the announcement that the Department of Health intended to budget R42 million to initiate a plan to fight the disease, Sher said it might be too late to stop the epidemic.

"About 400 to 500 people are becoming infected every day," Sher said.

■ The two-year R257 million National Aids Plan was unveiled by Health Minister Dr Nkosazana Zuma last month.

SHCP

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'Few changes' in police Bill

Biday 8/8/94

NOMAVENDA MATHIANE

WHILE PWV public safety and security minister Jessie Duarte should be commended for calling a public hearing on the new police Bill, there are few changes from the old laws in the Bill, says Wits University Centre for Applied Legal Studies representative Kevin Botha.

In an interview on the last day of the hearing in Johannesburg on Friday, Botha criticised police commissioner Johan van der Merwe for not giving the Public Safety and Security Department enough time to prepare for the hearing, which would have enabled the public to read and react to the draft Bill.

"But, in spite of the time constraints, Minister Duarte went ahead and called the hearing, making it possible for ordinary people to be heard outside Parliament."

Botha also criticised the language used in the Bill, arguing that it excluded the majority of the people.

"Most of the people who could have made submissions are ordinary citi-

zens who do not read English. The Bill should have been written in languages which they understand."

He also said if the department was serious about "democracy in action", it should have bused people from townships to make their submissions.

"After all, these laws are about their lives," he said.

On the Bill, he said talk of change in the police force was nothing new.

"We heard the former government go to great expense to make the police reach out to the community while problems on the ground went on unabated." (92)

There had always been a conflict between what police should be doing and what they did do.

"The dichotomy between practice and promise exists. It doesn't matter what the Bill says. What we need to look at is the culture of the present police force.

militaristic and sexist. It is

male dominated and authoritarian and racist. This Bill blindly refers to non-discriminatory practices without saying how it will redress that reality," he said.

"Deeply entrenched characteristics inherent in police culture militate against changed attitudes and behaviour. Reactionary attitudes, machismo, stereotyping and prejudice are all strong deterrents to a human rights ethic."

Zackie Achmat of the AIDS Law Project said there were policemen who had been denied promotion because they were HIV positive.

He said apartheid had been replaced by AIDS, arguing the police force was using AIDS to discriminate against members of the police force who had been tested HIV positive.

"It is medically established that a person with HIV can live a full, productive and healthy life for 10 to 15 years after being infected with the virus," he said.



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Car theft gang smashed Winnie and her
ke. Police Emily Mabaso, 65, in their home.

No cure, treatment or vaccine

AIDS: the outlook still very bleak

Star 12/18/94

Yokohama — The gist of 3 500 reports this week on the war on AIDS at the 10th International Conference on AIDS is simple enough: there is no cure for AIDS, no effective treatment, no vaccine. Nor will there soon. (92)

The tone of the conference, which ended yesterday, was restrained from the start. Organisers warned participants not to expect anything big. And after four days of non-stop discussion, the goal of controlling HIV, the AIDS virus, seems as distant as ever.

The only breakthrough that surfaced since last year's big meeting in Berlin was the discovery that AIDS-infected women can avoid passing the virus to their babies during birth if they take the drug AZT.

But because the medicine is so expensive, it will not help those living in poor countries where the disease is most common. And some worry that AZT-resistant strains of the virus will grow so dominant that this treatment will eventually be worthless even for those who can afford it.

The theme that emerged at the meeting was the need to go back to basics. Two of the most talked about subjects at the conference — long-term survivors and gene therapy — build on the encyclopaedic store of basic knowledge al-

ready assembled about HIV virology and immunology.

About 5 percent of HIV-infected people are still perfectly healthy 12 to 15 years after their infection. Researchers believe that if they figure out how these people's immune systems tame HIV, they could turn it into a treatment for the others.

And the preliminary study of Dr David Ho, head of the Aaron Diamond AIDS Research Centre in New York City, offers hints of unique immune system responses in these people who carry HIV without harm.

Other researchers said their decade of basic research into HIV's genes, structure and life cycle was about to result in human experiments in gene therapy, the most exotic AIDS treatment yet.

No one knows whether this will ever produce a practical AIDS therapy, though: the virus's principal tactic has been to evolve mutant genes that make it impervious to new drugs.

For now, many believe that keeping people from catching AIDS, largely through condom use, is the only practical way to control the epidemic, which continues to spread with alarming speed. World Health Organisation figures state about 17 million people have been infected with HIV. — Sapa-AP.

Parents approve plan to fight Aids

South 12/8-16/8/94

THE PLANNED Parenthood Association of South Africa (PPASA) has been applauded by the National Aids Convention of South Africa (Nacosa) on its draft Aids proposal presented to the Minister of Health, Dr Nkosazana Zuma, recently.

Nacosa devised a plan for what it considered the most effective use of the R120 million which has been set aside for a National Aids plan by the Department of National Health. (92)

The R120 million will be divided among the various regions according to the percentage of people being treated, and according to the percentages of the national population in that specific area.

The following areas have been budgeted for in the national plan:

- Aids education in educational institutions.
- The adequate provision of high standard condoms.
- The effective management of sexually transmitted diseases.
- Care of people with HIV and Aids at primary health care sites.
- Human rights and law reform initiatives.
- The establishment of a National Aids Control Programme — which would entail the appointment of a regional Aids manager.

The PPASA has asked Zuma to adopt the plan for immediate implementation.

The association also welcomed the priority attached by the plan to school sex education, sexually transmitted disease control and condom provision.

"These areas are in line with PPASA's own priorities in reproductive health and we are pleased that the country will be proceeding with a comprehensive plan against Aids after a decade of inactivity," Dr James McIntyre, PPASA national vice-chairperson, said.

"It is essential that Aids prevention efforts target young people and that resources are made available to improve condom provision. PPASA pledges its support for the priority programme outlined in the plan and will be meeting the National Aids Programme to see where our organisation can play a part in the implementation of the plan."

According to Cape Town City Council spokesperson, Mr Ted Doman, the Western Cape Regional Nacosa Committee and the local authorities agree with the plan.

"However, at a regional workshop, employment creation for people with HIV was also identified as a priority," Doman said.

Over the next two months a Regional Aids Plan will be drawn up by the Nacosa working groups and be presented to the regional health minister by October this year.

EDWINA BOOYSEN

Employers slow on AIDS policy

S Times (Buss)

By KEVIN DAVIE

A SURVEY of 150 KwaZulu-Natal companies employing 84 000 people has found that 84% of companies do not have a formal AIDS policy.

The survey by management and industrial relations consultants Owen, Adendorff and Associates finds that only six companies pre-screened employees for AIDS.

Seven companies employing 17 049 people are aware of employees who are HIV positive. The number of employees known to be HIV positive is 226.

Twenty-two employees at these companies are known to have died of AIDS. A further 18 are suspected to have died from AIDS.

The researchers say personnel

employed in the sick-bay of one company are aware of a female member of staff who is HIV positive. She has had sex with three other employees who are now also HIV positive. (92)

"The sick-bay personnel are not prepared to reveal this information to the three male employees or to any other employee or staff.

"It is quite clear that employees are dying from AIDS but because of the legal obligations on doctors and employers regarding confidentiality other employees have died from AIDS or are HIV positive," says

Leslie Owen.

"In a sense the issue of confidentiality is promoting the spread of AIDS among factory workers. Because of legal and ethical constraints information remains confidential.

14/8/94
"It could well be that workers who receive AIDS education are unaware that fellow employees are dying from AIDS so the value of the education remains theoretical and questionable," says Mr Owen.

The survey finds that most companies do not believe it their responsibility to educate their workers.

Forty-five percent of companies had implemented some form of

education programme based on videos, posters and/or lectures.

Of 24 companies which have an AIDS policy, 18 would not notify any other employee should an employee die of AIDS.

Of the total 150 surveyed 79 said they would not notify any other employee should an employee contract AIDS. Thirty-seven said they would not know what to do.

Mr Owen says the effectiveness of the educational programmes is questionable.

"It appears that AIDS education programmes are not sufficiently implemented in companies and where implemented employees are still contracting the disease."

MONEY

AIDS threat to benefits

AIDS poses a serious threat to the retirement benefits of many thousands of provident fund members.

The popularity of provident funds as a form of retirement provision has risen sharply over the past few years, with 163 in Sanlam's latest biennial review of Retirement Benefits in Southern Africa, up from 97 in 1992.

These funds promise members lump-sum retirement benefits made up of the member's total contributions, plus employer contributions, plus interest.

And the overwhelming majority provide a lump-sum benefit on death and permanent disability. Death benefits of funds average around 3,5 years' wages and permanent disability benefits average three times annual pay, according to the survey.

Sanlam senior consultant Michael Berg says the problem lies in the fixed percentage of employee wages contributed to the fund by employers.

"Most provident funds are structured in such a way that members bear the risk of an increase in insured costs.

By DICK USHER

"Three-quarters of the provident funds in the Sanlam survey define the employer contribution rate as a fixed percentage of salaries which includes cost of administration and risk cover.

"An increase in the cost of risk cover therefore causes a corresponding reduction in the amount available to the fund for retirement investment," he says.

At present employer contributions are easily able to cover the costs of death and disability insurance, but insurers will be forced to raise premiums as the epidemic takes hold.

Employers say that while they would be sympathetic to bids for increased contributions, there would obviously be a limit to how far they could go.

In Zimbabwe, some companies which offered group life cover as an employment benefit have been forced to close the schemes because AIDS-related deaths made their costs prohibitive. A spokesman for the union-aligned

SITWES (Buss)

Labour Research Service says that the whole of members' provident fund contributions are invested to create profits to cover future retirement benefits.

"After administration and risk benefit costs have been taken off employer contributions, the balance is also invested.

"As the cost of insurance rises, first the proportion of employer contributions available for investment will drop and then, if nothing is done about the situation and costs go on rising, a part of member contributions will have to be used to pay insurance premiums on death and disability benefits."

Jurie Wessels, spokesman for the Life Offices' Association, says: "There's no doubt that AIDS poses a serious threat to the benefits that provident fund members can expect on retirement.

"Fund managers will have a smaller proportion of contributions to invest, but at the same time it's likely that they will be struggling to maintain returns in a declining economy. "AIDS is an issue that will set up

14/8/94

complex reactions across the retirement benefits industry.

"It's possible that as the epidemic grows employers will start looking at alternatives, such as non-benefit employees, possibly paying them extra to compensate."

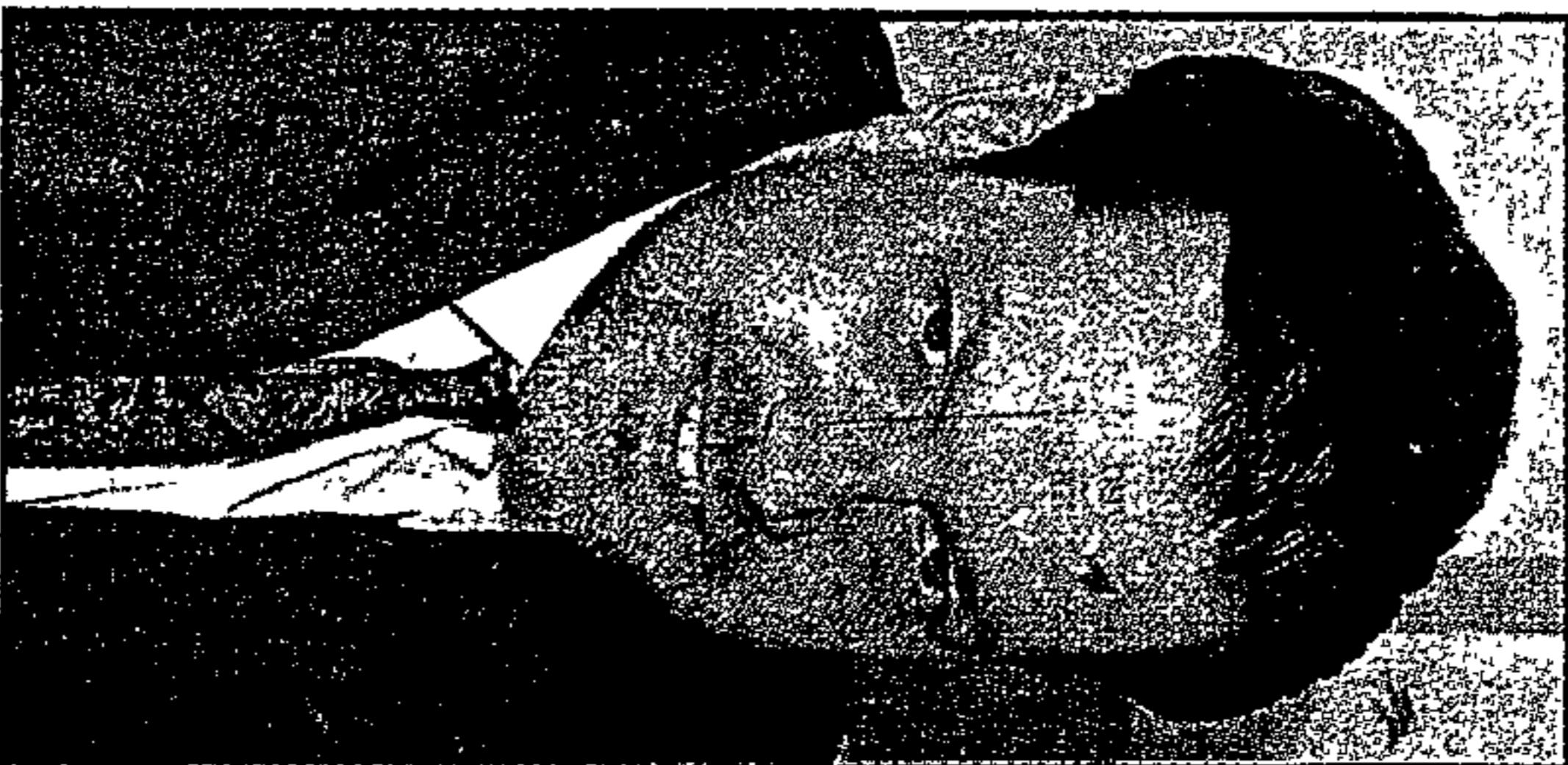
"But while such people should, ideally, use the extra pay to buy their own cover it's likely that many often will not do this and will be thrown on to state social security on retirement."

The threat also brings back into focus the question of pre-employment AIDS testing — which unions have thus far strongly resisted — as a possible damage-control strategy.

Although candidates would not be precluded from employment by testing positive, excluding them from some benefits might then be considered.

Some funds have already recognised the threat and have set up stabilisation-reserves to cope with any premium increases caused by AIDS.

Dick Usher is a freelance journalist specialising in insurance issues.



JURIE WESSELS

R21m spent on Aids fight (92)

THE government spent more than R21 million in the fight against Aids in the 1993/94 financial year, according to the annual report of the Department of National Health and Population Development.

CT 18 | 8 | 94

Firms 'not prepared for AIDS'

MOST multinational companies will find themselves inadequately prepared if an employee is diagnosed HIV positive, according to a Harvard study presented in Yokohama last week at the end of the 10th international conference on AIDS.

The survey received responses from 27 large companies with headquarters in 15 countries. It concluded that while nearly all had briefed their managers on the issue, and two-thirds had an employee programme for AIDS prevention, the application of policies was largely left to the initiative of managers.

Training was not systematic, and big Western companies appeared to be motivated as much by fear of potential litigation — whether on the part of their staff, suppliers or customers — as by any overriding concern for the wellbeing of their workforce. About 30% thought they would suffer direct costs through

increased medical or insurance expenses. 18/8/94

The findings were announced in the final hours of a conference which has served largely to emphasise the long haul ahead to any cure or vaccine. (12)

Among the few breakthroughs unveiled were the role of Wellcome's AZT treatment in reducing the risk of a pregnant woman transmitting HIV before or while giving birth to her child, and the success of a three-drug cocktail in halting the virus — but so far only in the test tube.

The Japanese government drew criticism from campaign groups for an immigration policy which would exclude visitors known to be HIV positive, unless they arrived this

week as a delegate. But it also gained plaudits for using the conference to heighten AIDS awareness among its population.

Only a handful of Japanese are openly HIV positive, and 97% of the 620 Tokyo-listed companies which responded to a survey backed by the labour ministry said they had never encountered any problem related to the virus.

But the study, conducted among others by representatives of Sanwa Bank and the Nippon Express transport company, reported that 37% had taken some action to counter the spread of the disease.

Of those, more than nine out of 10 said they had provided preventative education. — Financial Times.

AIDS fight cost R21m

B. Dav
Political Staff

CAPE TOWN — Government spent more than R21m on the fight against AIDS in the 1993/94 financial year, the annual report of the National Health and Population Development Department tabled in Parliament disclosed.

A total of R6,7m was allocated for education and information, R5m for "disease observation," R1,5m on research, R5m on AIDS Training and Information Centres (Atics), R2,07m for non-governmental organisations and R700 000 on administration.

The organisations that received financial support included Churches AIDS Programme, Lifeline, AIDS Support and Education Trust, Problem Solving Bowl, SA Red Cross Society, and the National AIDS Co-ordinating Committee of SA. *18/8/94*

Financial support and advice was also given to grassroots organisations.

The department also contributed additional support to a fund established for haemophiliacs who became infected after receiving contaminated blood and blood products. *(92)*

There's no safe sex for women claims top Aids activist ⁹²

APR 24 8 1994
YOKOHAMA. — If women's Aids activist Rebecca Denison had her way, the term "high risk group" would have been done away with long, long ago.

Ms Denison, a speaker at the recent 10th International Conference on Aids, said many women feel safe from the virus because they continue to associate it only with the commonly cited high-risk groups — gay men, drug addicts, prostitutes.

"The term has got to go. It gives women a false sense of security," said Denison, representing the California-based group World USA.

"Many women think they are safe because they are married, or mothers. They don't think they are vulnerable," she said.

Ms Denison, who contracted the virus several years ago, added that when she found out she was HIV-positive, "I felt like I was all alone."

She wasn't, and isn't.

According to statistics compiled by the United Nations Development Program, 3 000 women are infected by HIV every day. Each day, 500 women are dying of Aids. And in the United States, Aids was the fourth leading cause of death for women between 25-44 since 1992.

Along with better education, Denison said, more importance should be placed on convincing men that stopping the spread of Aids is not only the woman's responsibility.

"Men must be held accountable for their actions too," she said. "Women must be getting Aids somewhere, and usually it's from a man."

Denison also said research has tended toward studies of the virus' effects on men, and that doctors often don't take women's concerns seriously enough.

"One woman I know went to a doctor fearing that she had Aids," she said. "He told her 'I can tell just by looking at you that you don't.' He was wrong." — Sapa-AP.

Doctors with AIDS needn't tell patients

SI Times

28/8/94

By CAS St LEGER

DOCTORS suffering from infectious diseases like AIDS or hepatitis B should not tell their patients. (92)

This is the opinion of one of the country's foremost legal experts, Professor S A S Strauss of Unisa's department of criminal and procedural law.

"There is no reason why a doctor who takes all reasonable precautions not to infect his patients should tell them of his condition. To do so would mean professional hari-kiri, because patients will probably desert him at once," Professor Strauss writes in the latest issue of the *SA Medical Journal*.

Commenting on the legal issues affecting doctors with hepatitis B — which, he said, applied equally to other communicable diseases, particularly AIDS — he wrote that there was one major distinction: hepatitis B, which can cause liver cancer, was preventable by immunisation, whereas there was no vaccine against AIDS.

In the world's most notorious case about a health worker allegedly passing on a disease to his patients, dentist Dr David Acer of Florida, in the US, was accused of infecting six patients with AIDS. Homosexual Dr Acer had not told his patients he was infected with the virus that causes AIDS.

Dr Acer died of the disease in 1990 — but not before his patients tried to sue him. Their case was unproven. DNA tests of the patients showed they could have contracted the virus from their communities.

Professor Strauss posed three questions:

● Is the infected doctor entitled to compensation for having fallen prey to the ever-present occupational risk of health-care workers?

● Would an infected doctor expose himself to a claim for damages should he infect a patient?

● May an infected doctor continue to practise?

Professor Strauss said it was "almost inconceivable" that a doctor infected by a patient who he knew to be suffering from a particular disease should be entitled to claim damages from the patient.

The prudent doctor was expected to take reasonable steps to prevent himself from being infected, he said.

The question of liability on the part of the patient could only arise if he concealed his symptoms fraudulently.

The doctor infecting his patient with hepatitis B could be sued, he said. "Because of the seriousness of the disease, the liability thus incurred may be quite substantial."

The failure of a doctor to have himself vaccinated against hepatitis would probably not constitute negligence and grounds for damages, Professor Strauss said.

The fact that up to 10 percent of the black population were hepatitis B carriers underlined the wisdom of hospitals offering immunisation to staff, he added.

On the question of whether an infected doctor could continue to practise, he said the fact that a doctor suffered from a particular disease did not provide sufficient justification for denying him his livelihood.

"True, there is a possibility of the hepatitis B virus or HIV being communicated to a patient by an infected doctor in the course of treatment but, from available case reports, the possibility is very slight and can almost certainly be avoided by taking effective preventive measures."

Professor Strauss said the doctor infected with the virus that causes AIDS was not obliged to inform his employer.

"It is only when an employee becomes dysfunctional or unable adequately to perform the work he was hired for that a common law duty arises to inform his employer of that fact," he said.

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(92) WM 29/7-4/8/94

The 'Aids kaffirs' of Johannesburg Prison



Easy walk to freedom: The first 1 500 rehabilitated Jackass penguins were released at Silverstroom Strand outside Cape Town this week, where they waddled happily off into the ocean. PHOTO: NIC BOTHMA

Johannesburg Prison inmates who have tested HIV-positive are stigmatised, abused and denied rights granted to other prisoners, they told
Philippa Garson

IT'S like you're a snake that someone caught," says "Ben", "a snake that everyone comes to look at." He's struggling to find the right words to describe what it feels like to be HIV-positive in Johannesburg Prison.

He begins to sob as he tells how he no longer has a name, no longer has rights. "My name is HIV or Aids kaffir," he says.

The Department of Correctional Services says it fully understands the serious implications of HIV infection. A handling strategy had been circulated to prisons, and this provided for informed consent for HIV testing, counselling before and after such tests, and confidentiality.

But prisoners tell a different story. Ben (not his real name) described to the *Mail & Guardian* in detail the manner in which he and 37 other prisoners with HIV are allegedly stigmatised, verbally and physically abused and denied rights granted to other prisoners.

They were moved last month from their communal cell into isolation

cells. They allege they were beaten and teargassed on the night of June 14 and herded into single cells. There they sit alone, unable to work or mingle with other prisoners, spending only three hours together each day.

Ben tells how the prisoners cough and cough in their cold, damp cells. "You can squeeze the water out of our mattresses," he says. No one comes to counsel them. If they want to get to the prison hospital in time to see the doctor, they must bribe the warden with R2 "taxi money" to open their doors early, they allege.

As a group A prisoner, Ben, serving the last few months of a three-year sentence for theft, should be allowed to work and move fairly freely around the prison. "But because I have HIV, all my rights are taken away."

According to the department, some of the prisoners do jobs around the prison and others are allowed to play sport and watch videos. No prisoner, says the department, is allowed to roam freely around the grounds.

After visiting a doctor last year to treat the sores on his face, Ben was tested for HIV, although he claims he was not told this.

A woman doctor broke the news that he was HIV positive in front of a queue of prisoners. "The way she told me it seemed like a joke. Half of the

My name is HIV or Aids kaffir

prisoners heard what she said."

He was referred twice to Hillbrow hospital's HIV clinic, but since then he has received no counselling at all. He claims that most of those with him have never been counselled.

"I counsel the others," he says, adding that unless they are given access to social workers soon, "there will be dead bodies in this section". He describes how a recently diagnosed prisoner tried to fling himself down three flights of stairs.

Their food is labelled "HIV" and when they go to collect it, everyone sees. Ben believes his illness is common knowledge in his home township. This is because the section where they are kept is across the way from the awaiting trial section. If granted bail, these prisoners are back on the streets, spreading the news.

Asksed to comment, the Department of Correctional Services said the prisoners are detained "in a separate section of the prison to better facilitate their treatment."

The department says that the prisoners receive "intensive medical attention" and are seen by a medical officer of the Soweto Aids Information and Training Centre on a weekly basis. The prisoners are counselled by outside psychologists once a week "according to their needs", and receive "a special high protein diet".

The department said it wouldn't hesitate to investigate any breaches of this policy on prisoners with HIV.

Legal challenge to an 'unjust policy'

Philippa Garson

THE plight of prisoners with HIV will be brought to the fore when an application is lodged by the Aids Law Project on their behalf.

The application, to be heard in the Rand Supreme Court soon, will attempt to prevent these prisoners from being abused and stripped of their rights.

It will also challenge existing prisons policy on testing and treatment of prisoners with HIV. Much of the abuse occurring in prisons around the country stems from this policy, argues the ALP, an affiliate of the Aids Consortium.

According to the ALP, prisoners with HIV are stigmatised, often verbally and physically abused and denied adequate medical treatment, including counselling.

Correctional Services policy is to separate prisoners with HIV at night. (In the case of Johannesburg Prison, prisoners with HIV are housed permanently in single cells.)

This, believes the ALP, is a misinformed and unfortunate violation of a person's right to confidentiality. Sep-

arating prisoners with HIV from the rest immediately informs other inmates of their medical condition, exposing them to abuse.

The Department of Correctional Services has an inconsistent policy when it comes to testing. Those considered to be "high risk" — including illegal aliens, known homosexuals, sex workers and drug addicts — are tested on admission.

Implicit, argues the ALP, is the assumption that there is such a thing as an "HIV profile", when in fact anyone can have the virus.

Prisoners who work in the kitchen are also tested. This, says the ALP's Zackle Achmat, is irrational and medically unjustified.

As of January last year, 249 prisoners were found to be HIV-positive — 0,2 percent of the prison population. Former minister of Correctional Services Adriaan Vlok said in parliament last March: "If the present trend continues, by the year 1995 one in 15 prisoners will be HIV-infected. In order to counter this trend, various campaigns have been launched to combat Aids in South African prisons."

According to a guideline brought out by the department in September 1992, "informed consent" must be obtained from the prisoner before a blood test is taken and "pre-test counselling" must be given. However, inmates of Johannesburg Prison deny that these procedures have been followed.

The department also states that "this information is at all times considered strictly confidential". The policy of separation contradicts this.

In British prisons, where condoms will soon be available, only the treating doctor is informed if a person tests positive, and HIV-positive prisoners are not separated. Similar policies are being adopted in many other European countries and some American states.

Organisations like ALP are lobbying Correctional Services to make condoms available in prisons here. Presently, the department refuses to do so on grounds that sodomy and homosexuality are illegal. However, all legislation outlawing these practices will be challenged, probably successfully, under the new constitution.

DEPARTEMENT
VAN JUSTISIE
REPUBLIC VAN
SUID AFRIKA



DEPARTMENT OF
JUSTICE
REPUBLIC OF
SOUTH AFRICA

**JUDICIAL SERVICE
COMMISSION NOMINATIONS FOR
THE CONSTITUTIONAL COURT**

Acting in terms of section 99 of the Constitution of the Republic of South Africa Act 200 of 1993, the Judicial Service Commission invites the nomination of persons to be recommended for appointment as judges to the Constitutional Court.

In order to qualify for appointment a person must be -

Enforced HIV tests rejected

CAPE TOWN — Government would not introduce routine HIV tests on people prior to employment or hospital admission, Health Minister Dr Nkosazana Zuma said yesterday. *8/Day 3/18/94*

Pre-employment testing was unacceptable, discriminatory and infringed on the basic human rights of prospective employees, she said in reply to a question by Dr Ruth Rabinowitz (Inkatha).

It was also a costly waste of scarce resources and ineffective because of the post-infection "window period" during which symptoms were not manifest.

There was persuasive scientific evidence to indicate that knowing whether or not a patient was HIV-positive did not lead to additional precautions being taken during treatment. Basic precautions in treating HIV-positive patients had to be observed at all times.

Confidentiality in treating HIV-positive patients had to be respected, and any decision to disclose information on a patient's condition to relatives had to be consented to by the patient concerned.

The National Aids Council of SA had compiled a comprehensive AIDS-prevention programme, Zuma said. — Sapa. *(92)*

HIV life policy applicants

soar 73%

92 CT 11/9/94
Business Staff

THE number of HIV positive applicants for life assurance policies jumped 73% to 1,7% over the past six months, according to statistics released by Southern Life.

Chief actuary Paul Truyens says figures for this period show that 344 new applicants were HIV-positive with the highest infection rates among males at 1,7% with females at 1,6%. All were declined life cover.

"Stringent HIV testing requirements have led to us turning down life assurance totalling R109m in the past four years. Had we accepted the business and later paid it out in the form of Aids-related death claims, our remaining policyholders would have had to subsidise these costs."

He said Southern Life had been able to counter the impact of Aids with the introduction of Exclusive Life, a policy requiring repeat HIV testing every five years until the age of 45.

The policy now accounted for one third of their new policy sales.

Truyens said HIV infection was most prevalent in the age group 26 to 35, with 2,4% of those in the 26 to 30 age group testing positive and 2,3% in the 31 to 35 age group.

14 500 Aids babies in South Africa's latest count

CLIVE SAWYER
Political Correspondent

ABOUT 14 500 babies are among the more than 500 000 South Africans with Aids.

Health Minister Nkosazana Zuma has told the senate that official Aids statistics did not reflect the true picture.

"Aids is the major threat, not only to our health services but to

our economy and to our country as a whole."

Doctors were "notoriously bad" at reporting cases and many people died without being diagnosed as having Aids, she said.

It was a tragedy that a mere R22 million had been allocated to Aids prevention in the health department budget.

Combating Aids required a high level of commitment from the gov-

ernment and effective measures to contain the epidemic.

"Both have been sorely lacking until now."

The new health ministry had adopted the National Aids Co-ordinating Committee of South Africa's national plan and the department had amended its budget to allocate R20 million to the plan.

Dr Zuma said she was optimistic that more funding from donors

would be available soon, and extra money for fighting Aids would have to be allocated in the next budget, she said.

Another health-care crisis was tuberculosis (TB). Last year 88 000 new cases and 2 101 deaths were reported, she said, with the Western Cape being one of the worst-hit areas.

The TB threat would worsen, along with Aids.

Zuma warning on AIDS

Sowetan

By Ismail Lagardien 2/9/94
Political Correspondent

AT least 560 000 people — of which 14 500 are babies — could be HIV-positive in South Africa today, Health Minister Dr Nkosazana Zuma said yesterday.

Speaking during her Budget debate in Parliament, Zuma said Aids was a major threat to the country's economy and health services.

She said the reported number of people with Aids as at June 29 this year was 3 909 — of which 930 had died — but said this was not an accurate reflection.

She said many people died without being diagnosed as having the disease and that doctors were "notoriously bad at reporting cases".

Pregnant women

Zuma said a better indication was a survey done on pregnant women during 1993. At least 4,25 percent of the 15 000 women tested HIV-positive, she said.

"With this background it was estimated that by the end of 1993 about 560 000 people in South Africa were infected. This included 14 500 babies. (92)

"The tragedy is that to combat this threat a mere R22 million was allocated to Aids prevention. It is obvious that Aids calls not only for a high level of commitment from Government, but also for the introduction of effective measures to ensure that the epidemic is contained. Both of these have been sorely lacking," Zuma said.

Deaths on gold mines

Sowetan 2/9/94

FIVE miners were killed and 14 injured in rock bursts in South African gold mines on Wednesday night and yesterday.

Yesterday morning three miners were killed and 13 injured in a rock burst after a tremor at Anglo American Corporation's Vaal Reefs gold mine near Orkney. The deaths occurred 2,7km below surface.

On Wednesday night two miners were killed and one was injured in a rock burst 2,8km below the surface at Kloof gold mine. (2)

The names of the dead are being withheld until their families have been told. — Sapa.

Pupils lead the way in Aids awareness

Southeaster (suppl to Sowu)

92

BY VICKY STARK

PUPILS AT Groenvlei Senior Secondary School in Lansdowne are fully aware about how to prevent contracting Aids.

They concluded a year-long Aids awareness campaign this week.

A survey done by the Std 9b class early in the year showed pupils knew little about Aids.

Monique Thorne, 17, in Std 9b, said: "Many believed you could get Aids by hugging an infected person or using public toilets and telephones."

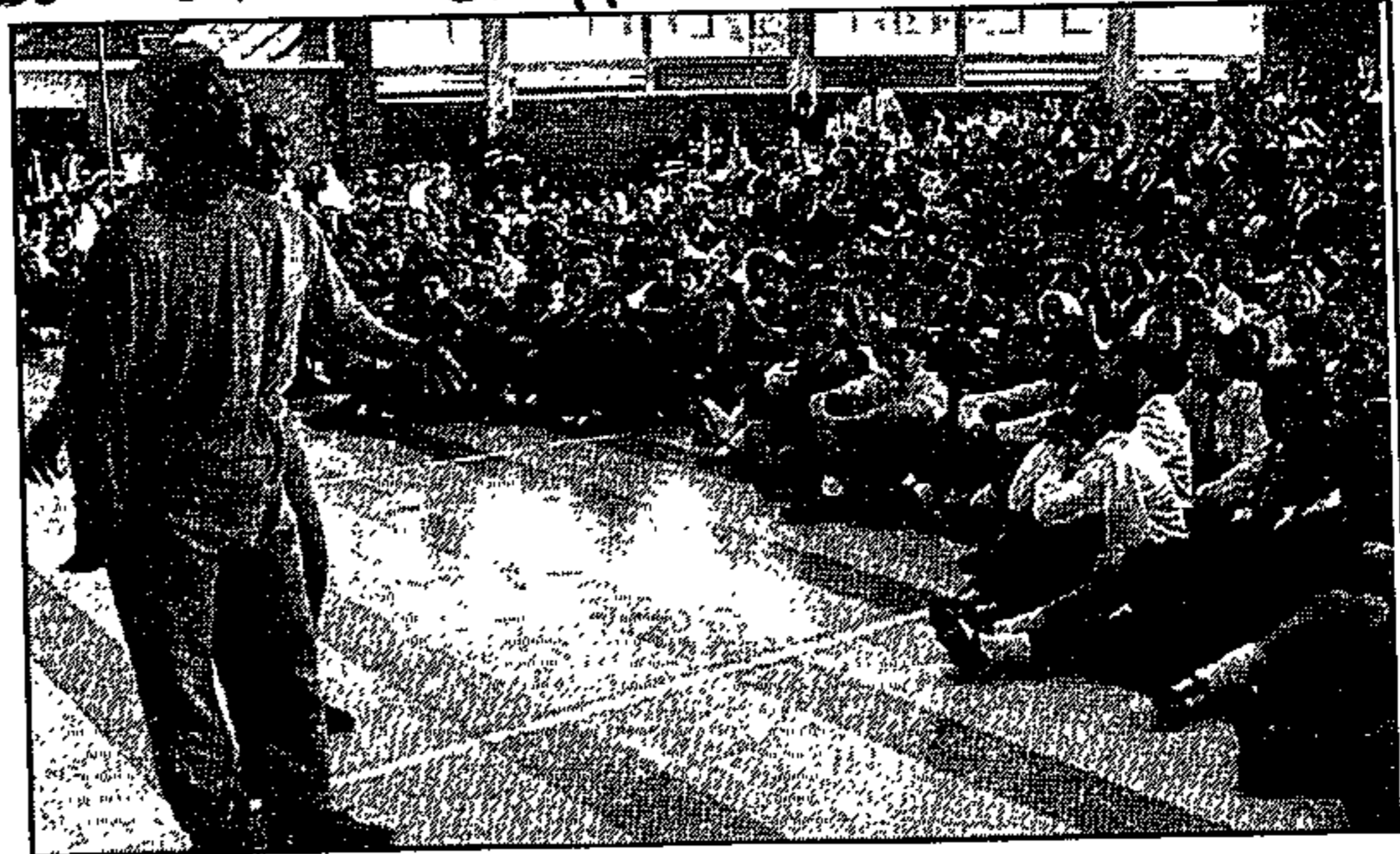
"We agreed to find out more about Aids and share the information with the rest of the school."

Their first awareness programme was held on Valentine's Day.

"We sent a package to every teacher and pupil at the school. It had a Valentine's message, a poem and a bumper sticker," said Yasmina Latief, 16, who handles the project's art work.

They also raised funds on Valentines Day and donated the money to children affected by Aids at Nazareth House.

Funds collected from a premiere



ACT AGAINST AIDS: New African Theatre performers put the message across to Groenvlei pupils Photo: Roger Sedres

of the film "Philadelphia" were donated to the same cause three months ago.

"I think pupils were most touched by haemophiliac Christo Greyling who came to speak to us last month," said Sadia Amardien.

It was the first time most of them had ever had contact with a victim of the killer disease.

"He wasn't at all what we expected. He looked so healthy," said Sadia.

"And because of what we'd learnt in the past few months, we weren't afraid to shake his hand

and speak to him."

Students are now aware that safe sex is the only way to combat Aids.

"Most of us refrain from having sex. And those who do, use condoms," said Monique.

She checks the level of the condoms brought to the school by a health worker.

"They get fewer and fewer each time I look," she said shyly.

To wrap up their campaign, they invited the New African Theatre Project to perform their Aids-awareness play at the school this week.

BORN TO DIE

BY VICKY STARK

Southeast (suppl. to South)

THE birth of a child is usually a joyous occasion, yet today hundreds of babies are born to die.

The Red Cross Society's Caring for People at Home Project is trying to improve the quality of life for 25 babies who are HIV positive.

"Most of their mothers don't have full blown Aids so they can't get a disability grant and have to work," said Sister Colleen Jacob of the Red Cross.

"We train members in the household or the community to care for

In July 46 Khayelisha residents were trained to deal with the problem in the township. Volunteers are trained to offer social support and counselling for HIV infected patients and their families.

The project was launched last September and has 62 adults and babies in its care.

"We've lost 30 patients since the project started. And it's not always easy for the staff to deal with death," said Sister Jacob.

But they have found that healthy eating habits and good care prolongs the life of young children

"Experts have noted an average life span of four years for HIV positive infants. But we have a girl who's receiving lots of family care and love and she's made it to six."

Miss Jacky Rhoda, 21, of Nyanga is learning to care for her two infected children who are still healthy.

"I found out I was infected when I took my baby girl to a doctor, who said my child was HIV positive and then tested me," she said.

That was two years ago. Despite warnings about the fatal disease, she recently gave birth to a baby boy. "I know I was supposed to use a condom but I didn't. I hope they find a cure," she said.

The father of her children doesn't know about their condition. Sister Jacob said many patients were reluctant to tell their sexual partners and



LIMITED TIME: Sister Colleen Jacob with one of the infants in the Red Cross care
Photo : Roger Sedres

families about their infection. "We encourage them to speak about it and those who do, cope far better. In most cases, they get support from the people they thought would reject them."

Sister Jacob said many patients were reluctant to tell their sexual partners and

POLITICS

Over 500 000 might have HIV virus

AIDS 'major health threat'

BY CHRIS WHITFIELD
POLITICAL CORRESPONDENT

Cape Town — More than half a million South Africans might have the HIV virus — which often leads to full-blown AIDS — Health Minister Nkosazana Zuma warned yesterday. (92)

The Minister, introducing her budget vote debate, also said a commission could be established to look into the grievances of health workers in the wake of strikes at Durban hospitals.

She identified AIDS as "the major threat, not only to our health services, but to our economy and to our country as a whole".

Incorrect diagnosis and poor reporting of



Zuma ... TB also a serious problem.

cases by doctors had led to a false perception of the incidence of the disease. A survey of 15 000 pregnant women last year found 4,25 percent to be HIV positive.

"It is estimated that by the end of 1993 about 560 000 people in South

Africa were infected. This includes 14 500 babies".

The Minister warned that the other major health threat facing the country was tuberculosis. Last year 88 000 new cases and 2 101 deaths had been notified. This threat would increase as HIV infection spread.

She added that some R472,84 million had been allocated to the primary school nutrition programme for the remainder of the financial year and it had already been implemented at 388 schools.

"The provinces assure me that as from today the programme will be implemented in 7 042 schools. Today 2,8 million children will receive food," said Zuma.

Sports trust set up

Cape Town — Sports Minister Steve Tshwete announced yesterday that a National Sports Development Trust would be launched next week to provide funds for the promotion of sport.

The trust would be launched by the Department of Sport, the National Sports Congress, the National Olympic Committee of South Africa and key companies.

"We thank these companies most profoundly for their dedication to the development of this country and its athletes," said Tshwete.

South Africa's sport had to be organised and redirected so that the nation could claim reasonable success at national and international level.

South Africa's performance at the 1992 Olympics had been "pathetic", said Tshwete.

But the warmth with which the SA team had been received at the Commonwealth Games was testimony to the fact that "quite a great deal is expected from us abroad".

Major sports events planned to be hosted in South Africa were:

- Africa Boxing and Hockey Championships later this year.
- The Benson and Hedges Mandela Trophy Cricket Tournament starting in December.
- The Formula One Grand Prix scheduled for next year.
- The 1996 World Cross-country championships.
- All Africa Games in 1997.
- World Athletics Cup in 1998.
- Commonwealth Games in 2002.
- The World Rugby Cup tournament next year. — Sapa.

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FARE



Southern sees HIV applicants rise 73%

By Day 5/9/94
SAMANTHA SHARPE

SOUTHERN Life had seen a 73% rise in HIV-positive life assurance applicants in the last six months, the company said at the weekend.

Chief actuary Paul Truyens said stringent HIV testing requirements had led to the company turning down life assurance business totalling R109m in the past four years.

"Had we accepted the business and later paid it out in the form of AIDS-related death claims, our remaining policyholders would have had to subsidise these costs," he said.

He said Southern Life had been able to counter the effect of AIDS with the introduction of its Exclusive Life policy, which required repeat HIV testing every five years up to age 45.

This would eliminate any cross-subsidisation of HIV-infected people by other policyholders. (92)

Truyens said HIV infection was most common in the 26- to 35-year-old age group, with 2.4% of these testing positive.

Southern Life said its statistics were mirrored in the results of four national surveys of women attending antenatal clinics.

The results from these clinics also showed a rapid increase in the number of HIV-positive people throughout the country.



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SA 'cannot escape' the Africa Aids holocaust

□ Prepare now, medical chief tells business

(92)

ARLT 7/9/94

ROGER FRIEDMAN
Staff Reporter

SOUTH Africa faces an Aids epidemic as bad as, if not worse than, that in the rest of sub-Saharan Africa, the medical adviser to the Chamber of Mines said today.

"We are no better off than the rest of Africa — and Africa is the centre of the epidemic," Izak Fourie told an Institute of Personnel Management function.

"We are just at the bottom end of the geographic time-line."

Africa accounted for two-thirds of the world's HIV infections in 1992 and between 12 million and 40 million Africans were expected to be infected by the turn of the century as worldwide infection grew from 12 million in 1992 to between 26 million and 60 million, Dr Fourie said.

"It is a highly predictable problem. Aids is no longer a wild card. The days when we were

navigating in the mist are gone." About 2 000 South Africans had clinical Aids in 1992, and this figure would jump to 25 000 by next year.

While the National Aids Convention of South Africa estimated that a comprehensive national Aids plan would cost R300 million a year, just over R20 million was allocated by the government in the past financial year.

The economic implications of an Aids epidemic were staggering, said Dr Fourie, and businesses should be devising Aids policies now, rather than waiting until the turn of the century when more than five-million predominantly economically active people would be infected.

By 2005 it was predicted more South Africans would be dying from Aids-related illnesses than from all other illnesses combined.

Dr Fourie said South African businesses should already be considering the implications of the

epidemic for sick leave, medical aid, training programmes, pension funds, group life benefits, mortgage bonds and accidental HIV infection insurance.

"The time to prepare is now, although South Africa is at the bottom end of the sub-Saharan time zone.

"Think about prevention programmes... about how you will handle HIV positive employees. Make sure the unions are on board... involve them and negotiate agreements with them."

He spoke out against across-the-board pre-employment HIV testing, saying that denying people employment would have a domino effect, bringing forward the socio-economic effects of the epidemic by between eight and 10 years.

"I am aware that this is widely practised in the Western Cape, but it is unacceptable from a macro-economic point of view," he said.

SA urged to face ⁹² Aids bomb _{ARL 7/19/94}

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Questions over AIDS insurance plan for SA nurses

STimes
By CAS St LEGER

CONTROVERSY surrounds South Africa's first insurance against contracting the AIDS virus. 11/9/94

This week the South African Nursing Association (Sana) told its 120 000 members about the insurance — which Sana negotiated with a local broker and which is underwritten by Lloyd's of London.

However, one of the country's foremost experts in the disease, Dr Clive Evian, said that insurance should be the responsibility of employers or Workmen's Compensation. (92)

"Nurses are being further exploited. It is up to the institutions to get cover," Dr Evian said.

The nurses are being offered short-term insurance cover that pays out should they test positive for the Human Immunodeficiency Virus (HIV) that leads to AIDS — regardless of whether they contracted the infection through work.

Sana executive Mrs Suzanne du Preez said the association had backed the insurance because nurses were at a higher risk of contracting AIDS.

However, Dr Evian dismissed the risk to nurses as "very small". He said only one or two South African health workers had become infected through their jobs.

If a health worker was exposed to infected blood, the risk of transmission of the virus was one in 350.

Neither blood tests nor medical examinations are required for the policy, although applicants must sign a short "declaration of health".

Mr Derek Vermeulen, managing director of the insurance brokers, said the decision not to call for blood tests had been made for administrative reasons.

He expects at least half of all nurses to sign up for the policy.

Dr Evian said nurses objected to HIV blood tests because, should they be found positive, they risked losing their posts.

Premiums start at R15,70 a month for a compensation of R50 000. They rise to R125 a month for R500 000 pay-out.

Aids inmates suffer isolation

PRISONERS who have the HIV virus are kept in solitary confinement at night – a practice Aids activists say is in breach of international guidelines.

The Department of Correctional Services has confirmed that the 441 prisoners in South African jails who are HIV positive are held in solitary confinement at night. *CIPress*

This, says a source who asked not to be named, flies in the face of international guidelines. According to the source some HIV prisoners are kept in solitary confinement for up to 23 hours a day.

Red Cross Aids worker Alan Vos said another reason for their nocturnal confinement was that most social activity in prisons took place at night and prisoners who got the virus while in prison could sue the government.

Vos said the department also prohibited the distribution of condoms to prisoners as this practice would promote what the law referred to as "unnatural sex acts" which are illegal.

Through Aids counselling to prisoners, Vos said they tried to teach prison-

ers alternative sexual methods in a bid to block the spread of the deadly virus.

"Most prisoners contract the virus before they enter the prisons," Vos said.

A 1992 redraft of the Aids Consortium Charter of Rights says prisoners have the right to the same standards of care as other prisoners; that they must have access to the same specialised care afforded to others and that HIV-positive prisoners should have access to the same education and to preventative measures as the general population. *11/9/94*

"HIV prisoners should not be separated from other prisoners for any reason, barring reasons criminal," said Zackie Achmat of the Aids Law Project. *(92)*

He said the segregation of HIV prisoners was not recommended by the World Health Organisation as this breached the right of confidentiality and could lead to stigmatisation.

Achmat says there should be a programme of Aids education in prisons which took into account the need to change sexual behaviour. *Ecna*

Aids kills 18 a month in jails

ROBIN DREW (92)
The Argus Foreign Service

HARARE — Aids-related diseases kill an average of 18 prisoners every month in Zimbabwean jails.

About 70 percent of the deaths of prisoners this year were from Aids-related diseases, says a report out today. ARG 13/9/94

The prisons cannot determine whether prisoners in this category contracted the disease in jail. But they noted that most died within a few years of admission, suggesting the infection was contracted outside.

A recent human rights report said Zimbabwe's 41 prisons, holding 22 600 inmates, were overcrowded.

22

Africans stand up to fight 'bush fire'

Shas 15/11/94

POSITIVE ACTION

A Tanzanian organisation run by its own HIV-positive members deserves close examination as South Africa braces itself for the growing impact of its own epidemic. Health Writer **DAVID ROBBINS** reports from Dar es Salaam.

W *ahio khatika mapambano na AIDS Tanzania.* That's Swahili for "People in the fight against AIDS in Tanzania. Wamata, for short." It's an organisation started by Tanzanians for Tanzanians caught in probably the most devastating epidemic ever known in Africa. In Tanzania, at any rate, the disease is now causing more deaths than malaria.

"The multiplication of the AIDS figures is just like a bush fire," says Wamata executive director Gaudios Tihakweira, known simply as Mr Tiba to his staff. "And it's to ease the plight of affected individuals that Wamata was started."

Its beginnings go back to 1989 when Theresa Kajjage was head of social work and family therapy at Muhimbili Medical Centre in Dar es Salaam.

"I was struck," she says, "by how many thousands of lives AIDS was affecting in Tanzania, and how little the state, the churches and other organisations seemed to be doing."

"I was also struck by the number of HIV-positive people from Europe and America taking part in international AIDS conferences. Not once had I ever seen an African at these meetings standing up and saying: 'Yes, I am HIV-positive, and this is what I think needs to be done.'"

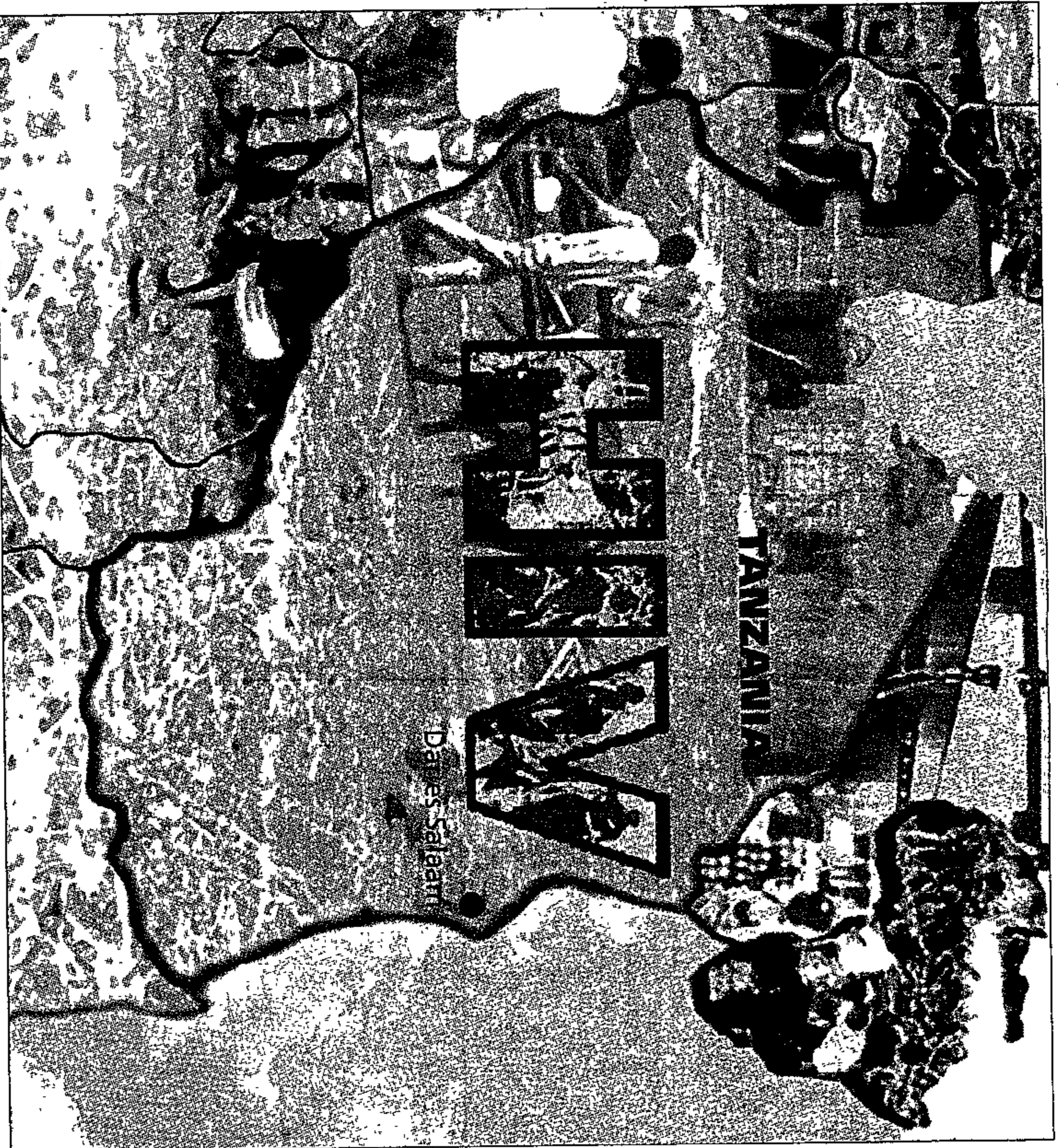
Continental silence

"The whole continent seemed so silent on the subject. And this was my main reason for starting Wamata. I wanted Africa to be heard."

Raising small donations from colleagues and friends, and making use of a free office in the house of some Catholic Brothers and the services of volunteer social-work students, Kajjage launched the fledgling organisation. Nine months later, in March 1990, Wamata was formally registered as a non-governmental organisation.

"In a nutshell, we offer comfort, sympathy and material support where possible," Lucy Temu, Wamata's full-time administrative officer, tells me. "But above all we give our PWAs (people with AIDS) something to get involved in. Here's one of our counsellors, Georgia Baguma."

Baguma smiles as we shake hands. She's a hydrologist who took early retirement from her government job to work for Wamata. Her



husband has already died from AIDS. Baguma herself is HIV-positive. "The difficult thing is that I don't know when it happened," she says. "I can't give you a date, not even a year." Counselling forms a major part of Wamata's work. Four counsellors

(one a doctor) operate out of the Dar es Salaam office, and several more from three branches established on the badly affected southern and western shores of Lake Victoria. Other areas in which this organisation is actively involved include:

- Home-based care for the dying, including the treatment of opportunistic diseases like skin disorders and cancer, tuberculosis, chronic gastro-related problems and dementia.
- Material support in cash or kind for victims and their families. In a country where poverty is a major concern even for the healthy, such

assistance is vital for the terminally ill and those dependent on them. ■ Orphan support. Children left without parents due to AIDS is a major problem. Wamata helps by paying the recently introduced school fees, and helping to provide school uniforms and other educational needs for hundreds of AIDS orphans. Increasingly, now, Tanzania's PWAs are joining Wamata. "It appeals to and is in line with Tanzanians' tradition of self-reliance," explains Tiba. "We charge a small entry fee of 250 shillings (about R1,75), and the same amount as an annual subscription. It gives people a feeling of ownership. Yes, we have an annual general meeting of members to which I as executive director am responsible." (P22)

Under-estimates

"It is only on Sundays that I can rest," Temu says with a pleasant laugh. "Otherwise my whole life is Wamata. Wamata, Wamata. Yes, obviously we are going to get bigger as the epidemic grows."

Latest figures (almost certain to be under-estimates) show that nearly 50 000 Tanzanians have already died of AIDS. HIV positivity varies from area to area, but is highest in the rapidly expanding Dar es Salaam area (probably approaching 25 percent), and on the shores of Lake Victoria where the incidence is already over 40 percent.

In Butkoba, wedged between Lake Victoria and Rwanda, 50 000 AIDS orphans had already been registered by 1992.

A daunting task confronts Wamata. A glance at the figures shows immediately that 13 000 members each paying R1,75 can't cover much more than a fraction of the costs. Relatively small amounts have come from various donor agencies and from local fund-raising efforts, and so far the organisation, with a current budget of only about R800 000, has kept going. But for how long?

■ Anyone interested in learning more about Wamata should write to Mr Tiba at Box 39279, Dar es Salaam, Tanzania. Or send him a fax on 06-255-51-68219.

TOMORROW

Fircoze Bulbulia opens up the varied and unspoken experiences of women in prison.

Schools' Aids policy forges ahead

South 16/9-20/9/94

By Edwina Booysen

THE Western Cape could have a draft policy and implementation strategy for dealing with Aids in schools within the next three months after a recent workshop brought together local education departments and Aids education organisations.

The meeting, held at the Cape Town Teachers Centre, was a resounding success, a source said. Representatives from the medical profession, organisations involved in the National Aids Convention of South Africa (Nacosa) and the Western Cape Aids Co-ordinating Committee attending.

"Sadly, the only missing parties were teachers' organisations and pupils. Only the Cape Teachers' Professional Association (CTPA) attended," he said.

Nacosa, which represents a broad spectrum of government, political, workplace, civic and Aids education organisations, has developed a comprehensive plan to deal with the major health and social problems caused by HIV and Aids.

"Some of the issues in the national plan which affect educational authorities is sex education and the principle of non-discrimination in dealing with children who have or are affected by HIV," the source said.

"We recognised that there are at the moment several policies relating to Aids drawn up by the various educational departments. During this time of educa-

tion restructuring Aids and related issues should be listed with the priority issues to be addressed," he said.

"The workshop was held to discuss the basic principles that should be used in an employment and Aids education policy for all schools."

The source said at the workshop delegates agreed that a single regional policy for Aids education is necessary.

"They also agreed to draw up a policy for admission and management of HIV positive pupils, a policy on employment conditions for HIV positive teachers and other staff, and to draft Aids educational programmes," he said.

A group was selected to draft the new policies, while the bulk of the delegates will be looking at the drafting of the actual strategies.

"The fact that Aids is a notifiable disease, meaning schools and employers have to be informed once it has been contracted was a major concern at the workshop," the source said.

"This means that as soon as a pupil or staff member finds out he/she is HIV positive, the principal has to be informed," he said. "The bad thing about that is some teachers, being misinformed about the disease, treat the pupil or colleague differently."

One teacher, he said, refused to touch a pencil a HIV positive pupil had used. "Imagine what effect that has on the child. Indications are now, however, that with the new policy Aids will not be a notifiable disease."

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SA must treat refugees with Aids — Buthelezi

27/9/94 (92)
Staff Reporter

REFUGEES in South Africa suffering from Aids whose home countries could not supply medical care should be given treatment here for "humanitarian" reasons, said Home Affairs minister Chief Mangosuthu Buthelezi last night.

Chief Buthelezi was interviewed on TV1's Agenda on the plight of the millions of refugees, mainly Mozambicans, in South Africa and the issue of their repatriation.

News in Brief

More women have Aids (92)

BULAWAYO. — At least 80% of HIV-infected and Aids patients here are women, most of them aged 15 to 19, it was reported yesterday

CT 19/9/94

TB 'will increase while poor socio-economic conditions remain and

LIBBY PEACOCK
Health Reporter

TUBERCULOSIS in greater Cape Town is still increasing annually and last year about 12 000 new cases were notified, says the outgoing Cape Town chairman of Santa,

Stewart Fisher.

Dr Fisher was speaking at the 58th annual meeting of the organisation.

He said the increase would continue as long as poor socio-economic conditions remained and HIV infection in-

creased.

A personal highlight in the past year was that community involvement had been insured through the establishment of Santa care groups in various areas, he said. These groups were made

up of volunteers from the community who had a special interest in the TB problem around them.

The organisation had re-considered its role and function and would in the future concentrate more on the for-

mation of care groups in various communities, with group members being much more involved in decision-making and implementation. Acting mayor Llewellyn van Wyk, who chaired the

92 ARG 20/1/14

meeting, said the epidemic showed no signs of abating. He encouraged the creation of support groups and said it was important to promote awareness of TB symptoms.

Aiden Keyes was elected

the new chairman of Santa-Cape Town. The organisation, formerly the Cape Province Tuberculosis Council, is now officially known as Santa-Cape Town in terms of changes to the constitution adopted yesterday.

HIV infection grows

Firms warned on AIDS responsibilities

UNDER the principles of the reconstruction and development programme (RDP), companies would have to take far greater responsibility for protecting their workforces against AIDS, Alexander Forbes consultant Clive Evian said yesterday.

A major component of government's new HIV/AIDS plan for SA was that employers should take responsibility in providing an AIDS service for workers.

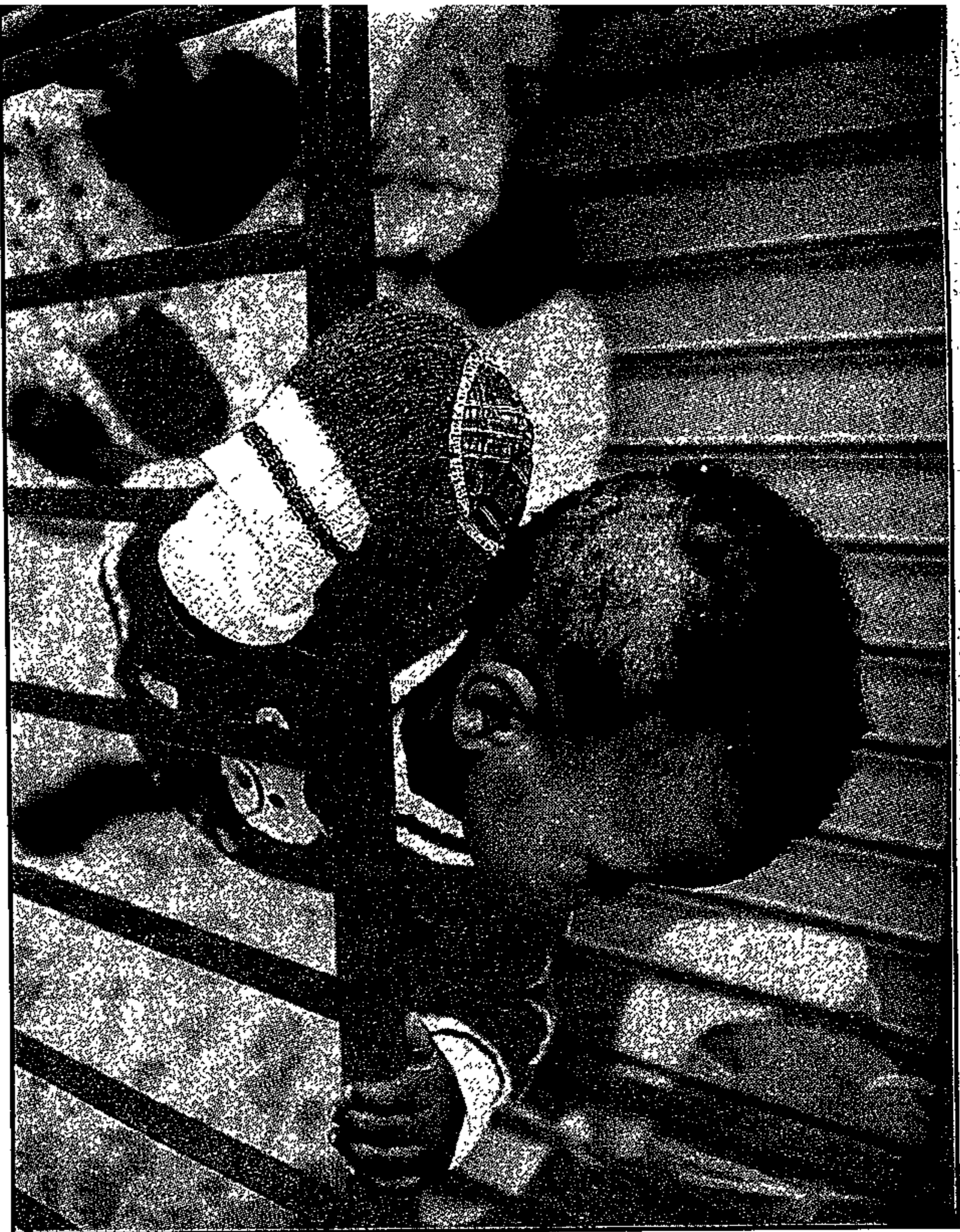
Evian said benefits and medical

KATHRYN STRACHAN

aid brokerage company Alexander Forbes provided a comprehensive AIDS consultation to management and unions. *BSW 27/9/87*

Industries which employed a high proportion of migrant workers or women, and the transport industry, faced a high risk.

A recent study in Zimbabwe of risk factors to HIV showed home ownership was the most protective factor. *(92)*



All alone
the Salvation
Army aims to
unite HIV
positive
mothers and
babies.
PICTURE: ANTON
HAMMERL

HIV mothers get home in Soweto

BY BONGIWE MLANGENI
CITY REPORTER

A new home built for destitute HIV-positive mothers in Soweto will welcome its first two adult residents within the next few months.

Since last year, the Salvation Army's Bethesda home has been caring for about 16 HIV-infected babies who were abandoned by their families.

However, efforts by the Salvation Army to expand its work within the township have been severely hampered by a lack of funds. Already, one of the two babies who died in the last year had to have a pauper's funeral because there was no money.

The new home aims to reunite mothers and their children, said Salvation Army Captain Lina Jwili, adding that not more than six mothers could be accommodated.

Even though the new home

would open soon, Jwili said there was a need for more furniture and other equipment.

"We wish we can care for more but it is impossible at this stage. We don't have enough beds and linen. At the same time we cannot take the strain the mothers with HIV go through. They experience trauma and need us," she said.

Jwili said that when the home opened, mothers would be counsellors until they acquired skills to cope with their community and their families. Efforts would also be made to help them find jobs.

"Our aim is to see them back with their families or adapting within their communities. We wouldn't like to have them forever in this home. They should go out and live like everybody else," Jwili said.

For more information, contact Captain Lina Jwili at (011) 986-7417.

NEWS FEATURE HIV virus makes big strides and now affects 1 in 10 in South Africa

Aids — poverty — promiscuity to blame

By Russel Molefe

HER face, body and clothes are worn. Her hands have been weathered by farmwork and housework. She has five children. It could have been seven if her twins did not die a month after delivery.

Her husband is a migrant worker on the Reef and negligent of his family. He no longer sends money home for her to buy basic foodstuffs.

About five kilometres away, in an upmarket township, another young, well-dressed and educated woman sits in a modern house waiting for her hus-

band who may not return. When he does, he is often uncaring while demanding his own satisfaction.

She has been, for a year, threatening to leave him but her family and fear of being left penniless always make her stay.

Poorest regions

These two women, who did not want their names published and who are from one of the poorest regions in the country, are in very different circumstances but are facing the same dilemma — they are unable to control their lives and bodies.

Sooner or later they are going to die of AIDS.

It was recently reported that one out of 10 South Africans is infected with the HIV virus and the figure is increasing daily. At Baragwanath Hospital, at least four mothers are found to be infected with the Aids virus every day.

A Cape Town sociologist, Judith Head, writing in the *Aids Bulletin* of the National Aids Research Programme, said poverty, not promiscuity, was responsible for the rapid spread of HIV among blacks.

She said HIV infection was spreading more rapidly among heterosexual Afri-

cans than among Europeans and North Americans, leading to the mistaken view that Africans were promiscuous.

For this reason more people in Africa, as well as the poor in Europe, would become HIV positive at a faster rate than the better-fed and more healthy people in advanced industrialised countries.

Running out of time

Dr Ruben Sher, director of the National Aids Training and Outreach Programme, once warned that South Africa might have run out of time in its fight against the epidemic.

Official figures of people suffering

from full-blown Aids are said to be standing at 4 000.

But Sher said from the time the epidemic was first monitored, authorities throughout the world believed 30 to 40 percent should be added to official figures to get a proper indication of the number of people infected with the virus.

"I believe the incidence of Aids cases is being under-reported by about 50 percent," Sher said.

In 1992, the World Bank reported that Africa has 65 percent of the world's HIV cases, with 6,5 million adults car-

rying the virus.

It is estimated that the world figure could rise to between 40 and 100 million. 20 30

Drop in tourism

The most conservative official estimates of the Aids infection rate expect the disease to wipe out at least 25 percent of Africa's workforce by the year 2010.

Economists warn that the Aids pandemic threatens Africa with economic chaos as it will kill five million or more in the next five years.

The economic impact of the disease is being felt even in the more economically stable countries of the continent. Kenya lost several million shillings in foreign exchange after reports of the Aids breakout there caused a steep drop in tourism.

Even South Africa faces huge losses despite having fewer Aids cases than other African countries. Researchers have predicted that Aids will cost South Africa 2,3 to four percent of its Gross National Product by the end of the century.

The costs to South Africa of caring for victims AIDS could total R30,6 billion between now and the year 2000, researchers said.

Different pattern

Aids systematically destroys the body's immune system, leaving the victim open to infections. It can only be contracted through blood and body fluids, usually through sexual intercourse.

But the pattern of infection in Africa is different to that of industrialised nations.

In America and Europe HIV initially hit homosexuals and drug users the hardest, but in Africa 90 percent of HIV infections have always been spread through heterosexual intercourse.

The Tenth International Conference on Aids was held in Yokohama, Japan, last month but participants did not have cause to celebrate.

Grim picture

The gist of reports on the war on Aids was simple enough: There is no cure for Aids, no effective treatment, no vaccine. There is also no hope that a cure would be found soon.

This means that the only cure for Aids at the moment is prevention. With researchers having painted a grim picture, the writing is on the wall for everybody to see.

WOMAN OF THE YEAR Visit to hospital motivated Lekhonthula



Mpho Lekhonthula ... doing all she can to help.

Mpho wages a war against Aids

By Lovejoy Kweza

■ **BIG MISSION** Mother cares

about those with the deadly disease:

ONEDAY MPHOLEKHONTHULA was visiting Sebokeng Hospital when she saw some nurses refuse to help a teenager who had Aids.

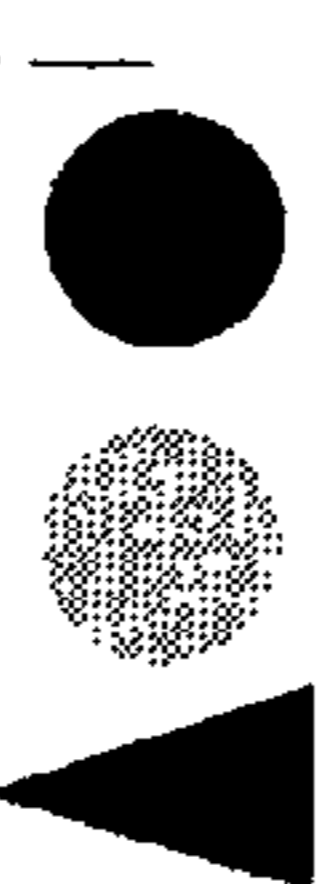
She was so deeply disturbed by what she saw that she vowed there and then to do all she could to help Aids victims.

For Lekhonthula it was the start of a mission to teach people in the Vaal Triangle about the killer virus.

She started her project in October 1993 after she discovered that the Vaal Triangle had one of the country's highest Aids statistics.

"I noticed that no one was teaching people about Aids, safe sex and how to use condoms," she said.

She claimed that people didn't understand the disease and thought it affected only whites and hoboos. A doctor at Sebokeng Hospital taught her the basics of how to educate and help people with



Aids. She has given lessons to church groups and youth clubs.

The project so far covers only the Vaal Triangle townships and neighbouring farms. "I had a lot of problems when I started, youths asked silly questions and some people told me to forget about the project because I was not getting paid for it." This mother of three said her husband was not pleased with her work at first but had since grown used to it.

What Lekhonthula needs the most is funding and a proper venue to sustain her project.

Now she uses her mother's garage as her classroom for lessons which she runs from 5pm on weekdays.



She feels that nurses need more Aids counselling and Aids sufferers need to disclose themselves to doctors so that they can get proper care. Lekhonthula has arranged for Sacred Heart home in Johannesburg — which is an institution for HIV-positive people — to accommodate some of her patients. "It is easy to get the disease but it is difficult to prevent and fight it.

"Sometimes sufferers spread the disease because they do not want to die alone," she said. Lekhonthula is working as a volunteer for the Progressive Primary Health Care network. She said families of Aids victims need to be loving, caring and supportive.

Sowetan 5/10/94

PWV has 966 Aids cases

ALMOST 1 000 cases of Aids had been reported in the PWV, provincial health MEC Mr Amos Masondo said yesterday.

In a written reply to a question by Mr Jack Bloom (Democratic Party), Masondo said the PWV's figure of 966 was the second highest in the country,

after KwaZulu-Natal with 1 493.

The total number of Aids cases reported in the country was 3 849 and the estimated number of people infected with HIV 566 000. More than 2 200 of the 3 849 Aids victims were males and the most affected age group was between 25 to 35, Masondo said. — Sapa.

Bringing some light to life in the shadow of Aids

DALE KNEEN

Weekend Argus Reporter

WHEN Khayelitsa mother of four, Ruby Sigongi, was given a sewing machine this week, it may have prolonged a life destined to be cut short by Aids.

It meant she could make clothing which she could sell to feed her children, and knowing that will ease the stress of daily living - and probably help the HIV positive woman to live longer.

That is because the stress of not having an income is likely to bring on the onset of full-blown Aids far sooner than if Ruby knows her children are provided for.

Ruby, not her real name, was one of the first people to benefit from a project by an organisation called Wola Nani, which aims to help people with HIV.

She will soon be joining other people in a similar position, making clothing at the city's first "work hive" for people with HIV.

Wola Nani's Gary Lamont said the work hive in Khayelitsa, which is being renovated at a cost of about R14,000, was set to open in a month.

He said there were many healthy people who were retrained as soon as their employers discovered they were HIV positive. These people would be able to work at the hive.

The hive would provide child care, which would still be available when they were too ill to work.

"Because people with HIV know that they don't have 50 years left to work, they are concerned about what will happen to their family if they are unable to work," he said.

"They are willing to contribute their income to the hive so that their children will be fed when they are no longer able to work. It's the only option for many people."

Ruby discovered she was HIV positive when she moved to South Africa from a central African country with her husband whom she married while he was in exile. He had Aids and died from tuberculosis earlier this year.

"All the exiles were given health checks and that's when I discovered I had HIV," she said. "Before my husband died, we survived on a R230 disability grant."

After his death, Ruby survived on Red Cross food parcels. She was able to live rent-free in a flat owned by the ANC, but has been told she will have to start paying R100 a month.

"I worry about what will happen to my children when I become ill."

Doctors at Somerset Hospital referred Ruby to Wola Nani and she was taught how to sew.

Said Mr Lamont: "People don't get sick because of the virus. They get sick because they are waiting for food, because they're unable to wait for welfare money, because they don't have an income."

"Stress and the onset of Aids are inter-related and so we see people getting sick because of the conditions they live under."

"There are other people like Ruby who have lost their spouses and have children but who have no income and

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(92)

are living with a life-threatening illness."

The Red Cross's Harriet Mayaba said about 60 people with Aids were being cared for at home by the Red Cross. "Those who were healthy were referred to Wola Nani."

Mr Lamont said the first hive would open in a Red Cross building in Site C which was not being used. He said Ruby's sewing machine, which was donated by clothing designer Anthony B, was the first piece of equipment for the work hive. It was hoped other equipment would be donated. The hive will employ about 16 adults and will provide care for about 30 children.

Two houses in Witteboome were recently donated by the Islamic Welfare Bureau and these will be used as foster homes for Aids orphans.

"The government said we would be able to get funding for the foster homes if they have been running for a year. But we don't have the money to run them for the first year."

Anyone wishing to help Wola Nani should call 23 7385/6.



GIFT OF LIFE: Wola Nani's Gary Lamont with the sewing machine which will change Ruby Sigongi's life.

Picture: OBEID ZILWA, Weekend Argus.

ARTY

By SUE ARMSTRONG

COFFIN-MAKING is a growth industry in Uganda. All along the road to Rakai, the district on the shores of Lake Victoria where the earliest cases of AIDS were reported, carpenters peppered with sawdust sit in little workshops turning out coffins to suit every pocket.

It's a sure sign that the epidemic so many South Africans still dismiss as an exaggerated non-event is very real and very serious in other parts of Africa — as it will be here in time.

AIDS is the most common cause of adult deaths in Uganda and is expected to be the leading cause of death in the under-fives by 1998.

But it is a disease that casts its shadow beyond the dead and dying — with huge numbers of children having lost their parents in the epidemic.

In one eight-month period, 1 179 people died in Rakai, leaving behind 1 507 orphans. Altogether in the district, more than 30 000 children have lost their parents and been taken in by relatives or left to fend for themselves in their family homes.

It's a tragedy which has torn at the fabric of community life. In Kyebe, which has lost virtually all of its young and middle-aged adults to AIDS, half-built schools stand abandoned since the parents constructing them died. There is chronic hunger in the town because of a shortage of able-bodied people to tend the banana plantations or harvest coffee and take it to market. It's a community with no heartbeat, waiting to fade away.

Kyebe is where Josephine Senyonga, now in her 70s, has spent her entire life and where she nearly gave up in despair one night and killed herself and the 23 grandchildren she looks after.

Mrs Senyonga brought up her seven children alone after the death of her husband. She was looking forward to being cared for in her old age. But over the last decade five of her sons and daughters have died of AIDS, leaving her to care for their children. She never has less than 17 under her roof, and one night last year she was about to give up the struggle to provide for them when aid workers found the starving family locked in their hut.

Moses Dombro, Rakai director of the development agency World Vision which has the biggest orphan care programme in

the district, says the Senyonga family is not unusual. A survey showed that 60 percent of households were caring for up to 10 orphans, and a small percentage for many more than that.

Unlike other diseases which tend to kill the weakest members of society, AIDS predominantly kills the strongest and most productive people who are usually the breadwinners.

After their deaths, child-

ren and elderly dependants struggle to meet their basic needs. When World Vision arrived in Rakai, attendance at Kyotera Primary School had dropped from 190 to 60 because children could no longer afford fees or uniforms. Some had dropped out of school because they had to work or care for younger siblings.

Godfrey Lubega, 14, is one such drop-out. Head of a family of four since their

parents died in 1991, he vests all his hope in his brothers and sisters who go to school while he looks after the smallholding. "I'm their mother and father now," he says simply. But his days are heavy and dull without young company.

Like so many families, the Lubega's home was crumbling and leaking before friends of their father, who had been a bricklayer, stepped in to repair it.

Mr Dombro ⁹² tells of a family of six which is looked after by a 13-year-old. "They come to my office sometimes to say: 'We have no food, brother; we have no kerosene'. I have been to see that family at night to see how they are living and I've broken down and cried."

It was the story of Rakai that woke the world to the plight of the epidemic's orphans when Save The Children and the Ugandan

government did a survey in 1989. It found that about 12 percent of children under 15 had lost their parents. Since then, many aid agencies — far too many at one point — have moved into Rakai. While their focus has been on food, shelter, clothing and school expenses, almost nothing has been done to meet the children's psychological needs.

Many witness their ill parents dying at home, they hear the adults anx-

iously discussing the future but cannot ask the burning question: "What's going to happen to me?" Often they know intuitively that a parent has AIDS even before the adult admits it, says Sister Ursula Sharp of Kitovu Hospital, Masaka. She runs a home-care scheme for AIDS patients. "I don't think we do a fraction of what needs doing to help kids through these experiences."

Very often, the death of a parent is just the first in a series of losses. One boy in Mr Dombro's programme has seen five carers die. And he tells of a girl and boy aged 12 and seven who appeared on his doorstep one night having walked 30km from their home. Taken in by their grandmother after the death of their parents, the children had watched her die too, and had simply set off for their mother's original home village 150km away. "They had some vague belief that there must be someone out there to call mother," Mr Dombro says.

To compound the misery, orphaned children — especially those from big families — are often separated from siblings who are vital to their security and sense of identity. Many experience resentment, exploitation and discrimination from the families who take them in. And many are turned away from school, even if they have the fees, because they do not have uniforms or books.

Very few carers are trained to deal with the mental trauma caused by loss of loved ones. It's a gap they are increasingly concerned about because the evidence of psychological pain is there. Children don't talk of their feelings easily, Mr Dombro says. "But when they sing, they sing of AIDS. In happier times they sang of nature."

What is happening in Rakai is a foretaste of what countless other communities across Africa will soon experience. According to the World Health Organisation, between 9 million and 13.5 million of the continent's children will have lost a mother or father to AIDS by the turn of the century.

ORPHANS OF THE LAND OF COFFINS

STimes 9/10/94



AIDS ORPHANS OF AFRICA . . . Dominic and Anshillid Odeta beside the graves of their parents

Picture: LOUISE GUBB

Zuma supports plan to combat Aids in kwaZulu

DURBAN. — National Health Minister Dr Nkosi-zana Zuma passed a plan launched here yesterday to combat the spread of Aids in kwaZulu/Natal, where it is the most prevalent in the country.

The plan, to spend almost R30 million there in the next year, was launched at a conference hosted by the government and the National Aids Co-ordinating Committee of South Africa (Nacosa).

Nacosa co-chairman Mr Edward Cameron said one in 10 people in Durban were estimated to be infected with HIV. — Sapa

(92) CT12/10/94

Comfort for Aids sufferers

By Mujahid Safodien

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A RED Cross Society pilot project aimed at alleviating the desperate plight of Aids sufferers and their families, is taking root in Cape Town townships.

The Home Based Care Project, initiated in April last year, helps victims and their loved ones to cope with the disease and takes Aids education to the community.

It also aims to ease the burden on hospital services.

Already three families have benefited from the project which could soon spread from its present urban base to outlying rural areas.

"Nurses from the community are given special intensive training to prepare them as house care workers," said Ms Colleen Jacob of the Red Cross Society.

She said the nurses care for the Aids sufferer during the day, when their families are at work. They provide basic psychological and spiritual care to patients and their families.

Families are taught basic home care skills which equip them to care for the patient in the evenings and at weekends. The programme includes ways of bathing the patient, identifying symptoms and their consequences and handling crisis situations. An additional four-day programme for families increases their awareness of the disease and helps to break down prejudices and fears.

"Patients with Aids feel they want to



HOME CARE: Muriel Noveve and husband Zandisile Solomon Noveve, who supports her in her work

spend their final days at home with their families and not in hospitals," said Jacob.

A home care worker in Guguletu Ms Muriel Noveve said the training course for families is essential.

"People are afraid to come into contact

with Aids victims and sometimes they are seen as a disgrace to the family," she said.

"We must see home care and hospital care as complementary and not as a replacement for hospital services," said project chairperson Mr John Malone.

Aids will have serious impact on health care

□ 600 000 deaths annually by the year 2010

(92)

ARCT 19/10/94

ADELE BALETA
Staff Reporter

BY the year 2010 at least 34 percent of the health budget in South Africa would be used to treat people infected with Aids.

This was the projection quoted by the CSIR's Geoffrey Abbott at the 13th Congress of the International Federation of Hospital Engineers in the city where primary health care is under examination.

Mr Abbott said while the growing tragedy of Aids had been well documented, its impact on the need for health services and facilities was less established.

Quoting sources, he said it was expected last year that — using a medium projection — the epidemic would reach a plateau in South Africa in about 2010. By then about 14 percent of the population (8.1 million people) would be infected, and there would be 600 000 Aids-related deaths a year.

"Assuming only 50 percent of those with Aids use the health

service and are treated, this would still consume about 34 percent of all funds available for health care."

He said specific policies still needed to be established to ensure adequate care for those who are not Aids patients as well as cost-effective care for the terminally ill, in hospitals, hospices or at home.

Added to this, the Aids epidemic was only one of the projected needs and forces for change in the provision of health services and facilities.

Others were:

● The rapidly growing population (currently 2,2 percent in South Africa and 3,2 percent in Sub-Saharan Africa, compared with 0,5 percent in industrialised countries) and the impact this will have on the requirement for additional health services and facilities just to keep the current service levels going.

● The health care environment was a major problem in South Africa. It was through the improvement of the domestic envi-

ronment — providing water, sanitation, housing, electricity and job opportunities — that the health status of the country would be primarily uplifted, not merely through the provision of hospitals and clinics.

● While it was accepted that South Africa's health service was poor due to iniquities, a primary health care network still had to be established.

Mr Abbott said there was a crisis of expectation and affordability in the South African health sector.

"On the one hand there is a growing demand for more health buildings to provide for the rapidly growing population — to replace defunct facilities and to redress inequalities and imbalances in access to health care — while on the other hand there are and will continue to be very limited capital and operating funds available.

"Providing and managing the estate of health building efficiently is an integral part of providing an effective health service."

AIDS and the health budget

Own Correspondent

CAPE TOWN — AIDS patients will consume more than a third of SA's health budget by 2010 — even if only 50% of people with AIDS use the health services, says Geoffrey Abbot of the Council for Scientific and Industrial Research.

Abbot told delegates at the International Federation of Hospital Engineering conference in Cape Town yesterday: "The tragedy of AIDS is well documented. Less well established is the impact it will have on the health services and facilities." 19/10/1994

He called for policies to be established to care for the estimated 8-million people who would be HIV-infected by about 2010.

This could take the form of hospice-type in-patient and day care units.

"A specific area of impact would be for the treatment required for babies born of HIV mothers," Abbot said.

Many of the larger public hospitals were already operating well over their design capacity. Ederdale and King Edward VIII hospitals in Natal, designed for 800 beds, housed 1 600 and 2 000 beds respectively. Baragwanath, designed for 700 beds, had more than 2 000 beds.

794 new HIV cases in W Cape

Staff Reporter

ALMOST 60% of the 794 people reported as HIV-positive in the Western Cape in the first six months of this year were infected by heterosexuals (92)

According to the HIV Surveillance Bulletin for the Western Cape Region, out of 794 new cases in the six months to June none were found to have been at risk from blood transfusions, female prostitution or drug use.

Paediatric patients accounted for 77 cases.

Only one was bisexual.

The latest statistics show that out of 794 people who were HIV positive, 446 were infected by heterosexuals and only 10 by male homosexuals. CT 21/10/94

According to a statement from the Department of National Health and Population Development it was becoming increasingly hard to obtain the relevant information for statistics as HIV and Aids were not notifiable diseases.

It was evident that HIV was spreading in the Western Cape and the time had come "to gear our prevention strategies to be target specific", the statement said.

According to a table broken down by area postal codes, and covering the first six months of the year, the code 7173, (which includes Hottentot's Holland Hospital) had 34 HIV positive cases.

The code 7700 (which includes Red Cross) had 42, 7925 (which includes Groote Schuur Hospital) had 107, and 8001 (including Somerset Hospital) had 72.

Support Aids

tests say healers

HARARE. — Zimbabwe National Traditional Healers' Association president Gordon Chavunduka has accused the ministry of health and child welfare of not supporting the organisation's HIV/Aids clinical trials.

Zinatha, which claims some of its healers can reverse Aids symptoms, has been treating more than 120 patients referred to it by the ministry. It maintains that some of the patients have regained good health.

But the organisation has hesitated to state categorically that it has found a cure for the yet incurable killer disease.

In an interview with the national news agency Ziana, Mr Chavunduka accused the ministry of paying perfunctory attention to the clinical trials, saying patients who at first were coming in droves were now coming in trickles. "The ministry of health has never been enthusiastic and committed to these Aids trials," Mr Chavunduka said.

"They are just doing it reluctantly, which is very worrying because they are faced with thousands of (HIV) sick people but appear unwilling to help find a remedy."

He described relations between Zinatha and the ministry as "strained". Mr Chavunduka said all 120 HIV-positive patients brought for treatment to Zinatha were all still alive.

"Not only are they still alive but their condition has improved considerably. Many of them have even terminated treatment because they say they are now well."

"But we don't know whether they (healers) will have the virus that causes Aids." He said it was worrying that the ministry had adopted an indifferent attitude in spite of having confirmed that traditional healers (n'angas) were reversing Aids symptoms. — Sapa

Aid boost for children urged

HARARE. — A senior United Nations official has called for increased international aid to improve living standards for children in Southern Africa, where he says about 950 000 die each year from disease and hunger.

United Nations Children's Fund (Unicef) deputy executive director Richard Jolly told delegates to a Southern African symposium in Harare on children yesterday that the region could halve the annual child deaths within this decade.

The symposium, attended by health ministers from 11 Southern African states, will review the plight of the region's children since a UN summit on children was held in New York in 1990.

Mr Jolly attacked as "immoral" the failure by the international community to write off Africa's huge foreign debt, which he said was gobbling up scarce resources needed for social development. (92)

Foreign aid was needed in Southern Africa to help stem the high infant mortality among the region's 50 million children by improving their living conditions. ARG 25/10/94

He said that although there had been progress in the design of African economic reforms which focused on reducing poverty, unrealistic conditions were still tied to aid by international lending institutions. — Sapa-
Reuter.

Criticism of media AIDS coverage

MARK ASHURST

THE capacity of the media to play a constructive role in the fight against AIDS was undermined by the "generally sensationalist and shallow" nature of recent news stories about the disease, the Media Monitoring Project said yesterday.

Persons infected with the HIV virus that causes AIDS would continue to be media-shy and to fear the consequences of Press reports on their condition, the project said in the wake of weekend reports on the death of SA film director William Faure.

The right of the public to know was compromised by the failure of recent coverage of the AIDS issue to destigmatise the disease, it said.

The European Union-funded non-governmental organisation praised Radio 702's live interview with Riaan van Rensburg, who alleged last week he had been hired by Inkatha Freedom Party member Walter Felgate to train hit squads in Natal.

But it criticised subsequent reports for viewing the incident outside the context of the Goldstone commission investigations and similar allegations that had been made in the past. *BS Day 2 5/10/94*

"The same kind of amnesia which has been found in TV news was in evidence... a powerful and investigative media needs to build on what has gone before, so that it can be more accurate and incisive in its work.

"Hopefully, that is the kind of news reporting that will be apparent in the coverage of the forthcoming truth commission," the project said. *(92)*

One in 4 workers has HIV — Anglo

BULAWAYO. — The giant Anglo American Corporation of Zimbabwe estimates that one in every four employees of its 15 000-strong workforce is infected with the HIV virus which leads to Aids, Ziiana news agency reported yesterday.

The company said in a document submitted to the Harare-based Southern Africa Aids Information Dissemination Service the calculation was made by extrapolating from government estimates of the

problem in the country and relating that to age distribution of its workforce.

Anglo American Corporation was one of the first companies in the region to realise the potential impact of Aids on its workforce and by implication on its profitability, a spokesman for the service Ms Helen Jackson said in a statement released to Ziiana yesterday.

It said the mortality or ill retirement rate per

1 000 employees at the company was 14,02 in 1992 and 15,81 in 1993.

It was estimated the 15 000 Anglo employees, who worked in its mines, agricultural and timber estates, commerce, finance and industry sections, had between 85 000 and 95 000 dependents.

According to unconfirmed estimates, at least 120 000 Zimbabweans have full-blown Aids while close to a million others are infected with the HIV virus. — Sapa

92 CR 28/10/94



AIDS payouts cripple insurers

HARARE — The spread of AIDS in southern Africa is alarming not just victims but medical insurance firms, which are wondering how they can remain afloat.

"We have to do something or we sink, go insolvent," said Old Mutual spokesman Theo Harwing.

Old Mutual has inserted exclusion clauses in its life policies allowing it not to pay when a holder dies from AIDS.

"We do not ask for an AIDS test (but) we do not pay if a person dies of AIDS," he said.

Many other insurance firms in southern Africa are asking for obligatory AIDS tests for policy holders and are refusing to pay out benefits of those dying from the killer disease.

The policy inevitably angers clients.

"Insurance firms give an impression they want only to make money and don't care about their customers," said a policy holder in Harare, echoing the views of many.

But as the death toll and social havoc wrought by AIDS touches virtually every family, insurers say they have taken the measures to curb an alarming drain of their financial resources by families of AIDS victims.

The incidence of HIV in SA has doubled

every year since 1991, according to health officials. They estimate that in 1991, 1.3% of the population was infected. This figure jumped to 2.42% in 1992, 4.25% in 1993 and is expected to reach 16% by 1995.

In Zambia, health officials estimate that 1-million of the 8-million population will die from AIDS by 1998, up from 30 000 now succumbing to the disease annually.

Accurate figures on the number of people in the region who seek life insurance are hard to come by but generally most workers have either personal cover or that provided by their employers.

State owned Zambia State Insurance Corporation estimates that out of a total workforce of just under 400 000 people, 220 000 people either have personal or group cover.

In Zimbabwe, with a workforce of more than 2-million, a leading private insurer says "most workers should be covered by one life insurance scheme or another".

In SA, the Life Assurers' Association and the Registrar of Insurance say they do not keep such figures. But a broker added: "Every black person has one form of insurance, either through society schemes, burial schemes or

with an actual insurance company."

In Zimbabwe, almost 10% of the 11-million population is estimated to have HIV and the rate of annual infection is frightening, health and insurance officials say.

Old Mutual estimates it lost nearly Z\$10m from AIDS-related claims since July last year.

Up to 60% of the claims were made in the first five years of a life insurance policy, which meant the company stood to lose by making early payouts, Old Mutual spokesman George Dire said.

His firm and other insurers are demanding AIDS tests for policies worth Z\$100 000, but Dire noted that it was too expensive to do so on a regular basis.

"Even if we conduct tests, a person might test negative on issuing the policy but could become positive a few days afterwards, which means we would still lose out," he said.

Barrie McCurdy, head of Zimbabwe's Life Office Association, defended steps taken by insurers.

"There is no doubt that if nothing had been done, the industry would collapse," he said. — Sapa-Reuter.

AIDS threatens Africa's food supplies

ROME — The AIDS epidemic has joined drought, locusts and civil wars in posing a threat to Africa's inadequate food supply, according to a UN agency.

"AIDS is more than a health problem," the Food and Agriculture Organisation (FAO) said in a report.

"It has significant, long-term socio-economic implications on food security, agricultural productivity and national economies."

The warning was included in the FAO's annual State of Food and Agriculture report, which devoted a section to the effect of AIDS on food supplies. The report, which was to be presented to the agency's governing council yesterday, said the AIDS epidemic could cause the most damage to agriculture in the already food-poor area of sub-Saharan Africa.

It said the epidemic had the potential to wipe out much of the region's agricultural work

force. "It is clear that sub-Saharan Africa may be the global epicentre of death from AIDS, both from the disease itself and from its effects on livelihoods."

The report said that at the end of last year, two-thirds of the carriers of the HIV virus which causes AIDS were believed to be in sub-Saharan Africa, a region which accounts for about 10% of the world's population. (92)

Since the disease is sexually transmitted, it tends to hit the section of society which is most likely to be working, those people between the ages of 15 and 45, the report said.

This meant that the agricultural workforce would be significantly reduced, leading to lower productivity.

Surveys in Uganda, Tanzania and Zambia also showed that farmers faced with fewer workers were delaying weeding, planting and mulching and as a result were harvesting

16/11/94
poorer crops.

The FAO report cited dramatic statistics collected in Uganda to support its warning about the effect of AIDS on agriculture.

It said that agriculture in Uganda accounts for 70% of the country's economic output, 95% of export earnings and 90% of all employment.

"It is estimated that half of the population (in Uganda) over 15 years of age is HIV-positive," the report said. "As the death toll mounts, each productive person becomes responsible for a higher number of dependants."

"Given the grim circumstances, the prospects of attracting additional labour to agriculture appear to be rather dim," it added.

The FAO report recommended that losses in labour productivity due to AIDS deaths be balanced by international aid and government investment to modernise production methods.

— Sapa-Reuter.

Southern Life earnings boosted by HIV policy

AMANDA VERMEULEN

SOUTHERN Life's Exclusive Life range of assurance products for policyholders who tested negative for HIV helped boost earnings 22% to 70,5c a share in the six months to September.

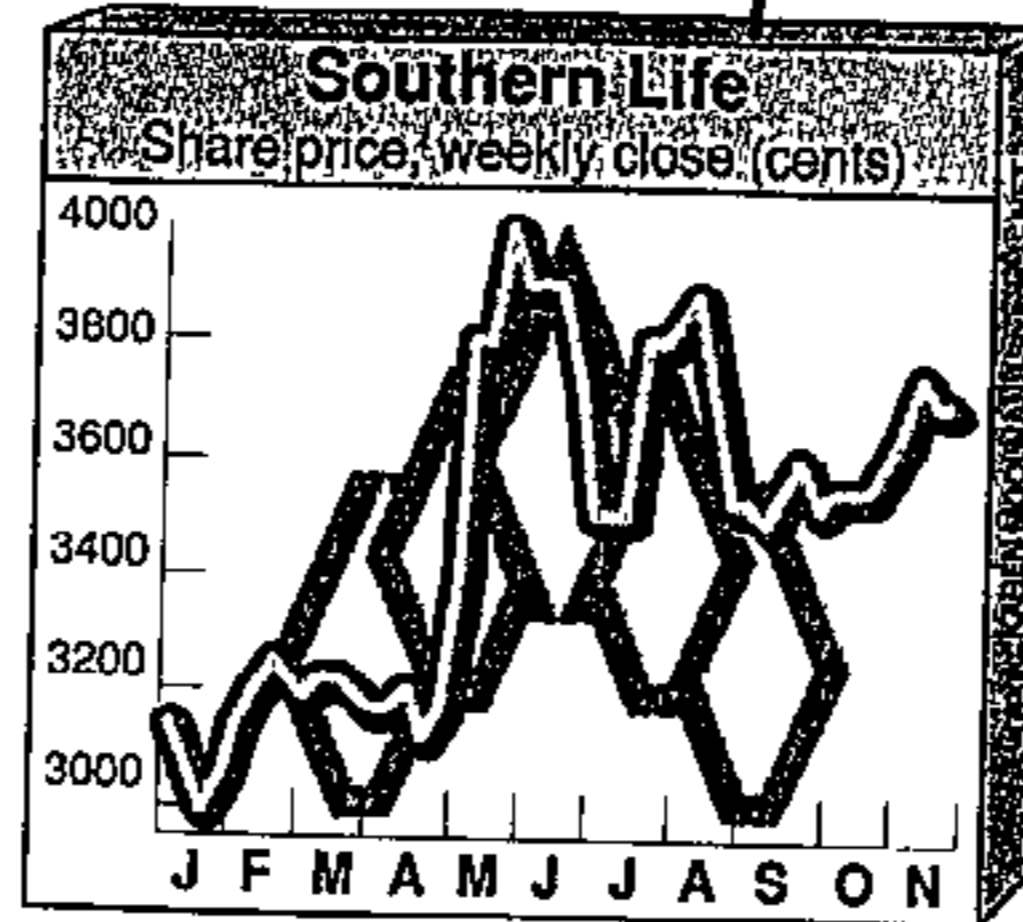
Distributable earnings increased over 24% to R123m as the company continued its policy of setting interim earnings and dividend figures at 50% of the totals of the previous financial year.

A dividend of 47c (38,5c) was declared. MD Jan Calitz said shareholders would be offered capitalisation shares in lieu of the interim dividend. Details would be announced on December 5.

Group assets grew 28% to R26,4bn. Calitz said group assets no longer reflected African Life and Southampton Assurance Company of Zimbabwe after Southern Life reduced its shareholding in these companies to 25% and 49% respectively.

Total income for the period grew 8% to R2,2bn, consisting of premium income of R1,6bn and investment income of R607m.

New individual business increased over the six-month period, improving 62% to R639m. Recurring premium income accounted for 22% of this growth, while single premium busi-



ness rose by 81%.

"Given the tough economic conditions in which we have been operating, this performance can be attributed to the sales force. One of the major reasons for the increase has been the success of the Exclusive Life range of policies, now accounting for 30% of all new policy sales," he said.

Calitz said support for the policy in the broker market had indicated its endorsement, and helped the group achieve an increased share of new business in a competitive market.

In September, Southern Life reported that it had seen a 73% increase in HIV-positive life assurance applications in the previous six months. Chief actuary Paul Truyens said that the group's stringent HIV

testing requirements had seen it turn down R109m in life assurance business in the past four years.

Calitz said that the first six months of the last financial year had recorded significant employee benefits, single premiums which had not been repeated in the current period.

Future growth, Southern Life's economically targeted investment portfolio supporting the RDP, had made a successful debut in the retirement fund market.

Assets already exceeded R175m, and a number of large corporations had invested in the fund which, according to Calitz, was providing satisfactory investment returns and social benefits (92) (93)

In addition, shopping facilities had been made available to more than 500 000 township residents following the opening of the R30m Nyanga Junction shopping centre development near Cape Town last month.

The period also saw the announcement at the end of September of the listing on the Namibian Stock Exchange, which took place in early October. The group said at the time its total investments in that country were N\$1,220bn, and there were plans to expand.

On prospects, Calitz said shareholders could expect continued real growth in earnings and dividends.

HIV wing for baby sanctuary

■ BY BONGIWE MLANGENI
CITY REPORTER

The Johannesburg Junior City Council will donate R10 000 today to help a home for abused and abandoned babies build a new wing for the HIV-positive victims among them.

Council public relations officer Amy Wise said the wing, at Cotlands Baby Sanctuary, would in effect be a hospice.

Cotlands public relations officer Cheryl Chidrawi said the council was the first to donate money and later the public pledged more than R1 million.

Cotlands planned to start building the hospice in January and will both accommodate 20 babies and offer counselling to the general public. (92)

"There are a large number of neglected HIV-positive babies. We thought a house of safety for such children will help them grow with love. And we also need to teach the public how to cope with family members who have AIDS," she said.

1/10/94

W Cape Aids research unit to close

THE Medical Research Council had re-aligned its Aids research programmes to direct resources where they could make the most impact on the disease, MRC president Professor Walter Prozesky said this week. He confirmed the MRC would no longer run its Aids research unit as a separate entity in the Western Cape, but said its activities would be incorporated into a new health promotion office in the region.

"The MRC's Aids research in the Western Cape was primarily aimed at health promotion, intervention and evaluation. We are creating a separate office for health promotion research and development, which will incorporate this aspect of Aids research," Prof Prozesky said. In this way, the MRC could direct its attention to Natal, where the epidemic was at its worst, he said. He stressed that there had been no

reduction in funding for Aids research nationally.

● A charity which helps HIV-positive mothers yesterday appealed for four cargo containers to help expand a workshop and infant day-care centre in Khayelitsha.

"We desperately need these containers to expand the infants' day-care centre and for storage space before the beginning of December," said

Wola Nani programme director Mr Gary Lamont.

The centre employs 20 women, who clean and refurbish second-hand carpets for sale.

"These women are all HIV-positive and without this work would be unemployed and possibly destitute."

The day-care centre cares for 35 pre-school children.

Wola Nani can be reached at 23-7385. — Sapa

AIDS prisoners in barricade of cells

SI Times [Cape Metro]
2011/11/17

By **AYESHA ISMAIL**

FOURTEEN HIV-positive prisoners at Pollsmoor Prison, who began a hunger strike on Thursday and demanded to be released immediately, have barricaded themselves in their cells and are refusing medication.

The prisoners claim they were promised before the April election that they would be released, according to Department of Correctional Services spokesman Lieutenant Mike Green.

"On Friday they barricaded their cell by pushing their beds against the cell door, preventing warders from entering," Lt Green said.

Demands

The men had water in their cells but were refusing all food and medication, he said. They are all prisoners in Pollsmoor's Medium A Section.

The prisoners are also demanding to see the Minister of Correctional Services, Siphso Mazimela, who is abroad at present.

On Thursday 120 Pollsmoor prisoners, "all common prisoners", staged a sit-in in the courtyard and refused to return to their cells. "With the necessary force we got the prison-

ers back into their cells," Lt Green said.

He said the protest was in response to a call by the South African Prisoners Organisation for Human Rights (SA-POHR) leader, Golden

Miles Bhudu, for prisoners to embark on action on November 17 to force the authorities to release them

Meanwhile, 80 inmates of Buffeljags Prison near

Swellendam set four cells alight, but the situation was "brought under control quickly," according to Lt Green. "They were also responding to the call by Mr Bhudu," he said.

(92)

...the best ...
...
**AIDS to cost SA
R16-bn by 2000**

Cape Town — AIDS will have cost South African industry R16,7 billion by the year 2000, and by 2005 a fifth of the workforce will be HIV-positive, says Wola Nani/Embrace programme director Gary Lamont.

In a statement heralding International AIDS Week, starting on December 1, he said 2 percent of the Western Cape population had the virus, and the number of people infected doubled every 12 months. (92)

The organisation estimated that 15 000 babies were born HIV-infected last year, and in some areas 15 percent of women aged between 20 and 24 were infected, followed closely by teenage girls. — Sapa.

AIDS 'will drain SA skills'

CAPE TOWN — AIDS would cost SA industry R16,7bn by the year 2000 and by 2005 20% of the workforce would be HIV-positive, Wola Nani/Embrace programme director Gary Lamont said yesterday. B/D

In a statement to mark International AIDS Week starting on December 1, he said 2% of the Western Cape population had the virus and the number of people infected doubled every 12 months.

The organisation estimated 15 000 babies were born HIV-positive last year. In some areas 15% of women aged between 20 and 24 were infected, followed closely by teenaged girls and women in the 25-30 age group. 23/11/94

More men aged 35 and older were infected than younger males. At present a South African was being infected every 2,8 minutes.

"If businesses don't get effective behaviour modification training schemes in place now, they can expect to face a serious drain on their skill bases and that will result in devastating economic problems," Lamont said.

The Western Cape had the lowest HIV infection per capita in Africa, but the pat-

tern in the rest of Africa gave a fairly accurate picture for SA if action wasn't taken immediately, he said.

Some Ugandan cities had a 60% infection rate and 85% of all hospital beds in Zimbabwe were occupied by people who had AIDS-related conditions. In KwaZulu/Natal, 10% of the population had the virus and more than 4% of people in the PWV were HIV-positive. (92)

"The decision is whether you talk to your teenagers about sex and condoms or whether you ignore the threat and hope it doesn't happen," Lamont said.

□ An AIDS-awareness campaign will be launched in downtown Johannesburg on Saturday by the Hope World Wide organisation.

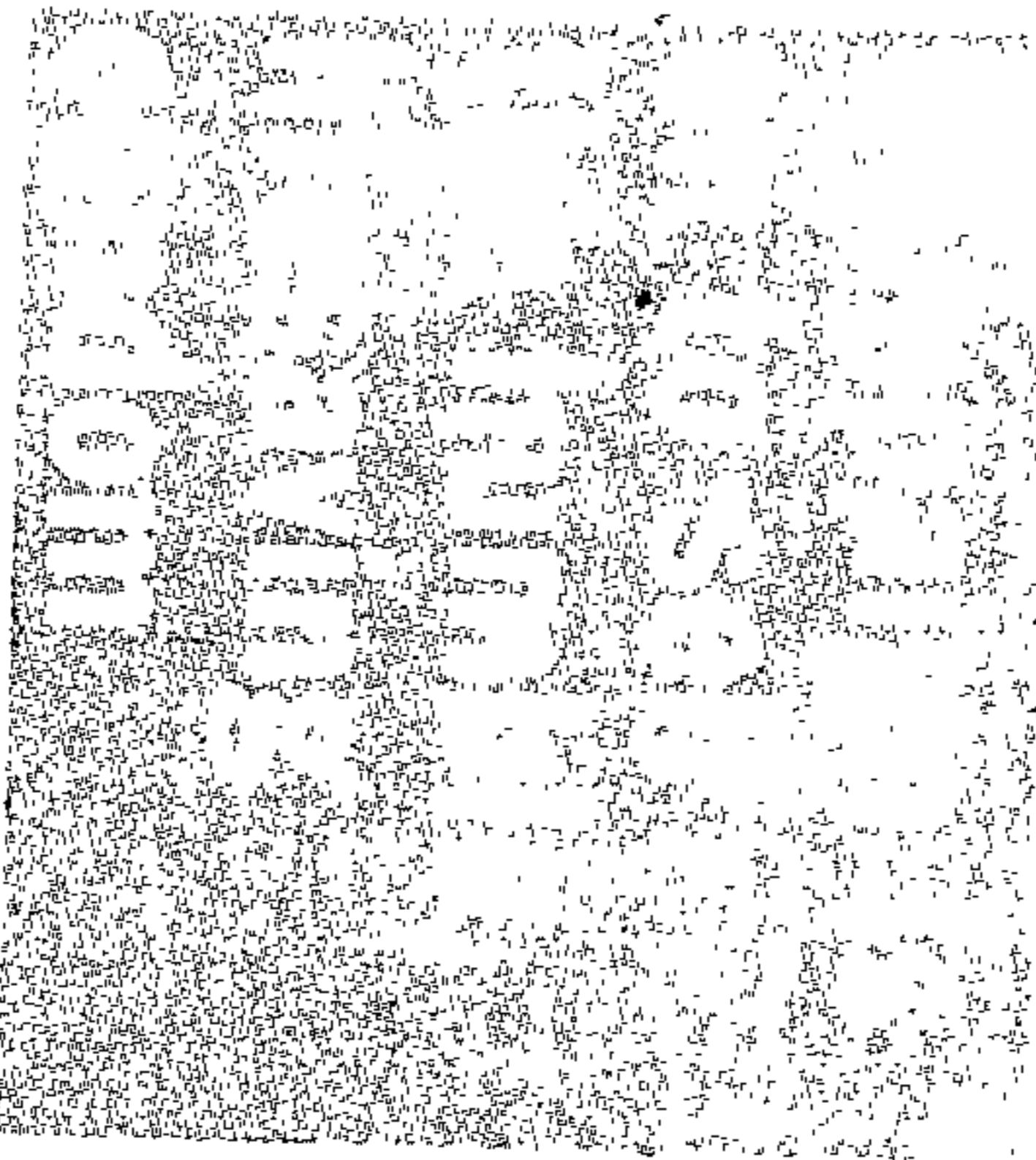
The campaign will include the distribution of more than 50 000 pamphlets on AIDS awareness by 1 000 volunteers and will continue until December 1.

Several dignitaries will address the issue at the Library Gardens in central Johannesburg.

According to the Johannesburg city health department, the HIV sero-positivity rate in downtown Johannesburg is approaching 10%. — Sapa.

WORLD AIDS DAY 1 DECEMBER

Comfort in a cold world



By BENSON NTELEMO

FACED with a continual escalation of the aids epidemic, the Society for Family Health (SFH) has erected a billboard in the busy taxi ranks at Berea station, Durban, and in Johannesburg's Bree Street.

An illustration of a condom, made to attract the attention of passing traffic, states: "Unroll some life insurance".

Safe sex

The SFH director, Warren Mitchell, said: "The purpose of the billboard is to encourage sexually active people to use condoms to practice safe sex."

He added that with the rapid progression of the epidemic and the proliferation of people with Aids, it is essential that people are educated to combat the spread of HIV virus which leads to Aids.

Resistance

"Because of the social resistance to the use of contraceptives, and especially because of widespread misconceptions about Aids, education is



THERE is some comfort for thousands of Aids victims who seek help at an old building at Esselen Street in Hillbrow.

That's the Community Aids Centre.

At this centre Aids patients receive counselling about their illness.

The centre is situated in Johannesburg's overcrowded "grey area" - Hillbrow - but this is where educationists and health workers believe that the Aids virus is being spread daily through mushrooming brothels and "street-girls".

The Hillbrow Community Aids Centre is one of the country's major centres which attempts to combat the illness and assist its victims. Together with a number of other Aids organisations, serves the PWV area.

Four years

To date, this centre has been serving the community for almost four years and has a staff with a range of experience and background in fighting the disease.

Aids Educator and Drama Consultant Yvonne Mulangabezi told City Press that they were doing their best to educate people and make them aware of this terrible disease.

"In doing so, we hope to do two things - to reduce the spread of the epidemic and put an end to the prejudice, discrimination and hostility shown towards people

Centre tells community about disease

The centre is situated in Johannesburg's overcrowded "grey area" - Hillbrow - but this is where educationists and health workers believe that the Aids virus is being spread daily through mushrooming brothels and "street-girls".

At the moment, the Hillbrow Centre operates in conjunction with two clinics - a sexually transmitted disease (STD) clinic, and a family planning clinic.

Furthermore, there are also the Outreach programmes which work mainly with prostitutes, youth and gay people.

The African Aids file:

- 13% of Africa's workers have it
- By year 2 000 20% of workers will be HIV positive
- Economy has shrunk by 14 to 24%
- 2% of the W Cape have Aids
- 15 000 Aids babies were born in SA last year
- A South African is infected every 2,5 minutes

main focus of his centre is to educate people about Aids. There are two training courses which run each month.

In the first full week of the month, he said, the combat the spread of the virus. The counselling course prepares people to do basic counselling before and after a test for HIV and to know the appropriate channels for re-

ferred," explained Mulangabezi.

He said they were also running other courses for industry, the youth, women's groups, medical professionals, trade unions and church organisations.

Visiting the centre, one is struck by the exciting drama group, "Warriors Against Aids", which performs various short plays dealing with HIV/Aids.

This has proved to be a highly successful way of alerting people to the issues of HIV/Aids and how they are able to address these issues in their own lives, said Mulangabezi.

Confidentiality

The centre offers a free walk-in HIV counselling and testing service. Confidentiality is guaranteed, and clients are referred to support groups, legal advisers and hospitals where appropriate.

A telephone hotline operates for information and counselling. All the services are available in a range of languages.

Workshops, training programmes, policy advice and general HIV/Aids talks are arranged on request.

For more information, one can visit the Community Aids Centre at number 17 Esselen Street in Hillbrow or call (011) 725-6710.

the informal sector through their own communication channels, so we do not use only traditional methods of communication or distribution."

The billboard is one element of the whole campaign to expand the awareness of the consequences of Aids. With the majority of

"Many people still do not believe that Aids exists, so it is necessary to educate people that the virus kills, that it does not discriminate and there is no known cure," said Mitchell.

The escalating Aids epidemic threatens to undermine the workforce of South Africa, he added.

Bubble bursts for India's condom makers

By JAYA SHREEDHAR

CONDOMS made in India are unreliable and of doubtful quality, according to complaints from Aids organisations.

The country has a population of 910 million, a manufacturing capacity of about 1.5 billion condoms a year and a spiralling epidemic of HIV, the virus that leads to Aids.

In November 1993 a batch of government-supplied free condoms - distributed by the million each year - was sent to a condom quality testing unit in Australia but failed all quality tests for HIV prevention.

The batch was sent by the Madras-based South India Aids Action Programme (SIAAP), following complaints from women in project areas. "The condoms they were receiving were bursting, were not lubricated or were simply falling to bits as soon as the package was opened," said a programme official.

Failed

Subsequent batches of free condoms sent for testing also failed the tests. Following this, the activists and their partner NGOs stopped distribution of the government-issue condoms. After complaints to India's National Aids Control Organisation, its director, Pranav Ranjan Dasgupta, acknowledged the problem, but added, "even the worst-performing condoms reduce viral exposure ten-thousandfold".

But some allegations are even more damaging. "It is an open secret that condom manufacturers push standard condoms into the free distribution networks," says one well-informed industry source.

But since 1992, the government has been working on updating its condom quality standards to levels approved by the World Health Organisation. After some delays, the new regulations have been drawn. - Panos.

SAFER SEX... World Aids Day on December 1 is focusing on condoms as a protection against the Aids virus - although the right way to use a condom is not shown here!

Pic: THULANI SIHOLE

Crisis conference on Aids

AFRICA'S economy has shrunk by between 14 and 24 percent.

Why? Because of Aids, says the World Health Organisation.

A three-day conference on the impact of Aids on economic development and policy in southern Africa begins in Harare tomorrow.

About 70 delegates from the subcontinent will discuss the epidemic's effect on population and production.

Discussions will be based on a World Health Organisation study which says the gross domestic product of most African countries has fallen by between 14 and 24 per

cent due to the impact of the incurable disease on the workforce.

About 13 percent of workers are affected - from household to national level.

The conference is being organised by the Southern African Aids Information Dissemination

Service and the Organisation of African Trade Union Unity.

Also to be discussed is the need for African countries to implement policies that preserve the dignity and rights of Aids patients.

World Aids Day is on December 1. - Sapa

M Macmillan Boleswa



There has been growing interest in the Macmillan Boleswa AIDS Awareness Programme from large companies who have a responsibility to look after not only their employees but their employees' families as well. The health and welfare of an employee's family can have a significant effect on the productivity of that employee.

The programme now has several components:
- Eighteen stories about South African youth aimed at standard ten students including a factual section on sexually education
- The Medical Research Council's (MRC) programme "Get Wise About AIDS" which consists of a workbook for students in either standard seven, eight, nine or ten and an accompanying teacher's guide. These will be published by Macmillan Boleswa in 1995.
- "ROXY" which is part of the MRC's programme, has taken off in its own right. It is a progressive evening and already very popular photo-comic for teenagers dealing with relationships, sex and AIDS. It was developed by the MRC in conjunction with the Story Circle and the PPHCN. A second AIDS education photo-comic is presently under development.

The Macmillan Boleswa AIDS Awareness Programme aims to give information and to change students' attitudes and behaviour by focusing on their experiences and encouraging them to relate new information and ideas to these experiences. It is the only comprehensive school-based programme in southern Africa.

The programme has gained recognition throughout southern Africa, particularly in Botswana, Swaziland and Namibia. Macmillan Boleswa will begin major implementation of the programme in South Africa next year, following discussions with potential donors from the private and public sector who have expressed interest in funding the programme. "ROXY" and the story book for senior primary school have been recommended for national implementation by NACOSA in their National AIDS Plan for South Africa.

For further information please contact

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quished power out of conviction.
Addressing 500 delegates at the

the Tony Leons" to grab headlines
while it grappled and struggled with
the party
gress.

Medical schemes urged to scrap AIDS benefit limits

MEDICAL schemes faced bankruptcy unless they removed restrictions on benefits payable to people with AIDS, medical utilisation review group Quality Health Services MD John Cowlin said at the weekend.

He said most medical schemes restricted the benefits payable to "token amounts" of on average below R1 000 a year.

Members were hence discouraged from informing their schemes if they were HIV-positive, and instead of treating AIDS, "the opportunistic illnesses are treated at exorbitant costs". Although it sounded contradictory, the removal of payout restrictions would reduce costs.

"With about 3-million South Africans HIV-positive and almost 4 000 new

infections every day, medical schemes are going to have to implement effective strategies to deal with the disease immediately if they are to remain financially viable. (92)

An average AIDS case from diagnosis to death could cost about R300 000 unless correctly handled.

Alexander Forbes Health Care AIDS consultant Clive Evian said AIDS would not drain medical aids if rational checks and balances were put in place rather than restricting claims.

"This could mean using top-up plans or disclosure," he said. At present disclosure was only an ethical problem due to the "abnormal" stigma attached to the disease.

28/11/97
AIDS was unlikely to bankrupt medical aids as in the long term it was less expensive than handling a patient with hypertension.

In addition, it was possible for a medical aid to monitor claims and pick up HIV-related diseases.

"If a person with AIDS contributes for 10 years, health care costs will only increase during the last three years and terminal care is only needed during the final three months."

According to Council for Scientific and Industrial Research statistics, AIDS patients would consume more than a third of SA's health budget by 2010, even if only half of those with AIDS used health services.

Cowlin said people with AIDS should be kept healthy "so they are able to remain at work and continue as contributing members of society", thus requiring fewer drugs and less hospitalisation, which would keep costs down and improve quality of life and life expectancy.

**MILLION DOLLAR
MERCHANDISE TENT
AT SUN CITY**

WE WILL TRADE IN

Mandela backs Aids campaign

JOHANNESBURG. — President Nelson Mandela is backing the National Aids Programme's biggest-ever awareness campaign by allowing his photograph to appear on a special poster. (92) CT 28 11/94
The poster will be part of NAP's World Aids Day campaign this week during which 500 000 condoms will be handed out.
— Sapa

AIDS has killed 1 200 in SA

BY DAVID ROBBINS
HEALTH WRITER

More than 5 000 cases of AIDS and 1 200 AIDS deaths have been reported in South Africa since 1982, according to figures released by the Department of National Health yesterday.

This year 321 people have died, compared with 305 for 1993 and 152 for 1992.

But statisticians have warned that such figures are based on a system of voluntary reporting only and should not be taken as providing an accurate indication of the prevalence of the disease.

"The figures represent the absolute minimum,"

said a Department of Health statistician.

Nevertheless, some important trends are visible. Of the 1 982 AIDS cases reported so far in 1994, 127 were children initially infected by their HIV-positive mothers.

Absurd

Heterosexual contact was the cause of most reported infections, and KwaZulu/Natal is the worst affected province, reporting 990 cases.

"An example of the unreliability of voluntary reporting is the figure for the PWV," the statistician explained. "To believe that only 79 cases have actually occurred over the past 11 months is

clearly absurd. The real figure will be much higher than that."

The most accurate indication of the state of the epidemic, the statistician said, was the annual survey which randomly tests women attending antenatal clinics for the presence of the HI-virus.

The latest AIDS figures were released by the Department of National Health to mark World AIDS Day on Thursday.

In a statement in Pretoria, the department said it was clear that "unless we continue fighting the spread of HIV infection we might face a catastrophe".

The theme of World AIDS Day will be "AIDS and the family".

Star 29/11/94

92

Mrs X, a widow, discovers she is pregnant shortly after receiving the devastating news that she is HIV positive.

There is a chance her unborn child is also infected with the virus.

Mrs X has two options: She can have a legal abortion or, according to current research, if she is treated with the drug AZT in the last few months of pregnancy, the foetus has a 90 percent chance of being born without the Aids virus.

If Mrs X chooses the latter option, she faces another problem. Who will take care of her child when she has full-blown Aids and dies?

The occurrence of "Aids orphans" is on the increase in South Africa, says Colleen Jacob, co-ordinator of the South African Red Cross Society's Home Based Care Project.

In some African countries the virus has claimed generations leaving only the elderly to take care of the young.

"What is the government going to do about OUR orphans?" says Mrs Jacob in her office at the society's regional headquarters in Wynberg.

Another factor compounding Mrs X's misery is acquiring a government disability grant which takes up to nine months to sort out and most often arrives too late. When it's in time it's only about R370 a month.

"We have seen many cases where both parents have died and children who are not infected are left in the care of older unemployed siblings. The grants have not come through and these families are left destitute."

At present the Red Cross Society hands out 85 food parcels a month to unemployed people waiting for disability grants.

"The incidence of Aids among pregnant women is high and increasing steadily. When the Home Based Care project began in 1993 we saw only about two infected babies and 10 mothers. A year later we have 39 babies and 45 mothers."

This pilot project began in response to the need to develop alternative approaches to the care of Aids patients. The project daily sends its tendrils of influence into the living rooms of homes over a vast area stretching northwards from Cape Point to the Atlantic seaboard, the inner city area, the southern and northern suburbs and townships.

"We aim to improve the quality of Aids patients' lives and to reduce the burden on hospital services which are often not appropriate for these people's specific needs," says Mrs Jacob.

The project has an Aids awareness programme to inform people about sexually transmitted disease, sexuality and safe sex.

"There can never be enough education on these issues. We are finding in many cases that women who have been told they are HIV positive and who have babies with the virus, fall pregnant again. They don't want anyone to know they have the virus," says Mrs Jacob.

Reaching out to people with Aids

92

ARL 29/11/94

at work," says Mrs Jacob.

These homecarers are also trained to provide basic psychosocial and spiritual care to the patients and their household members.

The Home Based Care project liaises with other organisations to develop a referral network which can be called on when the a patient's needs fall outside the ambit of the project.

"We have seen cases where a patient's condition deteriorates and the person is no longer able to continue working and employees want them to resign.

"Family members or other concerned people need to be aware that the patient has legal rights," says Mrs Jacob. To this end the project is in touch with lawyers who can help fight unfair dismissals or discrimination and social workers who give welfare assistance.

The project also offers counselling services on a one-to-one basis and facilitates support groups. It puts people in touch with others who care and understand. Religious organisations are contactable for spiritual counselling and community services help with transporting patients to hospital or the shops.

Where there is a need, medical equipment ranging from walking sticks to wheelchairs is available.

Because there is an increasing number of women with sick children who are unable to work, it is hoped to establish workshops and day care centres in a joint venture with another Aids project, Wola Nani, where they will be taught skills to enable them to generate an income.

Home Based Care gets about R259 000 a year from the government for its work. "A mere drop in the ocean," says Mrs Jacob.

She points to the project's brochure which carries a realistic, poignant but hopeful message, one which could teach something to those who do not have Aids. "I'm HIV positive, and I have to carry this

knowledge around in my mind forever. My body shows no sign, yet my mind senses the unforeseen future. Being informed that one is HIV positive is always a devastating experience. But there may be many years of life to be lived in which one can work, love and play. There will be times when I will be ill."

Volunteer members of the community are trained in basic nursing and take care of patients in their own homes on a daily basis. A total of 150 homecarers have been trained so far this year.

"Many Aids patients have no one to look after them as the rest of the family is out

Aids claimed the lives of 321 in SA this year

PRETORIA. — Aids claimed the lives of 321 South Africans in the past year, bringing to 1 212 the number of recorded HIV-related deaths since 1982, the Department of Health said yesterday.

(92) CT 29/11/94
In kwaZulu/Natal 990 Aids cases were diagnosed in 1994, more than the 940 cases in all the other provinces. The second highest incidence was in the Free State with 222 diagnosed cases.

In the Western Cape 21 cases were reported.

Last year 305 HIV-related deaths

were recorded compared to 152 in 1992.

● A huge red ribbon will be draped along the front of St George's Cathedral in Cape Town to mark the start of International Aids Week tomorrow, Aids charity Wona Nani-Embrace said yesterday.

The ribbon would remind the public that Aids was striking at the heart of Cape Town, the charity said in a statement.

Two percent of the city's population was HIV-positive and this figure would double every year, Wona Nani director Mr Gary Lamont said. — Sapa

World Aids Day drive in top gear

JOHANNESBURG. — Billboards displaying 14-metre condoms with the message "Unroll some life insurance" have been erected at Johannesburg and Durban taxi ranks for World Aids Day today. (92) ARG 11/2/94

"The purpose of the billboards is to encourage sexually active people to practise safer sex by using condoms," said Mitchell Warren, director of the Society for Family Health (SFH).

The SFH is also selling packets of three condoms for R1 at spaza shops, shebeens, take-aways, bottle stores, night clubs, petrol stations and traditional healers.

Buses in the two cities are also carrying giant condoms with the message "Don't go anywhere without protection" while Mr Loverman, a 1,5-metre condom, is wandering around Johannesburg.

President Mandela said in his World Aids Day message that the government would allocate as many resources as it could to combat the epidemic.

"The fact that we can now observe this day as a democratic country gives us the rare opportunity to co-operate as a nation in addressing this most pressing problem," Mr Mandela said.

Department of Health statistics show the total number of reported Aids cases in South Africa reached 5 480 by the end of November and 1 212 South African deaths could be attributed to the disease.

KwaZulu-Natal's 2 421 reported cases was the highest figure in the country, while the Northern Cape had the lowest at 161. — Reuter.

International AIDS day damed today with the world, including South Africa, worse off regarding this life-threatening disease than it was 12 months ago, reports Health Writer DAVID ROBBINS.

Two-pronged attack on invisible killer

Latest estimates show that about 1 million South Africans are HIV positive, and that this figure will double every year until about 30 per cent of our sexually active population is infected.

Actual numbers could rise to as high as 4 or 5 million, not enough to reduce our overall population, but certainly enough to damage economic performance, overtax already strained health services, as well as dramatically increase destitution, misery and crime.

But none of this is irretrievably cast in stone, and timely interventions, especially by employers, could still make a difference.

"Our epidemic is in that awkward stage when it's still largely invisible," says Dr Clive Eviان, an AIDS expert with a major private sector health care consultancy. "But this does not mean it's not there. We all — and particularly employers who are going to be hard pressed to cope — need to take notice of it, and then decide what to do about it."

Dr Eviان says that employers should be attacking the problem on two distinct fronts. The first relates to reducing the impact in a specific workplace, and could be achieved through revamped employment policies, benefit packages and medical insurance. The second involves action aimed at reducing the ultimate threat posed by the disease.

"To understand the difference between impact and threat, we need to look more closely at the epidemic itself," he says. "We need to accept the epidemic's inevitability, and then we need to examine much more closely the nature of the disease itself."

For a long time, he explains, it was thought that focusing on sexual behaviour was a logical approach to controlling the epidemic. Stop sleeping around, and some pundits assert, and the epidemic disappears. But this is simplistic and naive, Eviان says.

"Certainly, AIDS is bound up with relationships, but what we should be looking at are the many social and economic factors which influence the nature of these relationships. The past, present and future pressures on community and family life must be taken into account," he says.

In other words, we need to acknowledge the way in which the apartheid-inspired influx control system ripped apart millions of black families, and at the impact of rapid urbanisation coupled with high levels of homelessness and unemployment.

"The statistics show that people living in the urban areas are much more vulnerable than their country counterparts, and young women, especially those who are uneducated and economically disadvantaged, are the most vulnerable of all," Dr Eviان says.

He says the only way to reduce the threat AIDS effectively poses is by looking more closely at the socio-economic conditions which have an impact on the kind of sexual relationships and encounters which millions of South Africans enter into.

"If we can get away from thinking purely about the behaviour-change approach and move towards an understanding of the causes of behaviour, we will definitely be on our way to reducing the threat of AIDS," Dr Eviان says.

And seen from this viewpoint, the Government's Reconstruction and Development Programme (RDP) becomes a crucial factor in controlling and limiting the epidemic.

As well as throwing their support firmly behind the RDP, what can individual employers do on their own turf that will help to reduce the threat of the epidemic? The possibilities open to innovative employers could best be highlighted by a series of questions, Dr Eviان suggests.

■ What does the workplace do that stabilises (or destabilises) family life?

■ Are employees assisted to reunite families that were torn apart in the old influx-control days?

■ Is there a home-ownership scheme for lesser skilled employees? (Research has shown that home ownership dramatically reduces the incidence of HIV positivity.)

■ Does the employer run an STD (sexually transmitted disease) clinic on the premises? (The presence of conventional STDs greatly increases the risk of HIV infection.)

■ Are medical aids being persuaded to offer discounted contributions to employers providing STD services?

Yes, of course, what we are talking about relates to a broader social responsibility approach," Dr Eviان says. "But if everyone starts to think and act in this way, long-reaching benefits will be achieved. And I think we can be pretty certain of one thing: If companies don't do it, the Government will have to, and they'll probably finance their endeavours by taxing the companies anyway. So why don't companies take the kudos?"

receive the AZT treatment? If so, will each woman receive the proper counselling which should accompany HIV testing?

What positive spin-offs for general AIDS awareness would the counselling of tens of thousands of women have?

What are the cost implications of all this, when a rough estimate for the AZT treatment is R4 500 per mother/child?

How do these costs compare with the costs over several decades of treating more and more infants with AIDS?

These are questions to ponder on World AIDS Day.

AZT may save babies from AIDS

Saddest aspect of the AIDS phenomenon is the rate at which unborn babies are catching the disease from their HIV-positive mothers.

In South Africa, of the about 14 000 reported AIDS cases so far more than 12 percent caught the disease via the mother-to-child route.

But now there is real hope that this route could at least be partially blocked.

A recently conducted test by US and French researchers showed that the anti-AIDS drug AZT could reduce the transmission of AIDS from mother to infant by 66 percent.

The experiment is widely regarded as authoritative and methodologically sound.

Our Ministry of Health has already said that until the scientific debate surrounding the preventative qualities of AZT has been settled, and until the problem of cost has been resolved, South Africans should not expect such treatment to become routine.

Some of the main issues surrounding this latest research and the practical problems of implementation can best be summarised by the following questions:

Is every pregnant woman in the country to be HIV tested to establish who should

receive the AZT treatment? If so, will each woman receive the proper counselling which should accompany HIV testing?

What positive spin-offs for general AIDS awareness would the counselling of tens of thousands of women have?

What are the cost implications of all this, when a rough estimate for the AZT treatment is R4 500 per mother/child?

How do these costs compare with the costs over several decades of treating more and more infants with AIDS?

These are questions to ponder on World AIDS Day.

Fight against AIDS should start in family – Mandela

Mutual trust and support, particularly between parents and children, were crucial in spreading awareness about AIDS, President Mandela said in a World AIDS Day message yesterday.

He said public awareness of AIDS was needed urgently, and the challenge to both youth and adults was to make lifestyle

choices which helped to combat the epidemic. (92)

"The fact that we can now observe this day as a democratic country gives us the rare opportunity to co-operate as a nation in addressing this most pressing problem," Mandela said.

"It is estimated that in some parts of our country, already one

Star 11/2/94
out of 10 people is infected with the AIDS virus. And the epidemic is spreading rapidly."

This year's theme for World AIDS Day was "The Family and AIDS", he added.

"It is in the family that the values required to combat this plague can be popularised.

"Above all, we need to work

together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions, which have created fertile ground for the spread of AIDS."

► See Page 17

SA events lined up for AIDS Day

B1 Day

KATHRYN STRACHAN

SOUTH Africans will join millions of people around the world today in observing World AIDS Day, a day called by the World Health Organisation and dedicated to raising awareness of the disease.

Health Minister Nkosazana Zuma, musician Jonas Gwangwa and television personality Chichi Mabuse will participate in a hand-holding event at Bank City at 12.30pm in support of efforts to raise awareness and combat the spread of AIDS.

About 750 balloons will be released into the air, signifying the estimated number of new HIV infections every day in SA.

The event will be followed by a youth rally at the World Trade Centre on Saturday from 9am to 2pm, where people will be educated about the disease through entertainment by traditional dancers, township theatre groups, and musicians Jonas Gwangwa and Blondie.

President Nelson Mandela yesterday called on the community to treat people infected with HIV with compassion. Mutual trust and support were crucial.

"Above all, we need to work together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions — all of which have created fertile ground for the spread of AIDS," he said.

National AIDS Convention of SA (Nacosa) PWV chairman James McIntyre said

it was estimated there were almost 1-million HIV-positive people in SA. About 400 000 of these were in the PWV.

Health Department statistics this week indicated that 5 480 AIDS cases had been reported in SA. A total of 1 212 deaths due to AIDS had been recorded. (92)

Quarraisha Abdool Karim, who was this week appointed national AIDS co-ordinator for the Health Department's national AIDS control programme, said AIDS posed a threat to the common vision and sense of community emerging in SA. 112194

She said although the Health Department had doubled its AIDS budget to R42m this year, this still fell way short of the R250m a year required to implement the Nacosa AIDS plan released this year.

But she was confident that funding from other departments, the private sector and international donors would pour in.

The broad aims of the plan were to increase awareness, minimise discrimination against people already infected, and improve distribution of condoms, she said.

Sapa reports that the Medical Association of SA said guidelines on treatment of HIV-infected people and those with AIDS would soon be available to all medical practitioners and health personnel.

The guidelines were being refined for final approval and would probably be published in April.

focus on Aids Day

AT THE heart of today's World Aids Day message lies the need for families to go beyond the rhetoric of compassion and instead put their money where their mouths are. Failure to do this, particularly during the period designated by the World Health Organisation as the Year of the Family, will diminish any hope that true care and compassion will be practised at any other time.

The need to care for people with Aids has never been greater. Specialist obstetrician and gynaecologist at Baragwanath Hospital Dr James McIntyre told *Sowetan* yesterday that: "We should take the load off hospitals in favour of home-based care for people with Aids. With our limited resources, it becomes clear that the financial costs of caring for people with Aids has become unbearable."

McIntyre says people should first understand the disease. Information will ensure that people stop stigmatising Aids and treat it like any other disease.

World Aids Day calls for a spirit of social tolerance and provides a platform for a greater exchange of information on HIV and Aids. It is a day of action designed to raise public awareness about Aids.

According to the Department of Health: "The coming months, and today in particular, will focus on how families are affected by Aids. How families can become more effective in both Aids prevention and care and how they can contribute to efforts against the disease."

According to the department, a total of 1 212 deaths have been recorded since the first Aids case was discovered in 1982. The total number of Aids cases in South Africa stands at 5 480. Almost half of these cases are in KwaZulu-Natal, with the next highest number in the PWV. Figures also show that between 500 and 600 South Africans acquire the HIV-virus daily. The department says unless South Africans continue the fight against the disease, the country could face a catastrophe.

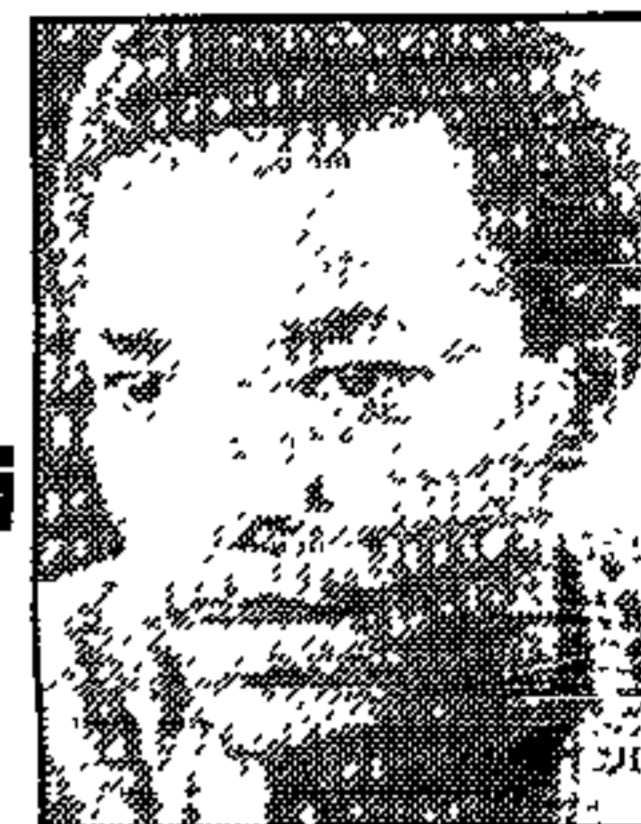
Statistics also show that 649 Aids cases were the result of transmission from mother to child.

McIntyre says there is a glimmer of hope that the problem can be overcome. "Results of a recent survey in the United States have shown that with the administration of Zydovudine or AZT to HIV-positive pregnant mothers, it was largely possible to prevent transmission of the virus to the foetus."

"However, what we need is local research to supplement the trials in the US. We at Bara are working with international researchers to achieve this breakthrough. Other drugs and interventions which are not proven yet also look promising."

McIntyre leaves for Belgium and Switzerland tonight as part of the mission to coordinate research in this field with foreign medical scientists. If a breakthrough is achieved, it will come as a relief to Bara, which has to contend with a transmission rate of over 20 percent. A quarter of those children will

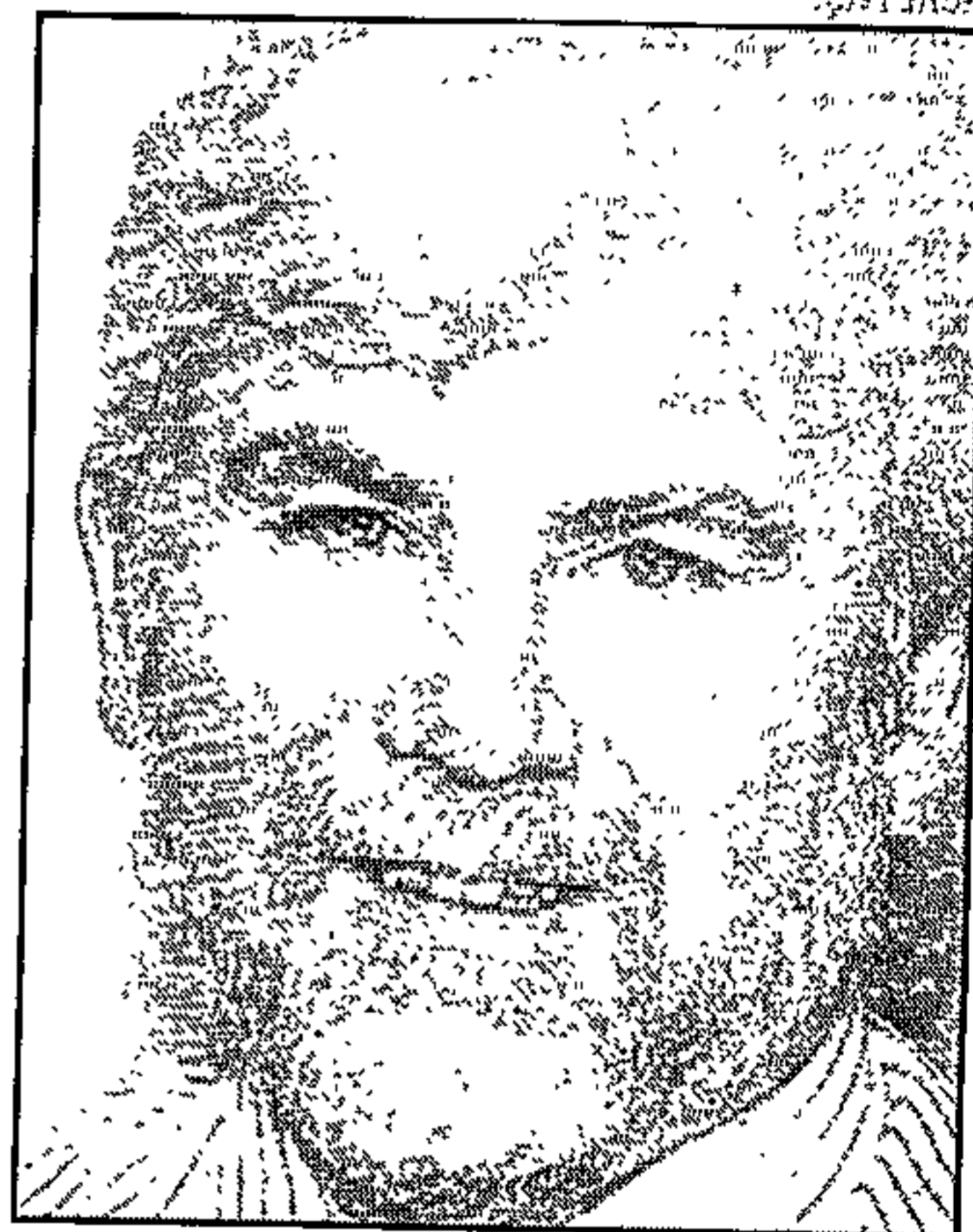
Sowetan 11/2/94
Over 500 people are infected with the Aids virus daily in SA and the country faces a catastrophe unless it intensifies its battle against the disease now. Reporter **Mokgadi Pela** investigates:



92



Dr Nchaupe Mokoape



Dr James McIntyre

get sick within the first year of life.

The head of the National Aids and Outreach Programme, Professor Ruben Sher, says in his World Aids Day message that South Africa has lost the battle against the virus.

"We need to ask ourselves what it is that we are not doing correctly. We need to go back to the drawing board in terms of:

- Education.
- Treatment.
- Vaccine development.
- Public response to Aids education and the need for behavioural change.

We also have to ask ourselves pertinent questions such as: Why don't people who know the dangers brought about by Aids practise safer sex? Why are people prepared to commit suicide?

Sher says another dilemma South Africa faces is that of money required to go into anti-Aids vaccine development. The Government has estimated such an amount at R270 million. At the beginning of the year, Government gave R42 million towards the Aids budget. "Where is the rest of the money going

to come from?" Sher asks.

He calls on the private sector to provide the balance, adding: "I fear most of its contribution will go towards the Reconstruction and Development Programme. We must also realise that we need a healthy workforce to be productive, therefore a lot of effort should go towards Aids prevention or finding a vaccine."

Sher advises people to assume responsibility for their actions. "They must stop blaming the Government for the spread of the virus. It's what they do in bed that spreads the virus at this rate. Right now we have more than one million HIV-positive people in the country. One day they will develop full-blown Aids. Where is the money to care for them going to come from?"

Dr Nchaupe Mokoape of the Community Health Awareness Project, calls on South Africans to heed the Aids message. "This is one disease with a potential of destroying us all unless we change our behavioural patterns now, and not later. Figures in Natal indicate that we are approaching a catastrophe of unbelievable proportions.

NEWS FEATURE *Ordeal of a woman who knows s*

Nomsa — woman with a secret

Sowetan 11/2/94

By Glenn McKenzie

HIV-POSITIVE *She could be your sister or your best friend: (92)*

NOMSA could be your neighbour. She could be your sister or your best friend. But she has a secret that not everyone knows. She carries the HIV-virus which causes Aids.

Nomsa (not her real name), is a 24-year-old married woman from Soweto. She is plump and healthy. And most of the time she is happy.

"People don't believe that I have this disease. They say: 'No you can't be sick. You are so fat'."

Nomsa is one of very few black South Africans with HIV who is willing to talk publicly about the disease. The only reason she doesn't want to reveal her true name or show her face in the newspaper is because her husband is afraid of the negative publicity it would cause.

"I want everyone to know that normal people like me have this terrible disease. And there are a lot of us."

Although Nomsa is not "sick" yet and doesn't show any outward signs of Aids, she has already suffered greatly since she found last year that she was HIV positive.

Other members of her family have also been affected. While Nomsa's six-year-old son doesn't have HIV, her husband does. And she won't know whether her 13-month-old baby girl has HIV for another five months. In two HIV tests, the baby showed signs of the virus. In yet another test, the virus was not present.

One of the biggest battles for Nomsa has been to overcome her anger. She was fired from her department store job soon after her bosses found out that she was HIV-positive. For a while she was also angry at her husband whom she blamed for giving her the disease.

"I was so angry I wanted to leave home and forget about everything. I even thought about giving Aids disease to other people so that I don't die alone," says Nomsa.

But instead she decided to fight. She also decided to educate people about Aids and to volunteer her time to help other people who have become sick from the disease.

Nomsa also tries to teach her husband that he shouldn't be afraid of Aids.

"Each of us fights Aids in a different way. We are real people. We should not be blamed for this problem," she says.

But Nomsa is angry that men do not protect themselves and their partners during sex.

"I tell men they must wear condoms and they say 'Naagh, nyama to nyama'," she says with a smile.

But while she smiles outwardly, she admits feeling a great deal of distress. She has accepted that she is going to die but she hasn't accepted the way Aids patients are often abandoned in their final days.

"You see me laughing now but sometimes it is very tough. Some of the women that I see dying have never told their family that they are sick because they are afraid," she says.

"I know my family will be with me when I need them. As for friends, they come and go, so if I lose them it isn't so bad."

Nomsa is also bitter about the way Aids patients are treated by the medical community. Some nurses have



FLASHBACK ... Judy Sexwale, wife of PWV premier Tokyo Sexwale, visits an HIV-positive patient in a Johannesburg hospital.

told her that they don't want to help Aids patients because they "slept around with many men". Nomsa says that is usually not the case.

"I have one husband and I had one boyfriend before my husband," she says. "I know many other people who have Aids and are like myself."

She is also angry that many community groups hire Aids education workers who don't have the disease and don't understand what it is like to live with HIV or Aids.

"Some people are making a lot of money from Aids education. But what do the volunteers who have Aids get? Very little. We are being used," she says angrily. Last week Nomsa approached Minister of Health Dr Nkosazana Zuma to put pressure on Aids organisations to hire more people with the disease.

"When we try to educate men in the mines, they won't listen to an old granny who is a nurse. But they will listen to someone young and strong like me who has the disease. They are scared by that."

Nomsa also wishes that banks would give loans to "healthy" people who are HIV positive. She would like to buy a home for her children to provide for a time when she and her husband are gone.

"I am not going to die tomorrow. If we take care of ourselves we can live more than 10 years. That is enough time to pay off a loan. But no one accepts that."

And no one accepts that people with HIV or Aids can live normal lives: "I don't want to think about dying. I want to think about living."

"I want to educate myself about Aids and I want to fight it. I'm not going to get depressed and stop living. I am a mother with a family and I must remain strong like I was before."

Aids Day Dairy

Today

- Handholding Ceremony, Bank City, Johannesburg. Dr Nkosazana Zuma, Minister of Health, is expected to attend.
- Aids march from Baragwanth Hospital to Ipelegeng Hall, Soweto.
- Another march from Chiawelo Clinic to Ipelegeng Hall, Soweto.
- Handover of R35 000 to Aids charities at Hospice-in-the-South, Rosettenville
- March in Sandton from Civic Centre at 10.30am. Play staged at Civic Centre at noon.

Friday

December 2

- Ceremonies at Carlton Centre and Westgate in Roodeport.
- Another ceremony at Chiawelo Clinic, Soweto.

Saturday

December 3

- March from Meadowlands to Dobsonville Shopping Centre, 9am to 12 noon.

The youth can stop Aids

BY LENADINE KOZA

WORLD Aids Day — December 1 — has been set aside to raise public awareness about one of the world's biggest killer diseases.

The Department of Health's latest statistics show that 550 people are tested HIV positive every day in South Africa. And those figures are doubling every 12 months.

Current research shows that young people between 15 and 25 are a high-risk group.

"Young people — you are the generation that can stop Aids. Demand Aids education at your schools and clubs," a spokesperson for the Department of Health said.

"Make sure that your sex partner has only one partner — you. If you're not sure — use a condom. Your life is at stake."

This year's theme, determined by the World Health Organisation (WHO), is "Aids and the Family".

Fellow school pupils or work colleagues should also be seen as family, they say.

In Cape Town, 13 Aids service organisations will be highlighting World Aids Day.

Primary school pupils will form a human chain from the City Hall to Maitland while displaying Aids awareness posters. They will then go to Woodstock Park for an awareness programme.

The gathering is set to start at 8.30am and

(suppl. to South)

the display will finish at 11am.

The awareness programme has been extended to Friday December 2, when the Department of Health has organised a Concert for 20 high schools at the Vygieskraal Stadium in Rylands.

Each school has been given 300 tickets. Groups including Amaqondo, Airborne and Black Noise will help spread awareness about Aids.

Western Cape Minister of Health and Social Services, Mr Ebrahim Rasool, will open the concert. School pupils will then perform drama and music.

For further information contact the Department of Health at 946-3366.



Safe sex — great sex

THERE is no cure for Aids, but living carefully and learning about the disease can ensure that you do not get infected.

The Aids virus can enter the body through one of four ways: by having unprotected sexual intercourse or oral sex with an infected person; from an infected mother to her unborn child; by infected blood on or in needles, syringes and other unsterilised instruments such as those used for tattoos or circumcision; through transfusions of infected blood.

The virus enters the body and hides in certain blood cells. Once it is in the body it cannot be removed — there is NO cure for the HIV-virus or Aids itself.

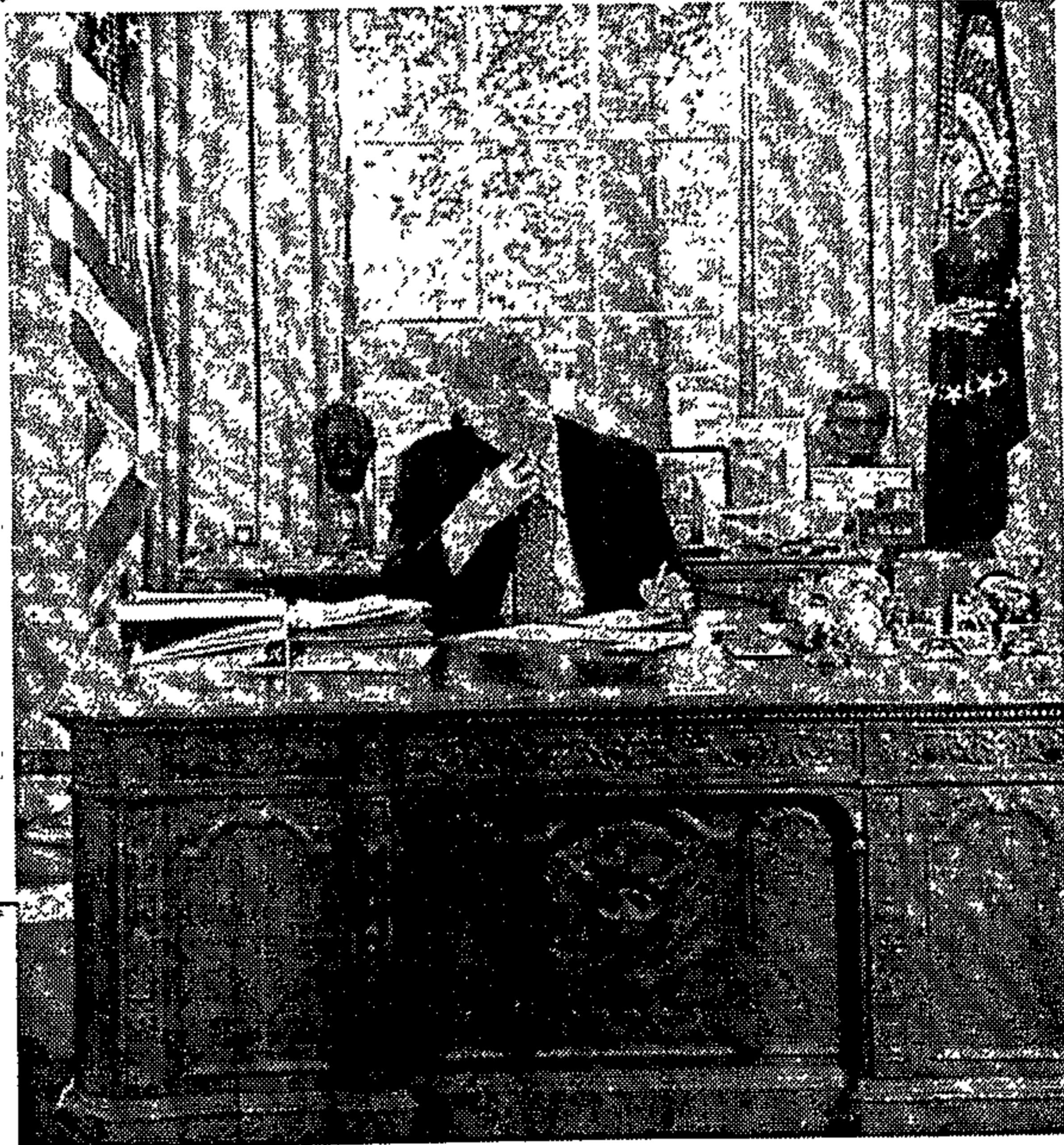
Once the person is infected with the virus he or she can pass it on to others.

An infected person can remain healthy with no signs of the virus for up to 15 years.

Minor illnesses trouble the infected person after he or she develops the Aids Related Complex or ARC. The length of this stage varies from person to person.

The infected person then has periods of illness followed by reasonable health.

Once full-blown Aids develops, the sufferer becomes very ill and needs constant medical attention. Many simply await death.



President Bill Clinton works the telephone in the Oval Office, calling senators to vote on the GATT trade pact. It was expected to be approved when the Senate voted late last night. Picture: AP

Appeals to govts on World AIDS Day

8 Day 2/12/94

PARIS — The first international political summit on AIDS opened yesterday with appeals to governments to protect victims' dignity and provide more money to combat the disease.

Twelve prime ministers, 17 health ministers and other cabinet officials met to strengthen political commitments to fight AIDS and expand co-operation between developed and developing nations.

A non-binding declaration which was to be signed last night pledges to promote international co-operation in research, partnerships between public and private sectors and increased safeguards for blood transfusions.

The summit was one of the focal points of World AIDS Day, observed around the world yesterday.

UN Educational, Scientific and Cultural Organisation head Federico Mayor said nations must spend more to fight AIDS.

"In our budgets we have funds to pay the price of war, but we have made no provision for the cost of the fight against AIDS," Mayor said.

Respect for people with AIDS was a common theme at the summit, attended by several activist groups.

"To us on the front lines, people living with HIV and AIDS and affected and vulnerable communities must have the right to assemble and form associations to fight the epidemic," said Richard Burzynski, who has HIV and who is with the AIDS rights group, Icaso.

"This means that all laws which deny the freedom of people to cross borders because of HIV must be abolished," Burzynski said. "This means all laws which criminalise or discriminate against homosexuals, drug users, migrants and refugees and sex workers must be abolished."

The World Bank, the world's biggest donor in the campaign against AIDS, yesterday pledged \$150m a year to combat the disease in developing countries.

France recently announced it would increase its aid to international agencies that fight AIDS by more than tenfold, to Ff132m.

Currently, however, more than 90% of money pledged to fight AIDS goes toward helping only the 8% of those afflicted in developed countries.

Some 17-million people are known to have been infected with the HIV virus, about two-thirds in Africa. — Sapa-AP.

Calls for global war on virus

LONDON. — President Nelson Mandela and Princess Diana marked World Aids Day yesterday by pleading for compassion and more research money to combat the scourge that has touched every corner of the globe.

And from Malawi to Rumania, children were mourned as the innocent victims of Aids.

At a 42-nation Aids conference in Paris, UN Secretary-General Dr Boutros Boutros-Ghali called for an intense global push to fight the virus declaring: "I am issuing a general call to arms."

In Johannesburg, President Nelson Mandela said: "We need to treat relatives, friends and other compatriots, who are infected, with compassion."

Aids week off to a brisk start

ET 2/12/94 (92)

RED ribbons were the order of the day in the city yesterday where International Aids Week got off to a flying start with more than R100 000 being raised for Aids projects.

Peak-hour traffic through Woodstock yesterday morning was greeted by a colourful chain of primary school children holding Aids awareness posters.

By lunchtime a Red Ribbon Radiothon run by Radio Good Hope had raised over R100 000 in St George's Mall.

For every R150 pledged, a metre of red ribbon was unfurled between the street lights and by noon stretched from St George's Cathedral to Hout Street.

R100 000 raised on first day

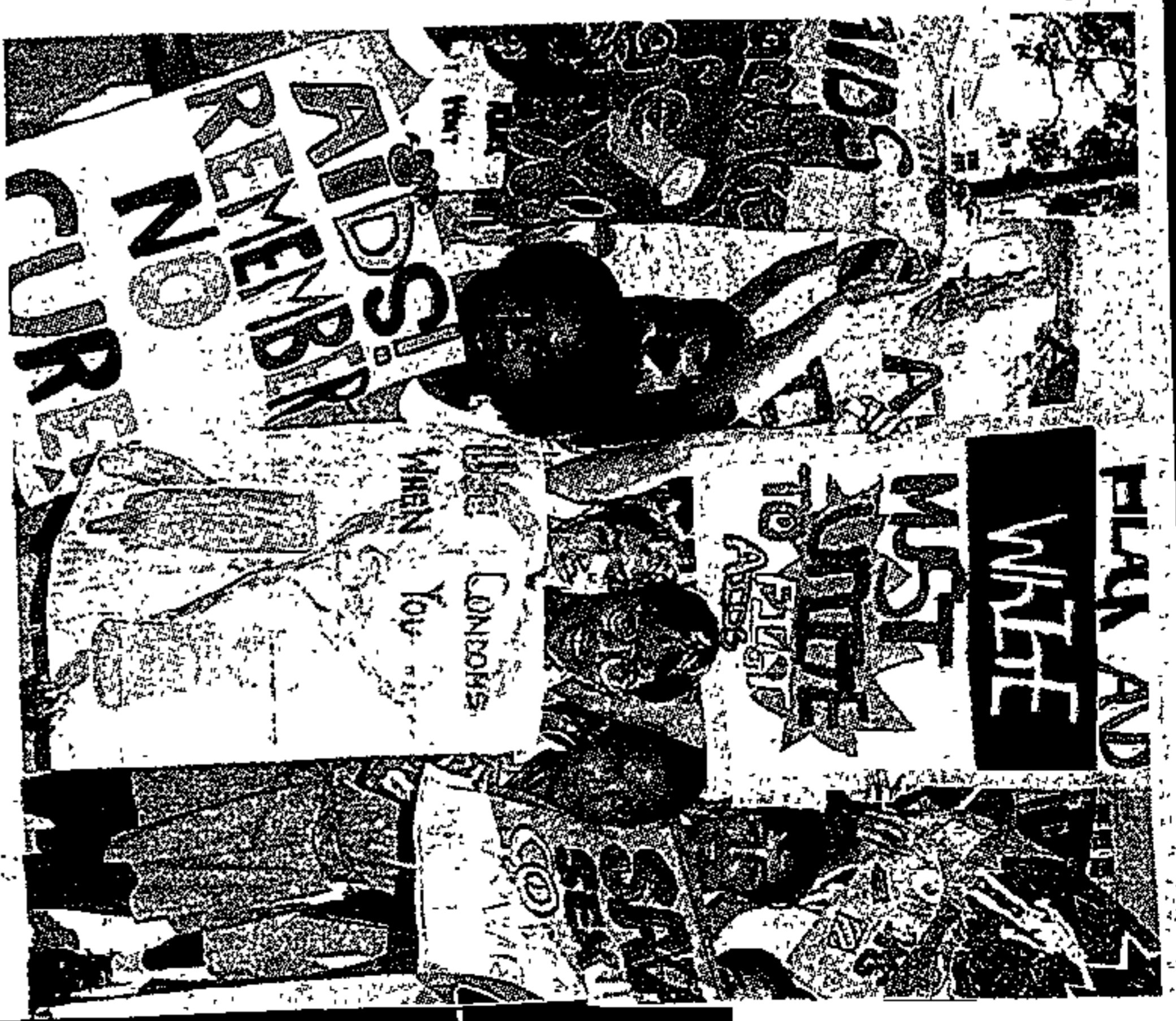
All proceeds will go to the Wola Nani community organisation which offers support to Aids sufferers through self-employment programmes, paediatric, family and pastoral care.

Inside the cathedral, American artist Mr Maxwell Lawton, who has Aids, is working on a large canvas depicting Christ as an

Aids sufferer. The Radiothon pledge line will be open until December 7. The number to dial is 24-2250.

Between 700 and 750 South Africans are daily infected by the virus believed to cause Aids and one million people will be infected by the end of the year. Minister of Health Ms Nkosazana Zuma said in Johannesburg yesterday.

She told 400 people at the launch of an Aids awareness campaign at least 1 212 South Africans had died of Aids and 5 480 others were sufferers. By 2010 the disease would have killed about 1,1m South Africans and 18,7m would be infected by the virus. — Staff Reporter, Sapa



AIDS DAY ... Pupils from Zonnebloem Girls Primary School, Woodstock, yesterday morning with brightly coloured AIDS Day.



World AIDS Day . . . Charles Maseko gives Vincent Veal, who calls himself an AIDS survivor rather than a victim, a supportive hug after his speech. PICTURE: JODI BIEBER

Prayers for AIDS sufferers

■ BY GLENDA DANIELS

South Africans joined the rest of the world in observing World AIDS Day yesterday, marking the occasion in Johannesburg by holding hands and offering silent prayers with Health Minister Nkosazana Zuma.

At Bank City Square in the city centre, Vincent Veal — who calls himself an AIDS survivor rather than a victim — was applauded by hundreds of people who attended.

Zuma told the crowd that AIDS sufferers needed love and support, and should not be victimised at home or work. "There are no cures, only prevention. Don't sleep around and if you do, use a condom," she said.

Jazz musician Jonas Gwangwa created a festive atmosphere at the event, where people

danced and were given free condoms, and hundreds of yellow balloons were sent up in the air.

The Health Department said more than 1 million South Africans were HIV positive. In recent media reports it was estimated that in three years' time 18,7 million South Africans would be HIV positive and 1,1 million people would have died of AIDS.

And by the year 2010 at least 34 percent of the health budget will be used to treat AIDS patients, according to the Health Department.

Other events to observe World AIDS Day yesterday included:

■ The Mofolo AIDS Team launched the "AIDS in the Family" project at the Mofolo Clinic in Soweto.

■ Judy Sexwale, wife of PWV Premier Tokyo Sexwale, handed

over R35 000 on behalf of Aidslink to AIDS charities at the opening of a new wing at Hospice-in-the-South, Rosettenville.

■ Traditional healers staged a community AIDS awareness march, organised by the Nyan-gazezizwe Traditional Doctors AIDS Project, in central Johannesburg, which culminated in a rally at Joubert Park. (92)

■ The Tembisa AIDS Co-ordinating Committee held a fun run, part of a week-long awareness campaign.

■ AIDS awareness pamphlets compiled by Mates Healthcare were distributed at the Bree Street, Noord Street, Baragwanath, Alexandra and Daveyton taxi ranks.

■ Westbury, Johannesburg, gangs handed out condoms at the Coronationville taxi rank, together with the Westbury Civic Association.

Star

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(Suppl to South)

HIV-POSITIVE — but hungry for life

BY WICKY STARK

WHILE serving a four-year jail sentence, Mr Bevin Johnson went on a hunger strike to change prison conditions for inmates who have been diagnosed HIV positive.

“At Helderstrroom Prison it was routine for us to have a blood test every six months. Out of sheer curiosity, I asked the doctor to test for Aids,” said Mr Johnson.

After testing positive, he was transferred to Pollsmoor Prison.

“They put me in a cell with 16 other inmates who were HIV positive.

“We were treated very well. The food and medication were good and we were allowed to have visitors every day.”

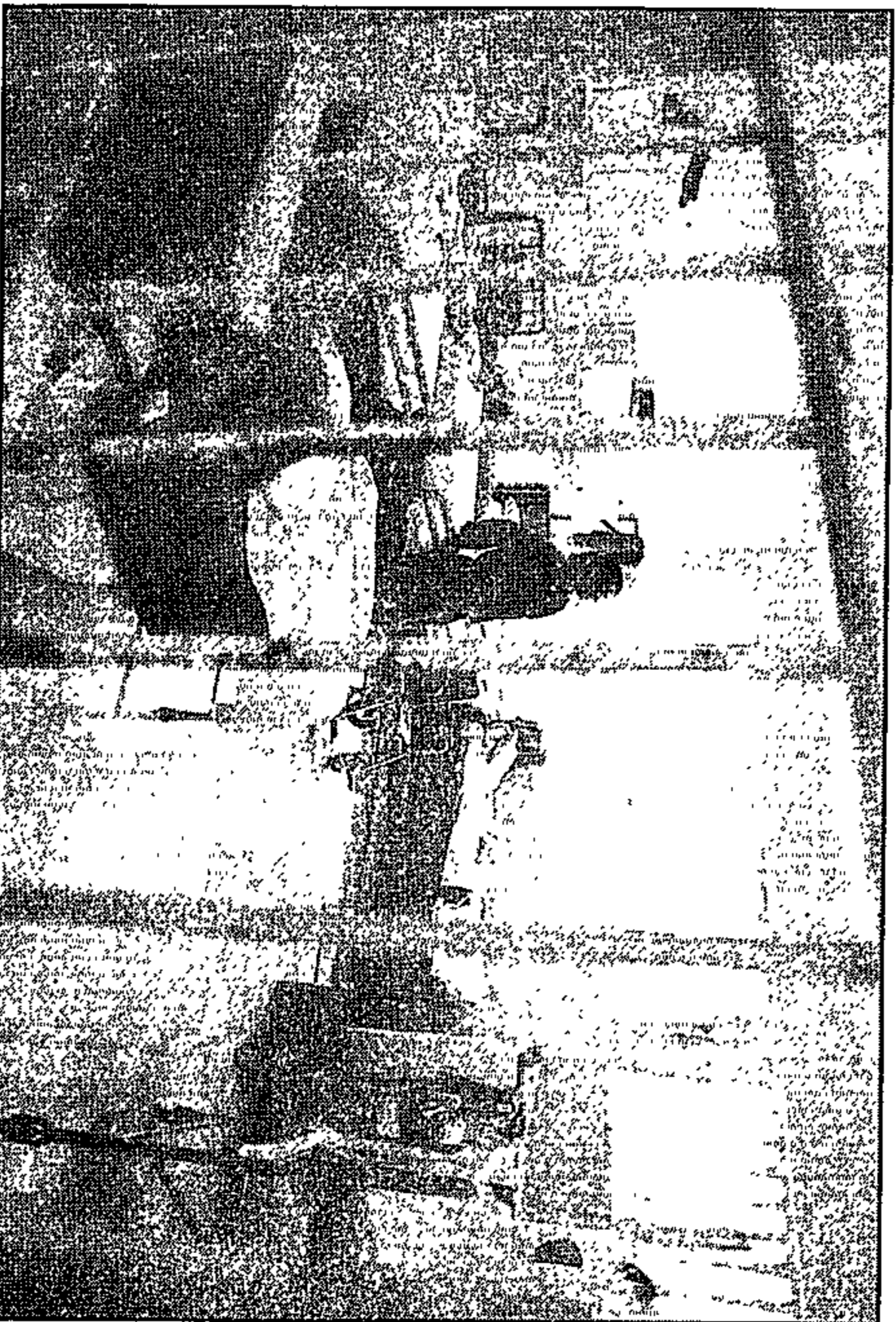
Secluded from the other inmates, the group was able to come to terms with the possibility of dying a painful, lonely death.

However, their sheltered comfort was shattered six months later.

“We were moved to medium B4 which we shared with 600 other inmates. Some of them treated us like dirt, calling us Aids gate and telling us to stay away from them.

“Some of the wardens refused to work with us.”

Angered by the disregard for their condition, the group burnt their bedding and broke the fences in protest.



CRITICAL CONDITION: Prison's a lonely place if you're dying of Aids

He said the prison authorities ignored their call for improved facilities.

“I fell ill and lay in my bed for 15 days before the doctor in the women's section sent me to Somerset Hospital,” Mr Johnson said.

Lieutenant Rudi Potgieter of Correctional Services denies this allegation.

“All HIV or Aids prisoners receive the necessary treatment,” he said.

“Mr Johnson was seen by a district surgeon on May 25 and received four medical

examinations in 10 days. **(92)**

“On June 9 the doctor decided that Mr Johnson was not responding to the medication and sent him to an outside hospital.”

Mr Johnson said when he returned from hospital he and 13 fellow inmates were placed in a maximum security cell.

“Conditions there were appalling. Why were we put there?” he asked.

Lieutenant Potgieter said prisoners were often transferred to other cells to alleviate

overcrowding.

Mr Johnson said the doctor's instructions that they had one fruit and a litre of milk a day were ignored. “We got too little food.”

He said the inmates decided on a hunger strike to protest against all these “injustices”. “I went without food for six days. Most of us just got weaker and weaker.”

“But nothing changed,” he said.

Lieutenant Potgieter said the hunger strike was prompted by rumours that all HIV and Aids carriers would be set free.

Mr Johnson was released from prison in August this year.

“My outlook on life has changed dramatically,” he said. “I used to be a carefree person and I slept with many women.”

He handles criticism by telling people that they can't catch Aids from touching him.

“I also tell them how to prevent catching it,” he said.

He tries to lead a normal life by socialising with friends and keeping fit.

“I could go on for 20 years if I look after myself properly. Eat the right food, exercise and stay out of the cold.

“For three years and nine months I was unable to enjoy life. Now, with the support of my family, I plan to make the most of the time I have left,” he said.

• December 1 is World Aids Day — see page 18.

Everything you need to know about Aids

South
2-6/12/94

AIDS information and counselling is freely available from the following organisations:

- The Department of Health: 946-3366
- The Aids Information and Training Counselling Centre (ATTIC): 400-3400
- The Aids Foundation: 21-5794
- The Planned Parenthood Association: 448-7312
- The National Association of People Living with Aids: 418-1011
- The National Progressive Primary Health Care: 696-4154
- Catholic Welfare Development: 21-4639
- Shawco: 593-2420
- Medical Resource Centre: 938-0447
- Aset: 448-3812
- Wola Nani: 23-7385
- CPA: 461-4298
- Bellville Community Health: 951-5928

92

South
2-6/12/94

AIDS *Fun 2/12/94*

Assurers dig in

Employers should be able to refuse employment to someone who has Aids. If they can't, says the Life Offices Association (LOA), this would set a precedent and employers would not be able to refuse employment for many other reasons. The effect on productivity could be disastrous, says Altus van der Merwe, chairman of the LOA medical subcommittee. (92)

A watershed case over pre-employment medical testing is being fought in the Pretoria Supreme Court against the SA Police Service by the Wits University Aids Law Project on behalf of some HIV positive members of the police. They argue that the HIV positive status can be regarded as a disability under Section 8(2) of the interim constitution. So the refusal to employ, retrain or promote someone who is HIV positive is a breach of the constitution.

But the issue is not simply a test of constitutional rights. It can also be debated on the rights of others whose insurance benefits may be affected and on economic pragmatism.

Van der Merwe points out: "Any large-scale employment of people with a poor prognosis is not economically viable."

Human rights lawyers argue that HIV positive cases can remain productive in the workplace for up to 15 years. Van der Merwe says these are isolated cases in First World countries with First-World care facilities. The SA experience is different: Statistics show more than 70% of HIV positive policyholders claim under death or disability policies within six years.

The rights of others in the group insurance pool — and presumably they are the majority — will be eroded because the actuarially calculated pool of benefits is either spread more thinly, or premiums would have to rise to contend with the new medical phenomena.

Noting SA's low productivity rate and 48% unemployment, the LOA report employs the economic argument that "the right of an unemployed HIV-negative person to obtain employment and training should not be overlooked . . . the question is, therefore, not whether HIV screening should be part of pre-employment medicals, but, rather, if SA can survive the economic consequences if we take away the ability of employers to improve productivity and to compete effectively in global markets." But that may not be an argument which human rights lawyers find compelling, so the LOA could have more success defending the rights of its policyholders.

Discrimination, as envisaged in the constitution, seems set for further tests of insurance practice. Sanlam legal adviser Riaan de Lange has studied whether some provisions of retirement schemes may con-

Fun 2/12/94
stitute unfair labour practice and, specifying discrimination on the ground of sex or race, concludes "an aggrieved member can allege the discriminatory actions or rules are invalid, being against public policy. The concept 'against public policy' will now have to be interpreted with regard to the spirit, purport and objectives of the Constitution." (92)

Already, the LOA is having to grapple with the most fundamental issue of all — whether underwriting for insurance is discriminatory (*Economy*, November 11). It seems that this argument — as in the case of the HIV issue — will force the well-intentioned authors of the Constitution to acknowledge marketplace realities. ■

Using media to get the Aids message across

AIN MACDONALD
Weekend Argus Reporter

A NEW Aids campaign designed to reach right into the very fabric of South African society is poised for take-off, the Aids Support and Education Trust (Aset) has announced.

The campaign is for "people who haven't got access to Aids information and education, especially in rural or township areas," according to one of the campaign's organisers, Giles Griffin of Aset.

"It entails using the Press to get into areas other campaigns might not have reached, via advertisements and a coupon which can be completed or a helpline which can be called," he said.

The campaign is further targeted at young people who are "unsure about their sexuality."

"It's getting to people who are halfway, teenagers experimenting as kids will do, rather than those who are specifically saying 'I am gay'."

"The whole campaign depends on the Press. We're looking for free advertising space. In Australia, where the cam-

paign started last year, there has been an extraordinary response.

"There, the only newspaper not to become involved experienced a drop in circulation. There was a lot of peer pressure.

"In Australia, in fact, the Aids infection rate is now dropping. They know what they're doing, and we want to repeat that here.

"Radio might also be a good form to use here. It hasn't been done in Australia, but we are going to look at it, though we're not sure what form it would take," he said.

The group consists of three AAA advertising students, Brian Weiner, Irvin Molamu and Lindsay Harrow, who are all working in conjunction with Aset.

The campaign does not seek to generate general awareness about Aids in a mass campaign, but "aims to change people's behaviour by communicating with them on a one-to-one basis" the group says.

Inquiries: Giles Griffin
☎448-3812, Brian Weiner
☎794-1938 or Lindsay Harrow
☎689-2587.

Support grows for evicted squatters

MXOLISI MGXASHE
Weekend Argus Reporter

EVICTED squatters at the Jakkalsvlei Canal camp at Langa clearly demonstrates the city council still has "an apartheid mentality", says SA Communist Party (SACP) regional secretary Phillip Dexter.

Mr Dexter was part of a delegation of African National Congress, SACP and Cosatu officials who held a Press conference at the camp where they expressed support for evicted shack-dwellers.

Addressing more than 500 squatters after the departure of a heavy contingent of police who had escorted city council demolition teams, ANC regional secretary James Ngculu urged residents to resist further evictions.

"Tell your tormentors things have changed," he said.

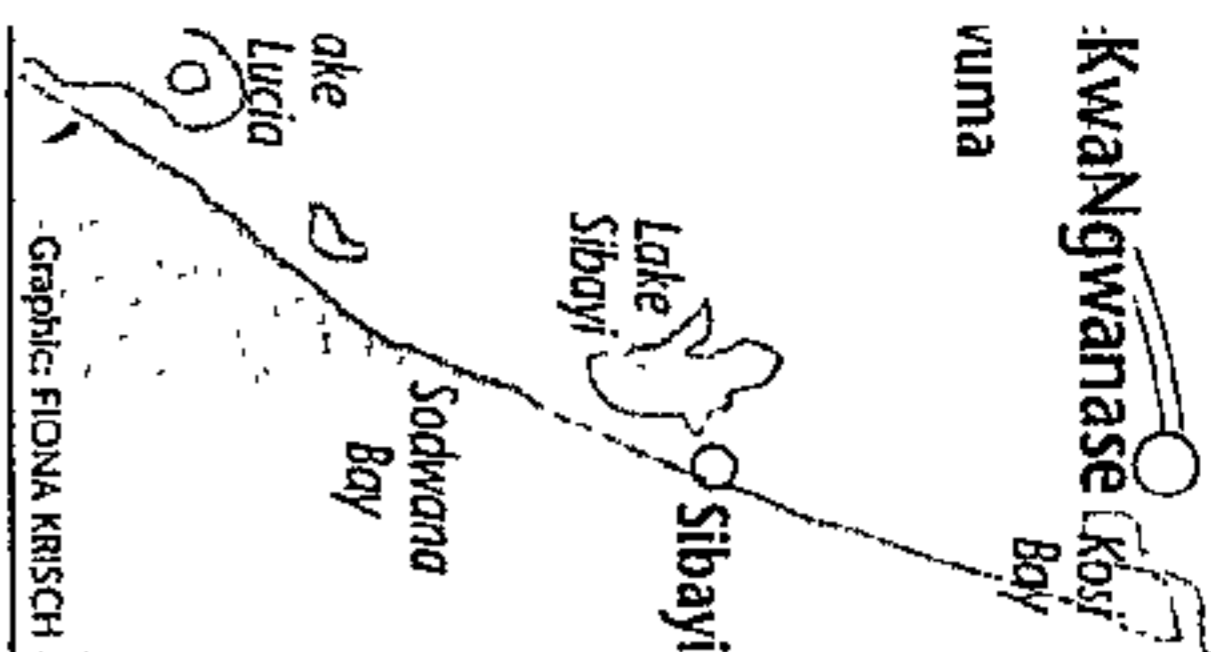
Mr Dexter said: "We are calling on all sympathetic political and church organisations to come here tomorrow and rally behind you because yours is a just struggle."

Western Cape Cosatu regional secretary Alan Roberts said his union supported the squatters' cause because there were many Cosatu members in their ranks and it was therefore "our business to find out what is happening to you."

He said he had been shocked to see more than 50 police vehicles at the site using their "armed weight" over defenceless men, women and children — when they had failed to turn up in that strength in cases of taxi violence.

MOZAMBIQUE

KwanNgwanase
vuma



ase in Natal near the border

te there could be far more than 10 000 people affected with AIDS living in fear and shame in isolated and difficult-to-reach areas.

A Flood of Mozambican job-seekers in this jobless region has boosted the number of AIDS cases.

This year alone, 70 children have been orphaned or abandoned by the AIDS-related death of the family breadwinner.

Though the orphans remain within their communities, the three-person AIDS team fights a daily struggle to keep them alive with food parcels of maize meal and little else.

The annual contribution from the government for AIDS education and family support to the Manguzi area is just R4 000 for an area with a population of 0 000. So Dr Sheary, AIDS nurse Siphonhlo and staff nurse Indile Gumede beg, bor-

row — and pray. AIDS, tuberculosis, malaria and typhoid make up most of the case load of Manguzi hospital, which treats 6 000 outpatients a month.

Of the 270 who are admitted, at least 150 have AIDS. There are 305 AIDS patients on the books — but Dr Sheary said this bore no relation to the true position.

"This is only the tip of the iceberg. In reality, we are drowning," she said.

Most AIDS victims are young women — the wives or girlfriends of migrant workers from Johannesburg or the mines who come home once a year.

"We only test those with AIDS symptoms," said Dr Sheary.

"We cannot afford to test more people. Anyway, the vast majority of patients — those who have been to school — refuse to be tested."

The illiterate might agree to be tested — and then deny the result.

"Frankly, there is no incentive for AIDS patients to come to hospital. They know there is nothing that can be done for them. They may have a day's work or more to get here. So we know that most don't come."

Case records are tragic.

A 48-year-old man, too ill to give particulars, was tested on October 18. The confirmation that he had AIDS arrived on November 17 — two days after his death.

Another man, aged 30, a miner from Johannesburg, died in October after being ill for six months. He leaves two wives — both of

CASE TWO

AIDS patient Eunice, aged 35 though she looks 60, fell ill five months ago, after her boyfriend visited her from Johannesburg. 'I know I will die,' she said

CASE THREE

Mavela, 50, believes he caught AIDS from his girlfriend. 'I will never use a condom, even though I know not using it spreads the disease,' he said

whom have AIDS — and seven children.

AIDS patient Eunice, aged 35 though she looks 60, is emaciated. She fell ill five months ago, after her boyfriend visited her from Johannesburg.

"I know I will die," she said, tears running down her face.

Mavela, 50, believes he caught AIDS from his girlfriend. He knows about safe sex, but, he said, "I will never use a condom, even though I know not using it spreads the disease."

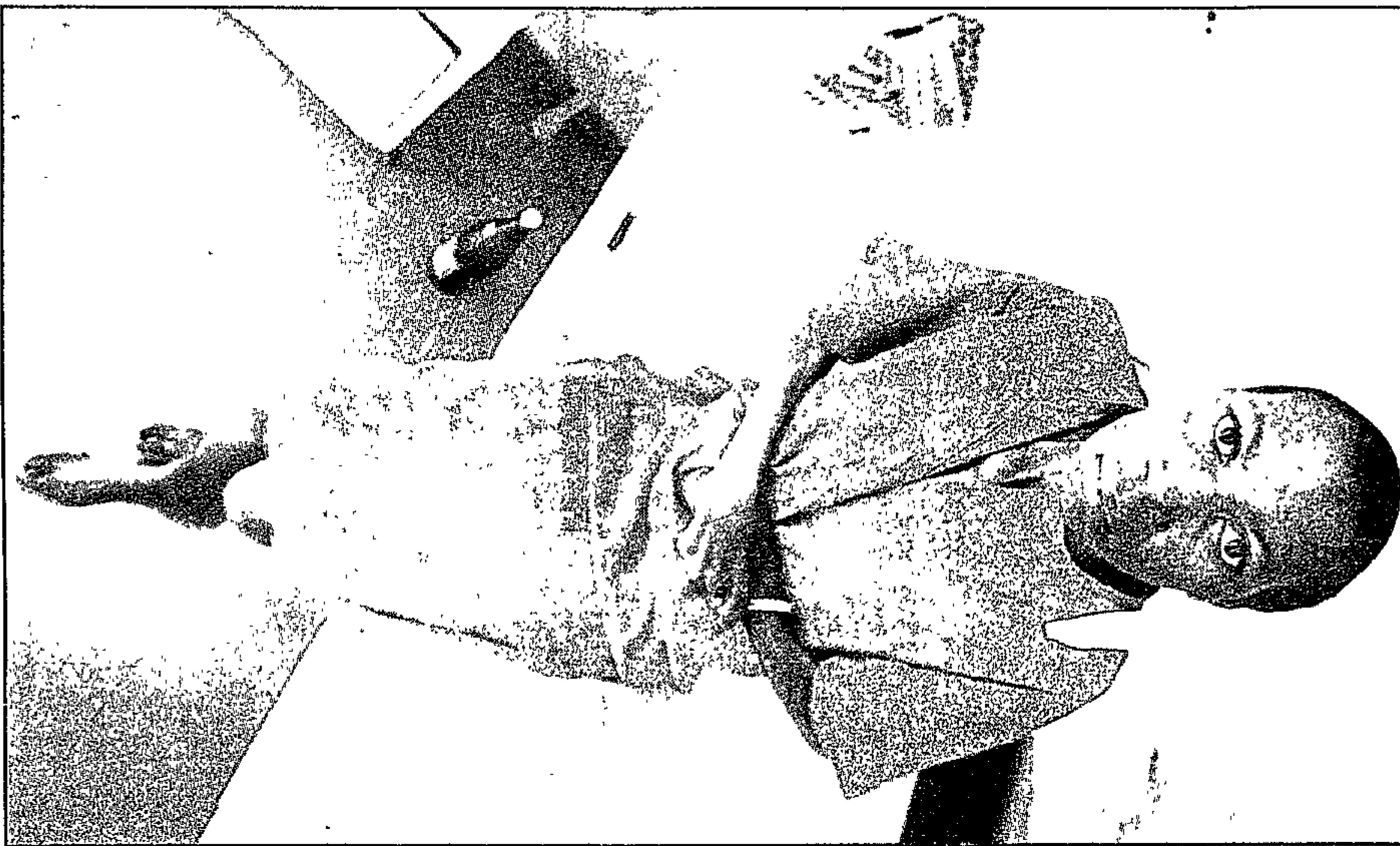
Only 18 patients have died of AIDS-related illnesses in the hospital this

year. Most visit traditional healers and die at home and are buried, without coffins, outside their kraals.

The local funeral director is building on an extension to cope with increased demand but most cannot afford his services.

Few of the patients have jobs. Outpatients pay R3 — or nothing. There is a R10 admission fee — regardless of treatment.

The message that has reached KwanNgwanase from the big cities is that AIDS equals death; that it comes from sexual intercourse; and that it is to be hidden.



Drowning in a

SEA OF AIDS

AIDS

BRITISH doctor Jackie Sneyary's mission is to fight AIDS... but the people she wants to help run in terror whenever they see her mud-splattered bakkie heading their way.

This is South Africa's worst AIDS area, and the sight of Dr Sneyary's "AIDS truck" signals bad news for the rural community of KwaNcwane in northern KwaZulu Natal.

Not deterred by the tough conditions at the remote Mangunzi village hospital, Dr Sneyary, 28, and the two nurses in her AIDS team soldier on.

They are given the use of an old four-wheel-drive vehicle once a week. If it starts, they begin their rounds to local kraals.

The roads are little more than tracks, and a glance at a few hospital cards shows that a map would be of little use in finding a patient's home.

"Nowhere to be found — from Mozambique," reads the record of a 46-year-old father of 19 children who has AIDS.

"Ask the way from the kraal, head past the Cele Tick Shop," are the directions on one form.

"Go right at the little river and turn right at the palm nut tree," says another.

KwaNcwane, about 10km from the Mozambique border and within the foot-and-mouth cattle barrier, consists of little more than the hospital, a police station a garage and a couple of one-room grocery shops.

It's nothing like what Dr Sneyary was used to when she left St Barts Hospital in England. She fell in love

CASE ONE

A 48-year-old man, too ill to give particulars, was tested on October 18. The confirmation that he had AIDS arrived on November 17 — two days after his death

By CAS ST LEGER

months into a one-year contract. "I feel I can make a difference here," she said.

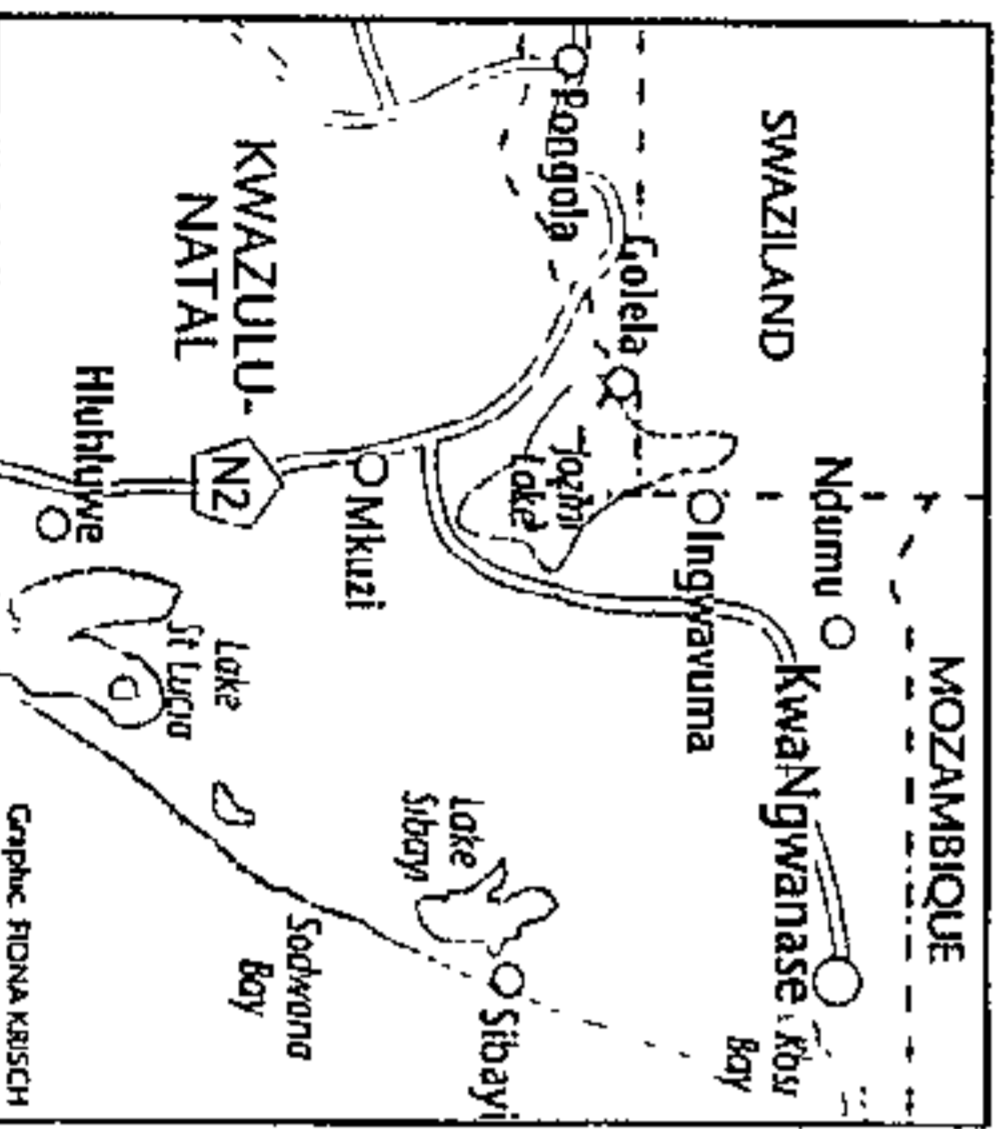
Half the six doctors at Mangunzi are British. Few South Africans are prepared to work 80 hours a week for Dr Sneyary's R3 000-a-month salary.

Most people in the area refuse to be tested for AIDS — and those who are tested and prove positive are almost impossible to trace afterwards.

Blood samples are sent 600km by road to a laboratory in Maritzburg, and it takes about six weeks for the results to return.

Dr Sneyary is also facing a frightening prospect: if she contracted the HIV virus when she cut herself during an operation last Wednesday.

The scalpel slipped when



The remote area of KwaNcwane in Natal near the Mozambique border

"We assume just about every patient here has AIDS," said Dr Sneyary. It is unlikely for a doctor to contract the HIV virus from a patient, and she regards this test of nerves

make there could be far more than 10 000 people infected with AIDS living in fear and shame in isolated and difficult-to-reach kraals.

A flood of Mozambican



CERTAIN DEATH... AIDS workers Dr Jackie Sneyary and Zandile Gumede, far left and middle, with AIDS patient, Mavele. The disease has left Eunice, below, alone and fearful, and looking much older than her 35 years. Picture: COBUS BODENSTEIN

CASE TWO

AIDS patient Eunice, aged 35 though she looks 60, fell ill five months ago, after her boyfriend visited her from Johannesburg. 'I know I will die,' she said

CASE THREE

Mavele, 50, believes he caught AIDS from his girlfriend. 'I will never use a condom, even though I know not using it spreads



Zambia's AIDS toll

floods

SI Times cemetery

4/12/94
By BRIGHT MWAPE: Lusaka

MOURNERS are digging graves at Zambia's largest cemetery because Lusaka's 110 grave diggers cannot cope with the increasing number of burials — largely due to AIDS.

Last year 40 200 adults and 20 500 children died of AIDS in Zambia — adding to the 215 900 orphans of the disease.

There are 807 200 known cases of HIV in the country, although World Health Organisation spokesman Dr. Moses Sichone says there are probably another 300 000 unreported cases.

About 38 300 Zambians have full-blown AIDS, according to the 1993 figures.

The crisis at Leopard's Hill Cemetery has resulted in Lusaka's new mayor, Fisho Mwale, calling on Zambians to consider cheaper ways of disposing of bodies — such as cremation.

"We have no more land and no labour to bury people," Mr Mwale said.

According to health ministry officials, AIDS and diarrhoeal diseases are responsible for the country's high death rate.

As a result of the poor treatment of drinking water, cases of dysentery and cholera are an almost permanent part of life in Lusaka.

However, a health department official said AIDS accounted for almost half of every day's deaths.

The burial crisis came to light when mourners — believing grave diggers were on strike — complained that the cemetery had no graves.

Council grave digger Augustine Banda said each of Lusaka's 110 workers was "expected to dig one grave of six feet deep a day".

However, colleague Lupiya Chilufya said burials took place every hour. "Before you know it, there are over 20 families waiting for graves."

Nowhere to go for Aids children

By Shannon Neill

AN INCREASING number of children have Aids and the shocking situation is expected to worsen with the lack of support systems, health workers say.

World Aids Week highlighted this growing national crisis.

Also, the possible collapse of the only national community-based Aids prevention programme due to lack of funds will worsen the crisis, said Ms Nikki Schaa, regional co-ordinator of the National Progressive Primary Health Care Network (NPPHCN).

The NPPHCN retrenched half the staff at its local branch on World Aids Day last week, she said.

Medical and social workers say the community must become more supportive of sick children and their families because the shortage of state facilities will soon leave no other options.

Senior specialist at the Red Cross Children's Hospital, Dr John Burgess, said that since the inception of the children's Aids clinic over three years ago the number of patients had increased steadily.

There are over 150 children from the Peninsula alone being treated at the clinic.

Burgess said there is another crisis looming in South Africa — that of "Aids orphans". Other parts of Africa, including Zimbabwe and Uganda, have been hard hit with the problem of the number of children



LIMITED OPTIONS: Children infected with Aids have few places to turn to

Photo Yunus Mohamed

orphaned because their parents died of Aids.

"Seventy percent of these children don't get Aids from their parents and live after their parents die," she said.

Nazareth House in Cape town is one of only two children's homes in

the country specifically catering to the needs of abandoned Aids babies, said house mother and social worker, Sister Margaret.

She said many women abandoned their children because they had no other options.

"Some of these mothers are the

breadwinners with other children to support. They don't get help because of the stigma attached to Aids.

"The babies are left alone while their mothers work," she said.

An 18-month-old baby who had been neglected weighed two kilo-

grams when he was recently left at Nazareth House. He now weighs eight kilograms.

Another baby at the home was left at an Eastern Cape hospital from February to October. Her mother had died and there was no one to look after her.

According to Sister Margaret babies born with the HIV virus have weak immune systems and seldom live more than a few years. The oldest baby at Nazareth House is four.

She and the other babies vomit blood, have constant diarrhoea and face a potentially painful death, wracked by illnesses including pneumonia and tuberculosis.

Despite this, when not ill, she and the others laugh, play, fight and dance like ordinary children.

Sister Margaret said the babies need love just like other children.

"People are afraid of getting infected but it's difficult to pick up Aids from a baby. They are at more risk than us."

While SOUTH was visiting the home a boy with full blown Aids lashed out at a worker in fury and was picked up and hugged.

"I love you more than pigs ears and pumpkin," the woman said.

Sister Margaret said: "The community needs to be educated. People don't understand that they can't catch Aids by giving love and support to the babies and their mothers.

"They need love and support and this can only come from the community, not the government or anyone else."

New boss to revamp AIDS campaign

S1 Times

11/21/94

By CAS St LEGER

SOUTH Africa's new AIDS chief has lashed out at previous awareness campaigns, saying they only served to heighten fear and increase the stigma attached to the disease.

Mrs. Quarraisha Abdool Karim, newly appointed national AIDS director in the Department of Health, says

a big effort will be needed to put things right. When she takes up her post in the new year, her first task will be damage control.

The next step will be to lobby for free AIDS testing.

After that, she will organise proper surveillance to counter AIDS cases being under-reported.

"We need to put things right. We

need damage control to rebuild confidence in the AIDS programme," said Mrs Abdool Karim.

The view that previous campaigns had driven AIDS underground was echoed by AIDS expert Dr Clive Evian, who said the educational programme had been misdirected, resulting in infected people being reluctant to disclose their status.

ARG 12/12/94

Survey reveals Aids ignorance

92 12/12/94

■ Parliamentarians polled were split over whether the state should foot the bill for Aids research or not, the divisions extending across NP and ANC ranks.

CLIVE SAWYER

Weekend Argus Political Correspondent

MOST opinion leaders in South Africa, including top business people and bureaucrats, are surprisingly ignorant about Aids.

A poll of people in senior positions in business, the media, the church, the military and public service has exposed a need for a boost to education about the pandemic.

Revealing results of the survey, Stellenbosch University professor Hennie Kotze noted there was a "degree of intolerance" towards people with Aids found among opinion leaders with right-wing affiliations.

All opinion leaders agreed that:

■ Regular Aids tests for all South Africans should not be compulsory;

■ People with Aids should be allowed to be treated in public hospitals;

■ The state cannot afford to fund Aids research at the cost of primary health care;

■ Contrary to the judgment in a recent Appeal Court case, most opinion leaders believe employees who have been tested HIV-positive should inform their employers;

■ Illegal immigrants contributed to the Aids problem.

Professor Kotze said most respondents in the study seemed to know there was a difference between testing HIV-positive and having full-blown Aids.

Apart from those who were uncertain, most respondents indicated a person who had tested HIV-positive would not necessarily develop full-blown Aids.

Professor Kotze said parliamentarians surveyed were clearly divided on whether the state could afford to fund Aids research at the cost of primary health care needs.

Fifty-five percent of MPs surveyed said the state could not afford Aids research, while 33 percent said the opposite — even at the cost of primary health care requirements.

People from the business and bureaucratic fields who were surveyed said the state could not afford Aids research.

"It is interesting to note respondents from both the ANC and NP are divided on the issue of regular compulsory Aids tests for all South Africans."

Just more than 39 percent of NP and ANC supporters favoured regular tests, while 40 percent disagreed.

HIV-prisoner's death in spotlight

By Glenn McKenzie

HUMAN RIGHTS CAMPAIGNERS and University of the Witwatersrand lawyers have called for a Supreme Court inquest into the mysterious death of an HIV-positive prisoner in Pretoria a fortnight ago.

Mr Lourens Swanepoel (31), an HIV-positive prisoner with a history of jailbreaks, died in Pretoria Local Prison on December 2 — several days after laying assault charges against prison warders.

Wits University's AIDS Law Project alleges that Swanepoel died after experiencing epileptic fits lasting for almost four hours.

Last month Swanepoel, an epileptic, escaped from the H F Verwoerd Hospital in Pretoria after being admitted for complications resulting from his disease.

He later returned to prison voluntarily after consulting Wits University's

■ **VERY DISTRAUGHT** Dead

prisoner laid charges against warders:

Sowetan

12/12/94

Aids Law Project.

Swanepoel was allegedly assaulted by warders "acting in their capacity as officials of the Department of Correctional Services" soon after his return to prison, according to Law Project manager Mr Zackie Achmat. Charges were laid with police in Pretoria.

Last week a group of 40 legal, human rights and Aids organisations, along with the South African Prisoners' Organisation for Human Rights, called for a judicial inquiry to investigate the cause of Swanepoel's death amid allegations of neglect and abuse. The group also wanted to know the manner in which Swanepoel was diagnosed as HIV-positive and what his subsequent treatment

entailed.

Achmat said prison officials had told Swanepoel before his escape that he had tested positive for the HIV virus.

"He was never informed that he was tested, and he was very distraught about the whole scenario," said Achmat.

Correctional Services spokesman Major Koos Gerber issued a statement yesterday saying all allegations relating to Swanepoel's death would be thoroughly investigated. (92)

The result of a post-mortem examination held on Wednesday is not known yet.

"Should there be an indication of an unnatural cause of death, an inquest will be held," said Gerber.

HIV death: plea for inquest

Star 12/12/94
BY GLENDA DANIELS

The AIDS Law Project wants Minister of Justice Dullah Omar to establish an inquest into the death of a 31-year-old HIV-positive prisoner at the Pretoria Prison.

Lourens Swanepoel died at the Pretoria Prison last week after "presumably" having "several fainting and epileptic fits". AIDS Law Project spokesman Zachie Achmet told The Star.

"We are requesting that the Minister of Justice Dullah Omar establish a judicial inquest into Swanepoel's death," Achmet said. (92)

An autopsy was to be conducted by the police on Friday, but the results were not known at the time of going to press.

It is also alleged that Swanepoel was assaulted by warders a few weeks before his death and that he had not received proper medical care.

"His death is a complete tragedy and there are many other worrying things about HIV prisoners in general, like stigmatisation, being tested without consent, being assaulted, no counselling and no proper medical attention," Achmet said.

He added that his organisation was trying to negotiate with the Correctional Services Department to abandon the policy of segregating HIV-positive prisoners because it further stigmatised them.

NEWS Mpho Lekhonthula's mission started when she met an HIV-positive man

Helping HIV-infected people

92

By Sharon Chetty

SEBOKENG'S

ANGEL Project

teaches people Aids awareness:

MPHO Lekhonthula, who spends her time helping Aids-infected people cope with their problems, is seen as the Angel of Sebokeng.

Her mission started the day she met a young man who was so traumatised when he discovered that he was HIV-positive that he wanted to kill himself.

"I spent the day talking to him and comforting him ... I did not want him to die," recalled Lekhonthula, who was so touched by the young man's plight that she decided she wanted to help people like him.

She started the Ithemba Lethu Community Centre, a project that teaches people Aids awareness in the Vaal Triangle.

Ithemba Lethu has rapidly expanded over the past five months and, in recognition for her sterling work, Lekhonthula was nominated for the *Sowetan's* Woman of the Year award last month.

Lekhonthula is a former health and biology teacher and has worked as a researcher with a primary health care group.

"I realised that Aids is a major killer but nobody was doing anything about it," she said.

"Whenever someone has died of Aids people pretend it was something else. The time has come to deal with this problem."

But Lekhonthula lost all contact with the young man with whom she had the brief encounter as he never went back to her.

However, a few weeks ago, the man wrote to the *Sowetan*, asking to be put in contact with Lekhonthula.

The man, who had given her a false name, said his name was Thokozani and wanted to thank Lekhonthula for



Mpho Lekhonthula

helping him and apologise for the false name.

"If people were like you, sufferers like me would have a happy ending," Thokozani said in his letter. "I want to see you before my departure as I am nearing my destiny."

This week Lekhonthula said she remembered the young man and would gladly help him again.

"I always wondered why he never came back because I showed him where I lived," she said. "I think he was too traumatised that day to pay attention to anything."

"He was very depressed and felt that

death would be the only answer. But after we spoke, he calmed down a bit and agreed to give life another try."

Lekhonthula described Thokozani as between 22 and 23. He had no idea how he had contracted the disease but admitted that he had "fooled around a lot".

The unemployed Thokozani was too embarrassed to tell his family about his condition.

"He also told me that although he had heard about Aids, he did not take it seriously as he thought it was just a way of his parents and the Government discouraging youth from having sex," ex-

Dear Editor

I am deeply in honoured or indebted to this kind lady. A young and sophisticated lady. I met her when I first hear that I was HIV positive. As long as I live I won't forget her kindness, the way she treated me and made me guarantee that I won't do anything stupid after I was treated led by professionals.

For that matter, I gave her false name and address but now this has been easy for the past months and I would like to apologise to this angel. Please Mr Editor find her for me because I really want to meet her. Her name she said is Mpho who teaches and advises about HIV/Aids. Please, she brought me many things for only a few.

Mpho please wherever you are please if you come across this episode try to publish you telephone number and home address I want to come to see you my dearest angel. If people were like you, sufferers like me will have a happy ending, I want to see you before my departure as I am nearing my destiny. Yours deeply touched Thokozani from Sebokeng.

The heart-rending letter of a young man who doesn't know what he started

plained Lekhonthula.

"We spoke for a long time about this and he agreed that he was wrong to think that way.

"After I showed him information from some books, he said he wanted to learn more and find ways of coping with his illness.

"He was already showing symptoms ... he was balding in patches, lost a lot of weight and was very weak because he could not eat."

Lekhonthula said she would do her utmost to trace Thokozani. Although he said in his letter that he lived in Zone 14, Sebokeng, he did not give a house number or his surname.

Lekhonthula's advice to Thokozani is: "Please don't give up. Wherever you are, I will find you.

I am willing to help and I'll go out and look for you. Whatever it takes, I'm

“He was very depressed and felt that death would be the only answer. But after we spoke, he calmed down a bit and agreed to give life another try”

positive I'll get you."

Lekhonthula can be contacted at (016) 94-5775.



Zone 14
Sebokeng
1992

Aids concert highlights need for compassion

BY EDWINA BOOYSEN

LEARNING about Aids does not have to be boring, pupils discovered at an Aids Concert held at Vygieskraal Stadium in Athlone last week.

To the rhythm of groups like Amampondo, Black Noise and Airborne, they learnt about abstinence, safe sex and compassion for people with Aids.

The concert, held to commemorate World Aids Day and attended by pupils from all over the Western Cape, was sponsored by the Department of National Health and Old Mutual.

"We need to acknowledge the realities we face with Aids," minister of health and welfare Mr Ebrahim Rasool told the audience.

"More than 500 people are infected with the HIV virus in South Africa every day. These high statistics can only change if we start changing our behaviour and attitudes."

Mr Rasool said young people need the support of those who have an influence on their lives.

"We know that in our society young people face many pressures from their peers, from partners and



Ebrahim Rasool



PROTECT YOURSELF: That's the message from Radio Good Hope DJ Clarence Ford, master of ceremonies at the Aids concert, and some of his young fans
Photo: Roger Sedres

from society generally," he said.

"The number of teenage pregnancies point to high sexual activity among our youth, therefore parents' understanding of the physical development of their children needs to be heightened."

Mr Rasool said Aids- and sex-education is crucial.

"Sex- and Aids-education needs

to be taken seriously," he said. "It has to become part of our school curriculum."

"But while highlighting the realities around Aids, we need to reassure ourselves that there is hope."

"We can do something to prevent ourselves from contracting the Aids virus. We can practice safer sex.

"The use of condoms is important, because it also protects us against sexually transmitted diseases and unwanted pregnancies."

Mr Christo Greyling, a haemophiliac who contracted the Aids virus seven years ago during a blood transfusion, shared his experiences with the students.

"It was difficult to come to terms

with it at first, but after a while you accept the situation because there is nothing you can do about it," Mr Greyling said.

"It is not a pleasant experience at all, but having compassionate people around you helps get you through it."

Mr Greyling said people's attitudes have changed a great deal over

the past few years.

"The change in attitude over the last six years has been amazing," he said. "In the past people were scared to even talk to someone who was HIV positive, but slowly they are starting to realise that they can't get the disease from touching someone."

Pupils from various schools, including Maitland High, Groenvlei High and San Souci Girls High entertained the crowd with songs and drama.

The "Ned Doman Boyz" wowed their fans with a rendition of Boys II Men's "I'll make love to you" with a caution to "do it only with condoms".

But the hit of the concert was definitely the Groenvlei High "posse" with their drama/rap/romance act. They paid tribute to both George Benson and Whitney Houston when they invited the crowd to sing-along to the strains of "The Greatest Love of All".

"We've given them all condoms," said a National Health official at the gate. "And judging from how many have been blown up or lie about on the field, we'll know how successful the concert was."

Cape Aids time bomb ticking dangerously

SOUTH 15/12-20/12/94

By Shannon Neill

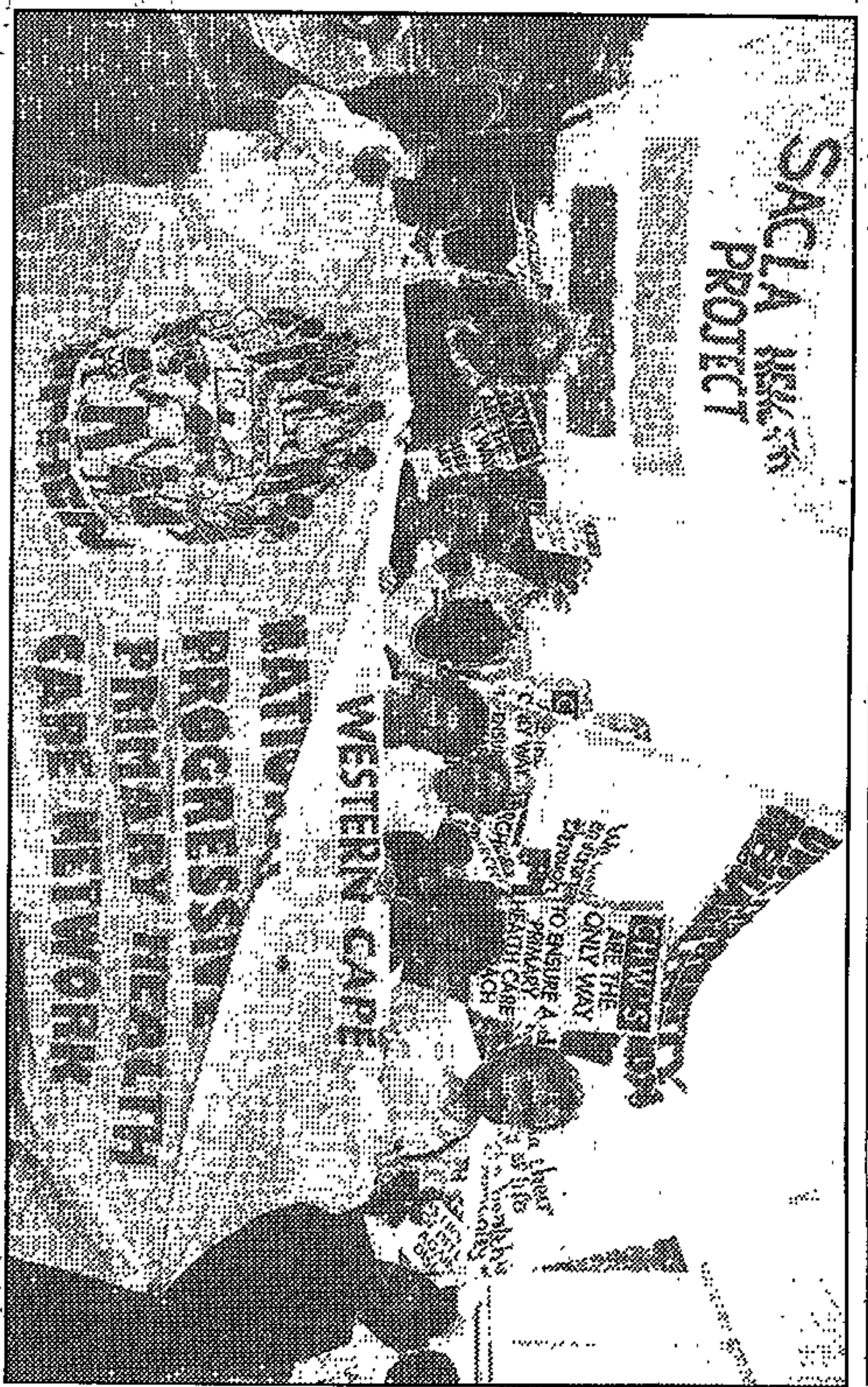
A POTENTIAL Aids explosion looms in the Western Cape following the virtual closure of the only national, community based Aids programme due to a lack of funds. Ironically the National Progressive Primary Health Care Network (NPPHCN) was forced to retrench half its staff on World Aids Day, causing the closure of most of its Aids programmes, particularly in rural areas.

NPPHCN regional Aids programmes co-ordinator, Ms Nikki Schay, described the closure as a "real tragedy" because the Western Cape was still on the edge of prevention. "We had an opportunity to prevent the kind of crisis

KwaZulu/Natal and most of the North of the country have but this closure has effectively removed the only Aids education tool in the Western Cape," she stated. Schay said the entire Namagualand, most of Khayelitsha, the Karoo and the Boland had been left without community Aids workers.

There are also no state programmes in most of these areas. "The implications are drastic. Disadvantaged people will only be getting information on Aids via the press and in parts from the formal health sector which is seriously stretched already.

"The formal health sector is not in a position to hold workshops or discussion groups and this is the area where you can get through to people who are suspicious of discus-



GRASSROOTS HEALTH: Community Health Workers recently took to the streets protesting a lack of government support of projects.

sion about Aids or who don't believe it exists. "Community Aids workers live in the communities they work in. They understand and are trusted by the people they are educating.

"They understand the economic social and gender problems in those communities which is important because successful Aids education doesn't just focus on the medical aspects," Ms Schay said. She said the community workers were also flexible to people's needs and didn't shut after working hours. "The department of health is not in a position at this stage to deliver the service we were delivering," she said.

The director general of health, Dr Coen Slabber, said he was meeting the director of the NPPHCN Aids programme about a request for funds. He said as far as he knew this was the first time the NPPHCN had approached the department for money.

ARG-16112194

Aids policy: Insurers slammed

92
Health Reporter

THE insurance industry has sought to "completely escape any consequences and insulate itself from the impact of Aids".

This is according to Edwin Cameron of the Centre for Applied Legal Studies at the University of the Witwatersrand, as reported in the latest edition of the *SA Medical Journal*.

The publication reports that Professor Cameron has "slammed the industry for re-

fusing to provide life insurance to homosexuals and people living with HIV, or even to those thought possibly to be HIV-positive".

Speaking at a Life Offices Association forum, he said the LOA should "consider providing appropriate packages for people with HIV that include payment of post-test counselling".

Tom Moultrie of Southern Life told delegates the premiums which would be required

to offer insurance to people with HIV "in a financially responsible manner" would be 30 to 40 times current premiums.

At this level it was "questionable whether many people with HIV would be able to afford insurance".

Mr Moultrie said the industry would have to find a way to provide cover to people living with HIV, with the possible co-operation of the state and other organisations.

26 million Aids victims by 2000

Sowetan

By Glenn McKenzie

19/12/94

NINE million African children will be orphans by the year 2000 because of Aids, a recent report by the United Nations Children's Fund has said.

Calling Aids "the children's tragedy", Unicef's State of the World's Children Report predicted that in some regions about 10 percent of all babies will die from Aids. Two-thirds of all new cases were now in Africa.

"In some areas up to 30 percent of pregnant women attending ante natal clinics are HIV-positive," said the Unicef report.

Sex education is essential to stop the epidemic.

"With no vaccine in sight only behavioural change offers hope of altering the course of an epidemic that could see 26 million people infected and an annual death toll of almost two million by the year 2000."

Infections will continue to increase until "women have power to say 'no' to sex, to choose own partners, and influence sexual behaviour."

Of the estimated R6 billion spent annually on Aids prevention, only 10 percent is spent in the developing world, where most infections are occurring.

● See reports on pages 10 and 11.

ARG. 20/10/94.

Cape Town to host Aids conference

LIBBY PEACOCK
Health Reporter

CAPE Town is to host a major international conference early next year for people living with HIV and Aids.

The conference, organised by the Global Network of People Living with HIV and Aids (GNP), is expected to draw between 600 and 1 000 delegates from all corners of the globe, according to conference chairman Shaun Mellors.

The conference, from March 6 to 10, would highlight South African and African Aids-related issues and provide a "secure environment" for people with HIV and Aids to come together, he said.

The "working part" of the conference — focusing on different types of treatment, sexual lifestyles, surviv-

ing and understanding health care and human rights — will be open only to people with HIV and Aids.

But the opening and closing sessions, as well as some other events, would be open.

Mr Mellors said South Africa had an important part to play in combating Aids in Africa, as well as caring for those already infected.

South Africans with HIV and Aids were still "pretty scared" to make a contribution, but it was imperative that they did so.

GNP had five priority areas: health, communication, human rights, developing technical skills and "outreach".

The rights of infected people were abused in many ways. A prime example was that some personnel

agencies asked candidates whether they were HIV-infected and if they were, they were not considered for jobs.

Pascal van den Noort from Holland, executive director of GNP, said he expected the conference to attract "many high-placed" people from international funding and development agencies.

"The international buzz word is Cape Town."

He stressed that statistics and figures did not reflect the reality of people living with HIV.

"I don't believe in figures — they don't help. It's about people."

A future priority of GNP was to get a debate going with scientists probing the virus and to discuss priorities and funding with them.

EU aid earmarked for SA Aids programme

(92)

CT 22/12/94

From LINDA ENSOR

LONDON. — A large part of the health budget of the European Union's (EU) aid package for South Africa this year, will be earmarked for the national Aids programme.

Projects worth about R455,4m were approved by EU member states this month, in the fields of education, health, community and rural development, the promotion of small and medium-sized enterprises and good governance and democracy.

An official source said yesterday that of the R100m allocated for health, about R20m would be spent fighting HIV infection.

Support for district health systems

amounted to R25m, while R11,5m was allocated to locally based health care programmes. R13m was set aside for technical support programmes.

A total of R200m would go for educational programmes such as bursary schemes, national literacy and adult education programmes, skills training and employment projects and European scholarship schemes.

Community development projects in both rural and urban areas got about R50m. R6,5m went to support and development programmes for small and medium-size businesses and R250 000 to trade unions.

The bulk of the R65m allocation for good governance and democracy went to the justice department.

Fun 23/12/94

or disability business is now written because the cost is unrealistic and employers have lost interest.

Yet early disability, leading to death, could actually help a scheme based on the traditionally defined benefits structure (still the norm north of the Limpopo). There are fewer time-serving employees to share the full-term benefits.

Sanlam's Chris Swanepoel says reaction to the Aids pandemic is split two ways. Assurers, which manage many of the larger employee benefit schemes, are designing options to offer trustees of employment benefit schemes; trustees realise the new responsibilities and require assurers tendering for their funds' administration to come up with a table of benefits.

Sanlam chief medical officer Altus van der Merwe has advocated the right of employers to insist on pre-employment medical testing, arguing the case on pragmatic and economic grounds. He also makes the point that discrimination against workers with a poor prognosis — those with cardiac, cancer or renal problems — is already part of the system.

But, though Van der Merwe chairs the Life Offices' medical subcommittee, LOA director Jurie Wessels says that a general policy is not on the agenda of any of the association's committees: "Tendering and pricing for employee benefits' business is competitive, so it remains a matter for members to evaluate."

In theory, the assurers are not at risk. Baskir says they generally hope to break even on employee benefits' business but, where the claims experience is high, an assurer can escape by giving three months' notice.

The argument for pre-employment testing for Aids has little relevance, since it does not eliminate the period in which the HI virus is not detectable, nor does it cater for the fact that many disability and death certificates are unreliable. Further, though Old Mutual has for several years screened its own new employees, the assurer would not be surprised if pre-employment medical tests were outlawed. Sacob has declared itself against pre-employment Aids testing, though it has never objected to other screening procedures.

If pre-employment medical tests are banned, actuaries consider they can improvise other screens, based on geographical and social background questions.

Options for trustees include:

- Replacing lump-sum disability payments with annuities. The theory is that this will be less of a financial drain on a fund because the annuity will be short-lived;
- Reducing the typical formula of three times salary to one but with an annuity to the spouse. The theory is the spouse will soon die;
- Establishing different funds for those who voluntarily undergo medical screening. Swanepoel says no fund, as far as he knows, has requested this option "and it

could raise some nasty questions;"

- Establishing different benefits for new entrants to a fund — if it is accepted that existing contracts cannot be amended;
- Strictly defining what constitutes disability;
- Long waiting periods before employees are accepted for group benefits;
- Linking benefits to service periods; and
- Self-insurance — Baskir suggests a fund could opt to meet disability benefits for two years but, if disability does not quickly lead to death, make this an insurance factor.

Old Mutual says premiums are based on the anticipated level of claims from the employer (fund). If Aids claims increase, premium rates will rise and employers will therefore bear the cost. Aids presents significant pricing challenges to insurance companies and special statistical methods are required to ensure that appropriate premiums are set.

The most common disability products are, says Old Mutual, permanent health insurance, which pays a monthly income benefit on recognised disablement; and lump-sum benefits. The monthly benefit will find more popularity since "in the case of an Aids claim, the income will on average be paid for a relatively short period." Benefits such as accidental disability and death benefits, not affected by Aids, are likely to grow in popularity. ■

AIDS Fun 23/12/94 Tough for trustees

Employee benefit structures will be drastically overhauled next year as retirement fund trustees face the realities posed by Aids. Major life offices administering retirement funds are working on new strategies — some in reaction to trustee pressures — but are reluctant to disclose details.

The essence of the dilemma, says Old Mutual actuary Brian Baskir, is what happens to an employee benefits fund structured for conditions that are now rapidly changing. Typically, a defined contribution fund would allow for a 10% contribution by the employer and 6% by an employee with 12% going to retirement benefits and 4% to death, disability and funeral benefits.

But the incidence of in-service claims has risen sharply and will go higher. In Malawi and Zimbabwe, the traditional 0.5% of in-service deaths rose in a few years to 2% annually. For every 1% of the fund devoted to death or disability, the amount available for retirement benefits reduces accordingly. In those countries hardly any group death