Health and Disease - V.D.

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1989
HARARE — The first resource book on the Aids problem in Zimbabwe is now on the market. (Sveta 3/6 7)

Entitled "Act Now," the book was written by Peter Jackson, a lecturer at the school of social work in Harare. Ziana news agency reported.
Positive attitude may benefit Aids victims

Focus

on women
A ray of hope

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

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

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

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

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

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

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

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

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

We earlier stated that AZT was of great clinical value.

However, it has severe side-effects which make it unacceptable in the long-term sense. Blood problems like anaemia, dizziness, headaches become observable.
Here lies the chimp. Victim of Aids Test

By NICHOLAS COLE

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

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

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

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

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

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

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

Agreement, however, is anything but unanimous.

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

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

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

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

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

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

Alternatives to animal research include:

• Computer modelling of the way drugs react on cells and bodily functions. Micro-processor technology, for instance, has been "great value" in determining that parathion, a pesticide, was lethal because it solidified the lungs.

• Lower organisms, such as bacteria, algae, plants, insects and shells. The genetic material in bacterial and human cells is similar.

• In vitro techniques - the use of animal or human cells or organs in the test-tube. These tests are more sensitive, less costly and quicker than in vivo methods, which involve an entire living organism.

• Human volunteers. Frame advocates Aids drug testing on volunteer patients.

— Gemini News
A SOVIET woman has been sent to prison under a new law aimed at stopping the spread of AIDS.

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

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

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

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

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

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

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

— Los Angeles Times
Health and the sexual connection
AIDS and the sexual connection

The AIDS epidemic has brought a new level of awareness to the importance of sexual health. The disease, which is transmitted primarily through sexual contact, has raised serious questions about the role of sex in society and the responsibilities of individuals to protect themselves and others.

In this article, we will explore the relationship between AIDS and sexuality, examining the ways in which the disease has affected the sexual lives of individuals and the broader culture. We will also consider the implications of the epidemic for public health policy and for our understanding of human sexuality.

The AIDS epidemic has had a profound impact on the way we think about sex. The disease has highlighted the importance of sexual health and has led to increased efforts to promote safer sexual practices. At the same time, the epidemic has raised questions about the role of sex in society and the responsibilities of individuals to protect themselves and others.

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Video gives lesson on Aids

The Pharmaceutical Society of South Africa has produced as a public service an educational video to heighten awareness of the risks of Aids infection.

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

In addition, the video dramatically illustrating relevant lifestyles, the production features such authorities as Professor Reuben Sher of the South African Institute of Medical Research; Dr. Buks Lombard, director of the contagious diseases section of the Department of National Health and Population Development; Sister Musa Zazayokwe of the Aids Training Centre at the SAIMR, and Mrs Grania Christie, the head of the SAIMR's Aids Training Centre.

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

Sapa.

Shortage of gloves

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

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

SYLVIA DU PLESSIS

LATEST figures released by the Advisory Group on AIDS put the number of SA deaths since 1982 at 115, indicating a mortality rate of 96%.

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

Most cases have been in Johannesburg (90), followed by Cape Town with 20.

Of the 170 South Africans who had contracted the disease, 155 were male and 15 were homosexual or bisexual. Seven people had contracted the disease through blood transfusions.
Relief for Both

Aids Counselling:

By Mokadi

Covered in 473, 1989
SOUTH Africa's R3.5-billion medical aid industry faces crucial decisions to cope with the spread of AIDS.

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

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

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

Insurance companies have already taken measures, which industry spokesmen describe as "interim", to protect themselves by requiring new policy holders to take an AIDS test or accept an exclusion clause for coverage over certain limits.

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

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

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

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

Mr Bob Speedie, director of the Representative Association of Medical Schemes (Rams), said the association had considered the question of protection in great detail some time ago. He said the financial implications of AIDS were quite serious for medical aid schemes and it had been decided that each scheme should decide for itself what steps to take.

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

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

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

Gradual increase

"But at this stage the feeling is one of compassion, that a person is desperately ill and the scheme has to make life reasonable within the limits the scheme can afford." Mr Rod Hallowell, MD of D & E Administrators, said nobody really knew what the situation with AIDS was.

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

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

"I think there will be a gradual increase in the incidence of AIDS and schemes will build up their costs on a historical basis."
Aids cases ‘to double in next 2 years’

Own Correspondent

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

This is why the health watchdog has set a budget of $85 million (R275m), up a third on last year’s spending total, to fight the spread of Aids on a global scale.

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

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

Some areas such as Africa, parts of the Caribbean, Latin and North America, Western Europe and Australia, would experience a marked increase in the number of Aids cases over the next few years, he said. So the $85 million was only part of the budget the WHO needed to continue its offensive against the virus, he added.

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

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

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

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

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

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

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

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

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

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

He added: "I don't think much has been done in the corporate scene to stimulate AIDS awareness."

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

The machines cost up to R130 000 and can be operated by coins or tokens for companies that want to issue free condoms to workers."
500 000+ new AIDS cases likely

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

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

A WHO spokesman said studies of the epidemic had made the WHO confident that five to 10 million people were infected with the AIDS virus across the world.
ALGIERS — Algeria will set up six clinics this year to combat the deadly disease AIDS which has claimed 14 lives in the country.

The head of the National Committee Against AIDS, Professor Ait Ouyahya, said 400 out of 50,000 people tested for the virus registered positive.

Sapa-Reuters
Asia’s rubber tappers are smiling again.
And it’s all thanks to AIDS

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

MICHAEL KROLL reports

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Pacific News Service
The need for empathy:

- Hate the disease, not the person.
- AIDS is a disease, not a person.
- Educate people about HIV/AIDS and its prevention.
- Encourage open discussion and education about HIV/AIDS.
- Support people living with HIV/AIDS.
- Promote a positive and inclusive environment.
- Combat stigma and discrimination.
- Encourage safe and healthy behaviors.
Aids hits Durban prostitutes

Own Correspondent

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

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

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

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

Professor Pudifin said two years ago a few hundred women had been tested at King Edward VIII Hospital in Durban for AIDS. None of these tests had proved positive.

In the past three months of 1985, however, 1,155 women had been tested at the same clinic. Five positive results had been picked up.

"The problem is unquestionably spreading," he said.

Professor Pudifin said there were 150,000 cases worldwide on the books of the World Health Organisation. Of these, 100,000 were in North America. He said more white people than black people had been infected with Aids in South Africa but the situation would change quite soon.

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

Sufferers from this infection needed a great deal of sympathy and understanding. They exhibited a high prevalence of suicide and depression.
GOVERNMENT faced a dilemma with its AIDS policy, Health and Population Development Minister Willie van Niekerk said yesterday. If government deported migrant workers infected with AIDS, it was blamed for victimising workers. If it did not, it was blamed for not taking steps to prevent the spread of the disease.

Van Niekerk was responding to a Business Day report this week in which government’s AIDS policy was sharply criticised.

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

The accusation that a form of genocide was being implemented through not informing black haemophiliacs of AIDS was “ridiculous”, he said. Of the eight haemophiliacs with AIDS, seven were white. Such numbers were “hardly of value in an attempt to eradicate 28-million people”, the Minister said.

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

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

Mercantile & General senior underwriter Jake Greyling is collating information on Aids for the Life Offices Association (LOA). Since 1994, 30 policyholders have lodged 48 Aids-related claims totalling R3,486-million.

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

People who find the exclusion clause unacceptable will have to undergo a blood test to determine if they have the Aids virus or not.

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

Largest

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

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

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

Old Mutual has received eight claims relating to Aids.

By Robyn Chalmers

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

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

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

Term

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

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

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

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

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

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

Figures from the Advisory Group on Aids show that 115 people have died of the disease since 1992. In 1993, a total of 86 Aids cases was diagnosed in SA compared with three in 1982.

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

AIDS in the dock: Which partner takes the blame?

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

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

The lurid content of the cases has sparked a debate among courts in the United States, increasingly eager to make judgements in cases involving AIDS. Legal experts are debating whether a court should be the best place to make judgements about personal decisions reached in the bedroom.

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

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

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

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

Although lawsuits over sexually-transmitted diseases date back several decades, in recent years there has been a marked increase in the number of cases. Lara Porter, an attorney compiling data on AIDS lawsuits for the US Department of Health, said there may be more than 1,000 cases involving job discrimination, testing and disease transmission.

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

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

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

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

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

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

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

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

"The Aids-awareness programme recently attracted huge crowds to its performances during World Aids Day in and around Johannesburg. "Dr Mike" and the human beings who man the masks are all trained Aids educators and are prepared to answer questions from the audience after the show.

The Aids Puppet Theatre will hold three daily shows at seven different venues from February 19 to 25 at Gold Reef City, the Zola, Soweto and Nancefield clinics, the Johannesburg Library, Highpoint (Hillbrow) and at Shareworld."
NEW YORK — Scientists say they have come up with a promising strategy to defuse the virus that causes AIDS.

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

So far, they have succeeded in drawing a three-dimensional structure of protease. The molecular picture is considered a major step, for it shows it may be possible for a drug to make the enzyme inactive, and thereby jam the virus's reproductive machinery.

"It is the first (three-dimensional structure) of any of the proteins of the virus," says William Haseltine, a top virus researcher at the Dana-Farber Cancer Institute in Boston. "It marks an important development not just in AIDS research, but also in the whole field of drug discovery as it may speed that process up." — AP-DJ.
Pretoria — Projections on the incidence of AIDS in SA indicate that treatment will cost the country between R71m and R1.3bn in 1993, says the Deputy Director of Medical Services of the Department of National Health, Dr Pieter Geldenhuys.

Geldenhuys told the Pretoria Afrikaans Sokkamer that between 1,187 and 22,016 SA AIDS cases were expected by 1993.

Treatment of each patient could cost R50,000, plus disability allowances. There were also indirect costs, relating to the loss of manpower.

There had been a total of 160 AIDS cases in the country since 1982.

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

A total of 1,410 South Africans had been tested HIV-positive — SAPA.
High black death toll in chilling Aids message

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

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

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

"In the next century we can expect 12 percent of whites in this country to die from Aids." Promiscuous communities would be far worse.

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

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

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

The number of Aids cases in South Africa is rocketting with the latest figures standing at 170, since the first person was diagnosed as a carrier of the virus in 1982.

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

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

There were 136 white people infected by the virus and 32 blacks. The male-to-female ratio was 155 men and 15 women.
Mounting cost of AIDS in SA

PRETORIA — Projections on the incidence of AIDS in SA indicate that treatment will cost the country between R71m and R13bn in 1993, says the Deputy Director of Medical Services of the Department of National Health, Dr Retief Geldenhuys.

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

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

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

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

A total of 1 410 South Africans had been tested HIV-positive. — Sapa.
Aids disaster looms in South Africa

Staff Reporter

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

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

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

"According to my earlier projections, 2.58% of our black population will be infected by 1996," he said. "But that figure has had to be revised since.

"By that year, 35% of the black population will have Aids, and with an estimated population of 37m, that means 12.9m people among blacks alone," he said.

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

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

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

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

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

Up to December last year there were 191 cases of Aids in South Africa. The first case was reported in 1982.

According to Mr Alan Whiteside of Natal University's Economic Research Unit, 11,420 Aids cases were projected for the end of 1996.

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

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

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

A Cape Town member of the National Aids Advisory Group said: "Projections can be classed as a best, middle or worst scenario. These figures are obviously the latter."
THE AIDS advertising and publicity campaign launched by the Department of National Health last year had succeeded in making South Africans of all population groups aware of the dangers of the virus, a survey has found.

The department said the survey, conducted by Market Research Africa, showed that before the campaign whites were generally well aware of the danger presented by the virus and, thus, the campaign did not significantly change their awareness level. But awareness among blacks rose from 75% to 83%.

DIANNA GAMES

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

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

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

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

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

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

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

Despite an aggressive public and private campaign over the past year to promote the use of condoms, sales fell well below projections in 1988. "We expected to have another year in 1988 like we had in 1987," said Eugene Free of Ansell-Americas, the maker of Lifestyles condoms. "Instead we got an increase that was basically flat. The AIDS-problem continues to get attention, but it just isn't resulting in more condom use."

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

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

This concern is fuelled by the rising incidence of other sexually transmitted diseases in the country. "I think denial has resurfaced in the heterosexual community," said Merwyn Silverman, president of the American Federation for AIDS Research. "We have to be explicit if we are going to get the job done." — The Washington Post
Personnel managers gear up to fight AIDS
SANLAM: R200M FOR FUTURE AIDS CLAIMS

CAPE TOWN — Insurance giant Sanlam has laid aside a special contingency reserve — an initial R200m — to cater for future AIDS claims, according to its 1998 annual report, released yesterday.

The contingency reserve of R200m would be increased yearly on the basis of interest earned at between 14% to 16% annually, said Sanlam chief actuary Jan Prentorius.

He said the decision to establish this specific reserve and the base amount was made on a prediction that the incidence of AIDS in SA was destined to climb rapidly over the next 20 years, with the number of claims-related cases doubling every year.

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

Business Day was unable to ascertain whether other major life assurance groups had adopted similar policy approaches and contingency reserves in respect of AIDS, or were planning to follow the lead of Sanlam.
Dangers if no cure found

By TYRONE SEALE
Weekend Argus Reporter

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

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

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

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

He told a seminar this week that direct Aids-related expenses included blood testing, surveys, health education, the distribution of condoms and the treatment of sufferers.

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

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

AZT treatment could be as high as R1 600 a month for one patient.

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

He highlighted the latest available statistics which suggest, at worst, there would be more than 176,000 Aids cases in South Africa by 1995. The best scenario is 3600 cases. Experts hope the rate at which Aids is spreading will change as people change their sexual behaviour patterns.

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

Although medical aid funds had already paid out significant benefits to Aids patients, most of the funds now set limits on Aids-related expenses, Dr Lombard said.

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

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

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

Dr Lombard stressed the importance of single-partner relationships.

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

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

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

"The isolation of (infected) people cannot be scientifically and sensibly justified."
Aids: ANC lumped with prostitutes

"It was someone at a conference," he said. The PE Medical Officer of Health, EF du Plessis, stressed that the PE Aids training and information centre would only train personnel who were convinced that AIDS was a "modern disease", with a modern cause and had to be treated with modern care.

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

He further stressed that nursing personnel would not be trained as counselors, because they were too compassionate and sympathetic.

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

The National Medical and Dental Association, formed at the time of the Steve Biko inquest, was not invited to the seminar, thus excluding hundreds of doctors and nurses. - PEN
Experts slam author's claims that killer virus will wipe out millions

**PHOTOGRAPHY BY JUDE WILCOX**

Nikolich, who was an artificial inseminator, was a pioneer in the field of ARTS and is known for his groundbreaking work. Despite his success, he was killed in a tragic accident last year.

**PICTURE... BUT THE PRICE WAS DEATH**

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

**By Eugene Abrams**

Nikolich was driving and was often seen chasing after the car that he claimed was connected to the death of his artificial insemination partner. He was known for his dedication to his work and was often seen at conferences and events discussing the latest advancements in ARTS.

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

WITH a curt nod of his head, Prince Philip bid farewell to Hirohito. The two leaders shared a long and prosperous partnership, with Hirohito serving as the Emperor of Japan for over 60 years. Philip has been a vocal supporter of ARTS and has worked tirelessly to raise awareness and funds for the cause.

**Shock**

The news of Hirohito's death was a shock to many, as he was considered a beloved and respected leader in Japan. His passing leaves a void in the country's leadership and has prompted calls for a new era of ARTS and diplomacy.
Aids centre seeks funds for education

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

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

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

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

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

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

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

WHO team on visit to Angola to study Aids problem

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

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

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

Finance for the anti-Aids plan will be sought from international health institutions.
The Aids Training and Information Centre is doing a valuable work for society — training people to teach others about the killer disease.

The centre, on the corner of De Korte and Hospital streets in Braamfontein, Johannesburg, is a hive of activity. It was established by the South African Institute for Medical Research in January last year and the aim is to open similar structures countrywide.

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

Power

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

GRANIA Christie ... Aids psychologist.

MUSA Zazayokwe ... education officer.

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

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

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

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

Reality

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

One can think that it is easy to use a condom, but presence at the centre opens your eyes, said one participant.

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

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

Patients

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

Hospitalisation can add to problems overwhelming an Aids patient.

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

A way in which nurses can help patients to adjust to their environment is by providing comfort, orientate patients and very importantly to make visitors feel welcome, one paper delivered at the course stated.

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

Pulps

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

This week it was disclosed that the demand for pulps was outstripping the resour ces at Aic, which is fully booked until October this year.

Policy

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

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

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

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

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

It said the number of AIDS cases will increase 15 times by 1991, and by 1995 there will be about 50,000 cases.

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

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

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

On the question of a possible escalation in AIDS-related claims, Old Mutual's chief actuary, Theo Hartwig, said reserves built up by Old Mutual were adequate to provide for a steep increase in claims arising from AIDS.
Aids has killed 105 since 1982

Medical Reporter

More than 100 South Africans have died of AIDS since it was first noted here in 1982. According to a report released yesterday by the South African Institute for Medical Research, 105 South Africans have died of AIDS, seven since the beginning of the year. Last year 41 people died. Records kept by health authorities show 209 cases of AIDS since 1982, but 26 of these were not of South African origin.
Insurance call to back city Aids campaign

By MICHAEL DOMAN
Staff Reporter

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

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

The orchestra is still heavily subsidised by the city.

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

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

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

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

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

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

It quoted American research that no direct burden was placed on non-smokers by smokers. Since medical and productivity costs were carried by the smoker, there was no need for government action.

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

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

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

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

In addition, more smokers were blue-collar workers who worked in less attractive environments than white-collar workers.
AIDS: A Certain Killer

By Ullama Laila

This deadly disease is poised to become the greatest threat to the world population. While many people think of AIDS as a killer, others are less aware of the dangers it poses. As the number of infected people continues to rise, the need for awareness and prevention becomes more critical. The spread of HIV is preventable through education and the use of condoms. Everyone should be educated about the risks and take steps to protect themselves and others. The fight against AIDS requires a global effort to ensure that no one is left behind.
More fall to AIDS in SA. Statistics from the World Health Organisation show that the total number of cases stood at 141,894 on February 23 — an increase of 2,000 over the previous month. From only three reported in 1982, cases of AIDS in SA have risen each year. The total now stands at 209.

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<th>FIGURES from the South African Institute for Medical Research show a continuing increase in the number of AIDS cases.</th>
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<td>By March 8 this year, 15 AIDS cases of South African origin had been reported. In 1988, 69 cases were diagnosed.</td>
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Monkeys bring hope of AIDS immunity

CAPE TOWN — The discovery that an AIDS virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human AIDS virus.

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

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

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

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

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

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

Two of the convicted policemen were the second-in-command of the Ciskei police elite unit, Witness Ngwanya, and the head of the security branch, Mountain Ngezanga. Each was jailed for two years.

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

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

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

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

Monkeys bring hope of AIDS immunity

CAPE TOWN — The discovery that an AIDS virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human AIDS virus.

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

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

By KAREN STANDER
Medical Reporter

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

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

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

Finding this clue would help to fight human AIDS.

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

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

A virus similar to smallpox was introduced in 1959 to control the rabbit population. It was spread by mosquitoes and other insects, and was enormously effective.

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

A characteristic of some viruses, including the AIDS virus and the virus causing influenza, is a tendency to mutate, which is why it is so difficult to develop a vaccine against AIDS.

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

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

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

Inhibits growth

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

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

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

Scientists have also now isolated HIV2, a mutant of the original AIDS virus, HIV1, which is found mainly in Africa, is believed to be less virulent — and shows the greatest similarities to the SIV.

Professor Becker said there had been speculation that the human AIDS virus originated from a mutant of the monkey virus.

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

“Sometimes it seems so easy that humans will probably come to terms with the AIDS virus over a long period. In monkeys it is possible to study why the virus does not make them ill, whether it is a feature of the virus or the monkey, or both.”

“We might find that the virus has a gene which inhibits its growth. If we find the reason, it might help us to develop a vaccine or a method of slowing down human resistance.”
Sher calls for 'war' on AIDS

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

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

In SA there were 163 cases — the majority males — and 69% of those who contracted the disease died.

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

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

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

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

The centres will be set up in Cape Town, Durban, Bloemfontein and Port Elizabeth.
Resistant strains found to Aids drug

Own Correspondent

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

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

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

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

HEALTH GUIDE

patients

taking care of

Vital Period in

AIDS
AIDS in SA: 209 diagnosed

JOHANNESBURG — A total of 209 cases of AIDS have been diagnosed in South Africa since 1982. The latest figures released by the AIDS Information Centre in Johannesburg indicate that 133 of these cases were South Africans, while 26 were citizens from neighboring and foreign countries, SABC radio news reports.

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

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

Most of the AIDS patients were in the age group 30 to 50 years.

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

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

— Sapa
Diplomat ordered out

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

6 Arab protesters killed

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

New political party

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

R5m for Aids campaign

JOHANNESBURG. — The Department of National Health and Population Development plans to spend R5-million on an AIDS awareness campaign which will include the establishment of advisory centres in larger cities. The department said in a memorandum on its budget that AIDS was spreading rapidly among all races and sexes. The economic implications of this for the country were enormous.
SHOCK greeted the announcement last Friday that "several" people had been diagnosed as Aids sufferers in Venda.

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

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

**Alarm**

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

Several people spoke to *Sowetan* after the speech and expressed alarm that the existence of the disease in the area had not been disclosed before. Most of the people wanted to know the regions where the patients come from and where those patients were now.

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

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

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

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

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

He managed to approach Aids sufferer Oscar Licea, 23, who told him: "I have been here 18 months. It is like a prison. But we are allowed to have sexual intercourse amongst ourselves on condition there are no pregnancies."

"UNJUST"

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

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

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

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

LISBON. — Guinea-Bissau will stage a four-year anti-Aids pilot programme costing more than $8 million, the Portuguese news agency, Lusa, has reported.

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

The $8-million intended for use before 1993 would be spent mainly on boosting supplies of condoms, compiling data on the extent of the Aids epidemic and reducing transmission by sexual contact and by pregnant women to unborn children, the agency reported.

Health experts in Bissau estimate that between five and eight percent of the country's almost one million inhabitants are carriers of mainly the HIV-2 Aids virus, but only 50 people are now being treated.

Carriers

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

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

Aids is a viral disease that attacks the body's natural defences against illness, usually resulting in death. The virus is spread through sexual contact and through the exchange of body fluids. — Sapa-AP.
DAR ES SALAAM, Tanzania. — More than half of Tanzania's 4,158 AIDS victims have died, and prostitution has been primarily responsible for the virus's spread in this East African nation, government-run Radio Tanzania reported yesterday.
Few Aids patients receiving AZT drug

Medical Reporter

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

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

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

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

The cost of the treatment, says the department, is about R1 800 a patient a month. If Aids patients were in hospital for just over five months, this would mean a cost of about R60 800 for AZT and hospitalisation alone.

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

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

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

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

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

SOWETAN
THURSDAY, MARCH 30, 1989

[Image: Newspaper page with text and images relating to AIDS and drug reporting.]

[Text: "AIDS DRUG ONLY A FEW GET"]

[Further content not legible due to image quality and rotation.]
Fear of mass AIDS disaster

By SOPHIE TEMBA

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

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

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

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

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

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

- Private organisations have become involved in positive activities to observe the disease and set up educational programmes. For instance, the Chamber of Mines has provided a counselling centre.
- Legislation for the control of infectious diseases is being considered.
- There are plans to institute laws to prevent the entry of HIV-positive immigrants and employees.
- On the outbreak of the disease in South Africa, the government has taken steps to inform the public, and to keep them informed.
- The government has also taken steps to set up a national AIDS information and training centre.

In a paper presented to a seminar on AIDS this week, the guest speakers included the head of the AIDS Information and Training Centre, Dr Ruben Sher.

In a paper presented to the seminar, Dr Sher said although the full scale and geographic distribution of the HIV virus in Africa was unknown, reports claimed that up to December last year a total of 132,976 AIDS cases had been reported to the World Health Organisation - of which 20,905 were from Africa.

The highest incidence in Africa is in Uganda, where 5508 cases have already been reported.

African countries closest to South Africa with the highest number of reported AIDS cases are Zambia with 10,566, Zimbabwe with 119 cases and Tanzania with 3055 cases.

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

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

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

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

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

Most of the cases occurred in the Americas and Europe.
Aids victims turn away from hospitals

Medical Reporter

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

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

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

A study at Lausanne hospitals has revealed a marked switch from in-patient to out-patient services. The study showed that while the number of Aids cases was doubling annually, the average number of days spent in hospital per patient was falling and the number of out-patient consultations soaring.
Aids kills 2 women in Natal

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

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

She was aged 24 and was from the Durban area.

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

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

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

"Although she definitely has AIDS, she is not ill at the moment," he said.

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

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

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

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

**Experimental stage**

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

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

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

There are "at least 20 advanced Aids sufferers based in Johannesburg who should be on it," said Dr Miller.

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

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

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

Treatment, says the Health Department, costs a patient about R1 800 a month. If an Aids patient was in hospital for just over five months, this would mean a cost of about R60 000 for AZT and hospital fees.

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

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

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

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

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

She was aged 24 and from the Durban area.

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

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

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

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

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

But he said it was still too early to make comparisons with other provinces to see whether the situation was more serious here.
Aids kills 2 Natal women

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

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

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

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

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

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

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

The blood transfusion service says it has to throw away 19 percent of blood donated by first-time donors because of hepatitis, syphilis and HIV-related viruses.

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

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

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

At a special seminar on AIDS last month, the Deputy Health Minister, Dr Swidun Monhe-shora, said AIDS was increasing in proportion to the increase in other sexually transmitted diseases, which had gone up from 103,000 reported cases in 1994 to 971,000 last year.

Zimbabwe, he said, had a sophisticated blood transfusion service and was one of the first countries to carry out internationally accepted tests for the AIDS virus.
PAC president, wife granted passports

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

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

Mothopeng, who was released from jail last November, said he would travel to Britain and the US at dates still to be decided on by the family.

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

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

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

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

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

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

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

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

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

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

Dispute over cricketer’s luxury car

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

Jennings is suing the motor dealers for R5 000 repairs done on the 280SL Mercedes-Benz immediately after the sale in May 1993. He is also asking for interest and costs.

He claims House of Sports Cars undertook to pay for the correction of any defects to the vehicle after it had undergone an AA inspection.

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

They deny they were under any obligation to pay for anything else.

The case continues today.
'Wonder' disinfectant ready for SA market

By Toni Younghusband Medical Reporter

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

Developed in Britain, the disinfectant acts against all 17 virus families and has been hailed as a major breakthrough.

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

He said many of the substances used to disinfect hospitals irritated the skin, eyes or lungs of the employees and patients. The new disinfectant had no side effects. It would be introduced to hospitals, doctors and dentists before being sold to the consumer.
Aids campaigns 'not successful'  

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

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

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

Natal doctors are fighting an uphill battle in trying to keep control over black Aids patients as the disease continues to spread in the black heterosexual community at an alarming rate, delegates at the MASA Indaba in Maritzburg were told yesterday. — Sapa.
R5m aside for Aids steps

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

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

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

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

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

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

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

The SAIMR personnel expressed pleasure at the attendance.

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

A sangoma gives a dance.
on AIDS issue

It was hoped the weekend centre would foster cooperation between doctors, traditional and orthodox.

Religious and political leaders would have to be involved in AIDS education and training.

Meanwhile, Dr. John Grover, head of the AIDS awareness campaign, said there were still many people who did not understand the disease and were unable to access the information they needed.

He said the new approach would involve working closely with local communities to ensure that people knew what to do if they suspected they had AIDS.

And John Grover said traditional healers could play a vital role in spreading awareness and providing support to those affected by the disease.

He added that there was a need for more research into how traditional practices could be used to help people living with HIV and AIDS.

"We need to work with traditional leaders to ensure that people understand the importance of early detection and access to treatment," he said.

Zungu said he was confident that the new approach would work and that people would begin to see a real improvement in their health and well-being.

He added that he was delighted with the response from traditional leaders who had been quick to support the initiative.

"I think we have a real chance of making a difference," he said.

And Grover said he was optimistic about the future.

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He added that he was confident that the new approach would work and that people would begin to see a real improvement in their health and well-being.
Sangomas to join fight against Aids

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

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

Mr Zungu said the sangomas had not yet treated anyone that had been positively diagnosed as having AIDS, but they were being alerted to the symptoms for possible referral to orthodox doctors.
The South African Medical and Dental Council has drawn up ethical guidelines for doctors on the treatment of Aids patients.

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

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

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

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

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

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

Doctors who discover their patients have Aids have a duty to discuss the issue with the patient.
PRETORIA - The rising incidence of AIDS would soon have major financial implications for insurance companies and medical aid schemes. Unisa law professor SAS Strauss said here at the weekend.

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

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

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

"On employment, Strauss said it was highly unlikely a court would uphold the right of an employer to fire an employee merely on the grounds that he was diagnosed as suffering from an incurable disease which could not be communicated to fellow employees in the work situation.

However, a very real concern for AIDS patients was the discrimination and fear within medical facilities themselves.

In SA there was no absolute duty on the part of hospital authorities, state or private, to admit patients.
SAN GOMAS CAN HELP AIDS VICTIMS, SAYS SHEPHERD.

According to a study published in the British Medical Journal, the disease is not only prevalent in Africa, but also in Europe. The study highlights the need for increased awareness and education to combat the spread of AIDS.

In the United States, efforts are being made to increase funding for AIDS research and treatment. The government has allocated a significant portion of its budget to support these initiatives.

AIDS is a complex issue that affects not only individuals, but entire communities. It is crucial that we continue to support research and treatment efforts to find a cure and improve the lives of those affected by this disease.
OVER 60% of the 209 identified cases of Aids in South Africa had already died by March 6 this year. Mr Sam Bloomberg (NP Bezuidenhout) said yesterday.

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

Mr Bloomberg said that of the 209 Aids cases, 28 originally came from other African countries. 28 cases had been heterosexually transmitted, 10 were from transfusions, and 133 cases involved white homosexual or bisexual men.
Tribal healers? Or...
Refusal to treat Aids 'probably not actionable'

Pretoria Correspondent (2/5)

Aids patients who are refused admission to South African hospitals would probably not succeed in taking legal action against a hospital.

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

Professor Strauss said State and private hospitals had no obligation to admit patients. Except in emergency cases, where life-saving action had to be taken immediately, a refusal to admit a patient could not be attacked in a court of law on grounds such as bias, gross irregularity or capriciousness.

It would be difficult to prove that hospitalisation would have saved or prolonged life. Professor Strauss also said the fact that a health worker had a particular illness did not mean he should stop work.

Effective measures to prevent infection could be taken.

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

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

AIDS Policy Warns Sanlam Time Companies Decided on

SANLAM has decided to stop funding companies that fund AIDS-related research while the company is still funding AIDS-related research. The move is designed to help reduce the spread of the disease in South Africa.

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Prophecy of monogamy... Killer AIDS with education.

NEWS

Saturday, May 27, 1989
SA HAD recorded 226 cases of AIDS as at the middle of April, the Advisory Group on AIDS said.
Of the 200 cases that were South Africans, only 65 were still alive, it added.
The majority of these cases were from the Transvaal (120), 37 in Natal, 33 in the Cape and 10 in the Free State. Of 108 cases in Johannesburg, only 66 were stillalive, the group said.
Of the 200 cases, 51 fell into the 30-39 age bracket, 32 into the 20-29 bracket, 23 into the 40-49 bracket, six in the age group up to nine years old and 80-69 bracket and three in the 10-19 bracket. However, 69 cases fell into unknown age brackets.
Of the non-South African cases found in SA, the majority were heterosexual and male.
Three were from Malawi, eight from Zambia, two from Holland and one each from Zaire, Haiti, Canada, Brazil, Kenya and Austria. Of the 26, nine have died.
Aids dead linked to Cape sex ring

CAPE TOWN — Two men who died of Aids have been linked by the police to the sex ring that was uncovered in the Cape Peninsula late last month.

A total of 25 children, between the ages of 12 and 17, are allegedly involved.

One of the 13 men already arrested by the police has an estimated 300 counts of sexual abuse against him.

A police liaison officer in Pretoria, Lieutenant Robbie Olivier, said that a 41-year-old white man, who died on October 24 last year in the Somerset Hospital in Green Point, was positively identified in affidavits obtained by the police in April, as an alleged member of the sex network exposed by the Child Protection Unit.

Before his death he allegedly had sexual contact on several occasions with several persons, especially young boys, within a sex network.

"Should the police be, or become aware, that the person has had sexual contact with any members of the sex circle or network and such member is or was, without any doubt, an Aids carrier, the police will inform such person and will emphasise the urgency of medical tests," Lieutenant Olivier said.

But he added: "It cannot be confirmed that any of the boys have been tested for Aids, either on their own initiative or as a result of having been advised to do so by the police," Lieutenant Olivier said. — Sapa.
Virus victims ‘prone to TB’

GENEVA. — The World Health Organisation has issued a warning that many countries, particularly in the Third World, will face growing health-care problems because the estimated five million people infected with the Aids virus are highly prone to infectious pulmonary tuberculosis.

About eight to 10 million people in the Third World develop clinical TB and three million die each year of the disease, though it is curable, said a WHO statement. It said about half the close contacts of an infectious TB patient will become infected themselves.

The WHO said about 30 to 60% of adults in developing countries are infected with the tubercle bacillus. The bacillus is transmitted by air through the coughing of patients.

This bacillus is “more infectious than other infections associated with Aids and is therefore of additional concern to the general population”, said the five-page “statement on Aids and Tuberculosis”.

The statement said people with both infections have an increased risk of developing clinical TB and further transmitting the tubercle bacillus. — Sapa-AP
African nations fail to report new Aids cases

The Star's Foreign News Service

GENEVA — World Health Organization (WHO) officials are worrying that failure by African countries, including South Africa, to send in updated reports on Aids may give the public a wrong impression about the real spread of the disease.

"Our monthly statistical reports do not show the true picture because only the advanced nations send us regular new situation accountings," one executive explained.

The WHO global Aids tabulation for April 30 showed a world total by that date of 151,790 known cases cumulative since the disease first appeared in 1979.

SA LAGGING

The figure represented an increase of 5,221 cases or 3.56 percent during April.

"But the increase was certainly much higher and the world total is at least twice as high," the WHO official said.

"We simply are not getting sufficiently regular or complete reports from many parts of the world and especially from Africa," he said.

The US's latest report to WHO's Aids Centre was dated on April 13. It showed a rise during the previous month of 2,945 cases to a total 89,501 or 59 percent of the world total. The US increase was also more than half the new reported cases.

But that was all but meaningless in view of the age of most of the reports from the badly affected African nations.

South Africa was also behind in its reporting to WHO, with its 195 cases dating back to January 17.

Burundi's 1,408 cases dated back to June 30 last year. Tanzania last reported on December 31 with 4,188 cases. The 5,960 cases in Uganda were reported to WHO on October 31. Zambia last reported on December 31 (1,296) and Zimbabwe was an entire year behind, with its 119 cases reported on April 30 1989.

Kenya's 2,732 cases were at June 30 last year and Malawi's 2,586 cases were reported on the same date.

"This means that the tabulation gives at best a distorted picture of the real situation," a WHO official said.
Link to child sex ring in city
Child-sex ring
— urgent talks

(Contd from page 1)

the police because they know the names of the contacts.

"We can't get in the middle of the process of justice either. Thirteen men are being prosecuted in Cape Town.

"Once the police feel safe in their prosecution and that their witnesses will be available, the medical aspect becomes paramount.

"Those people could be infected and infecting others.

"They should be approached and counselled by people trained in psychology, medicine and social work. They should be advised to be tested and to change their behaviour."

Dr Spracklen said sexually transmitted diseases should always be raised and excluded in cases of sexual abuse or rape.

He called for the Aids Foundation to be used as a co-ordinating body in tracing contacts, which should be done in conjunction with an education campaign.

Gold $377.90

GOLD opened at $377.90 an ounce in London today, against $377.88 at the New York close last night. The US dollar opened at 134.42 yen in Tokyo, against yesterday's 135 close.

— Business Staff.

● See page 15.

Killer to die in chair

GREENWOOD (South Carolina). — James Wilson, who killed two children and wounded nine other people in a shooting rampage at a school here in September last year, has been sentenced to die in the electric chair. — Sapa-AP.
Sex ring A
Urgent talk

A SENIOR official in the Department of National Health in Pretoria is holding urgent talks today with Cape Town medical officer of health Dr Michael Popkiss on a strategy for tracing the contacts of a member of a child-sex ring who died of Aids.

Minister of National Health Dr Willie van Niekerk today expressed concern about the possible infection of people involved in the sex ring.

He said Dr J J Lombard, director of medical services, would hold talks with Dr Popkiss today "regarding the tracing of possible contacts of the person who died of Aids".

Professor J Metz, chairman of the national Aids advisory group, had also been asked to make urgent recommendations "regarding this and similar cases".

Second man

Police confirmed today that a second man involved in the child-sex ring died last year, but said they could not identify him or confirm whether he had died of Aids.

This was disclosed after a shock discovery that a man who died in Somerset Hospital during October last year, 41-year-old Mr Johannes Kivitz of Sea Point, might have had the deadly disease.

Police are trying to get in touch with everyone who may have been involved in the sex ring to inform them of the possibility that they could have Aids.

A spokesman in Pretoria said police appealed to everyone who might have been involved to have a medical check.

"We cannot force a person to have Aids tests — all we can do is suggest to a person we suspect could have had sexual contacts with a victim that he should go for a check," the spokesman said.

Mr Kivitz was positively identified in affidavits obtained by the officers investigating the activities in the child-sex ring, the spokesman said.

Reports about the second man were unconfirmed, however, and police could not say whether he had died from Aids.

Network

"A 41-year-old man who died on October 24 in Somerset Hospital was positively identified in affidavits obtained by police in April as an alleged member of the sex network exposed by the Child Protection Unit in the Cape Peninsula recently," the spokesman said.

"Before his death, he allegedly had sexual contact on several occasions with several persons — especially young boys — within the sex network.

"The deceased was never interviewed by police prior to his death and the police cannot verify the cause of the deceased's death.

Dr Frank Spracklen, a member of the national Aids advisory group, said it was part of the normal counselling procedure of those who tested positive for the Aids antibodies to advise them to tell their sexual partners and for these people to be counselled and tested.

With the permission of the Aids victim, the medical doctor, dentist and health care workers in contact with the infected person should also be informed.

Those involved with the child-sex ring should be handled with extreme sensitivity, said Dr Spracklen.

"This has never happened before and we have no previous guidelines to handle this situation. It will have to begin with

(Turn to page 3, col 1)
Responsible

Publications report that AIDS cases are increasing in the United States. The number of cases is growing rapidly, and the disease is spreading to new areas. The Centers for Disease Control and Prevention (CDC) have issued new guidelines for the prevention of AIDS. These guidelines recommend that people who are at risk of contracting the disease should be tested regularly. The CDC also recommends that people who have had sex with someone who has AIDS should be tested for the disease. The CDC advises that people who are infected with the AIDS virus should be treated as early as possible to prevent the disease from spreading. The CDC recommends that people who are infected with the AIDS virus should be treated as early as possible to prevent the disease from spreading. The CDC advises that people who are infected with the AIDS virus should be treated as early as possible to prevent the disease from spreading.
Sex ring HIV tests under way

Staff Reporters

ALL 11 known former child-sex contacts of Aids-death victim Mr Johannes Kivitz, 41, and the 13 men accused of being members of a sex ring have been contacted by the police child protection unit and urged to go for HIV testing.

According to Cape Town Medical Officer of Health, Dr Michael Popkiss, two teenagers had gone to the City Health Department for testing and counselling by late yesterday, while two more had made appointments for early next week.

The results of these first tests will be known by the middle of next week.

According to sources close to the completed police investigation, all 25 abused teenagers have agreed to undergo tests while lawyers for the accused men had undertaken to urge their clients to undergo tests “without prejudice”.

The critical task now was to monitor and ensure that ring members fulfilled their undertakings so that the process of Aids exclusion could begin, a source said.

A spokesman for Dr Willie van Niekerk, Minister of Health and Population Development, said that if any member of the group tested positive, the local health authority and his department would “immediately follow up”.

Dr Popkiss said the last of the men known to be implicated in the controversy had been traced to Johannesburg. The man had contacted him by telephone to say he had been tested twice since Mr Kivitz died. Both tests had proved “negative”.

Police spokesman Lt Attie Laubscher said this man had agreed to undergo a further test.

Dr Popkiss said several of the ring members were consulting private doctors but that “anyone can come to us with pleasure”. He emphasised that all information would be treated with “extreme confidentiality”.

Anyone wanting to make an appointment should phone 210 2184 or visit the Chapel Street Clinic in Woodstock.
SA not lax about AIDS, says Sheer.

SA doesn't update its reports - Swiss official
DANNA GAMES

Black's Targeted in AIDS Campaign

NEWS FOCUS
R50 000 backing for specialised Aids service

By SHARON SOROUR
Tygerberg Bureau

AIDS was a threat to the life insurance industry and while there was no cure, educating the community remained the only effective means of curbing it, said Sanlam general manager Mr Desmond Smith.

Announcing a R50 000 sponsorship for a Planned Parenthood Association project to establish the Sanlam Aids Media Resource Centre, Mr Smith said:

“Aids is a real threat to the life insurance industry, and besides introducing measures to protect current and future policy-owners regarding policy payments, Sanlam has launched a nationwide campaign to encourage and assist its corporate clients in developing a coherent management policy on Aids in the workplace.”

The PPA Centre will publish new educational material on Aids prevention and maintain an extensive library which will be open to all. It will also collect and distribute literature on Aids issued by health authorities, business and large employers.

There was a need for factual information about Aids and scare tactics had the negative effect of leading to risk-taking behaviour, according to Mrs Erica Greathead, regional PPA director.

The public was misinformed about Aids and the average South African did not acknowledge the risk level of contracting the disease.

“People do not know the difference between HIV, which is the virus, Aids-related complex (ARC), when a person shows some sign of Aids but is not debilitated, and full-blown Aids,” she said.
Mowbray Aids centre to open

AN Aids Media Resource Centre is to be opened in Mowbray tomorrow by the Vice-Chancellor of the University of Cape Town, Dr Stuart Saunders.

The "Planned Parenthood Association" yesterday accepted a cheque for R50,000 from Sanlam, for the establishment of the centre.

The money will be used to educate teachers as well as to put out a quarterly newsletter to educate people about the disastrous effects of Aids. This newsletter will be distributed at schools, universities and factories.

The Regional Director of PPA, Mrs Erica Greathead, is greatly concerned about the lack of education.

"The SABC says in one of its own programmes that 65% of the black adult population is illiterate, but still will not allow condom advertisements on television. The only way illiterate people can be taught is through pictures," she said.

The Western Cape Chairman of the PPA, Professor Herman de Groot, said: "There is an enormous reservoir of potential Aids victims that we don't even know about."
AIDS virus mutates to identify in SA

BY KAREN STANDBERG

The Argus, Thursday May 16 1989

NATIONAL

The Argus, Thursday May 16 1989

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Chamber study on sanctions 'invalid'

The Chamber of Mines sanctions study, which found that more than 80% of black South Africans opposed sanctions and disinvestment, was invalidated by the fact that only inappropriate "either/or" questions were asked, Community Agency for Social Enquiry (Cape) director Mark Orkin said.

Orkin said - Case has done a number of surveys on the subject - the findings of the chamber's Gallup poll only served to confirm previous ones which had also excluded the intermediate option of conditional disinvestment.

The conditional option had achieved majority support among blacks in a 1997 Case survey. Conditional disinvestment had received 44% support in a poll conducted by Professor Lawrence Schlemmer in 1994. This option also expressed sanctions policies of major union and church organisations.

Orkin said: "Denying respondents this choice forces their answers into categories to which they do not belong."

He defined conditional disinvestment as meaning that foreign firms should not be allowed to operate in SA unless they met requirements such as good working conditions, union recognition and actively pressurised government to end apartheid.

Conditional sanctions were those of the comprehensive or selective variety which supporters believed should be lifted once certain steps - such as ending the emergency and unbanning organisations - had been met by government.

This distortion was worsened by the chamber survey's use of "leading" introductory questions. These questions would put respondents into a frame of mind which would make subsequent surveys of foreign pressure seem contradictory.

Financial bodies warn on official spending

RESTRICTIVE measures taken earlier this month to curb domestic spending and imports will succeed in cooling the economy only if government spending is held in check, financial institutions say.

They have welcomed the moves of May 5 in slowing the pace of money supply growth and credit creation, but warn a slowdown hinges on government spending.

Standard Bank in its latest review says the package has the influence to damp the "profoundly optimistic mood" which previously prevailed.

This could be the package's most important benefit, because a slowdown in nominal growth has far less painful consequences for the real economy if it is widely anticipated, the review says.

However, the ultimate deciding factors over whether a recession later this year and in 1990 can be avoided, will be whether government spending can be checked, if the gold price recovers, and whether foreign capital inflows occur.

"If none of these happens, there would be little choice but to go for austerity and very low domestic expenditure next year."

First National Bank (FNB) says in its April edition of SA Perspective that the general election promises continuing high government spending.

Realities

"The government's wish to maintain economic growth momentum for political reasons cannot be underestimated."

These realities are likely to support a continuing buoyancy in most sectors of the economy, through to at least the third quarter, FNB says.

"While the interest-rate sensitive sectors continue to give the impression of easing, especially the property market and furniture, it is as yet not a trend."

Sanlam in its latest economic survey notes that a marked drop in car sales in comparison with a year ago and a noticeable deceleration in the growth rate of real retail sales are signs that the economy is "cooling down". Other indicators of a slowing down were the drop in the volume of merchandise import and a more sluggish rate of increase in manufacturing production.

However, the level of general economic activity remained high owing to substantial wages and salary adjustments, the continued high inflation expectations and the sustained favourable state of consumer and business confidence, it was possible that expenditure would continue to grow at a rate that would place excessive demands on the balance of payments.

Sanlam said it believed the next recession could be bringing about the necessary cooling down of the economy - provided it was supported by strict discipline as regards government spending.

Given the low levels of foreign reserves, it is clear that on the whole, the balance of payments will continue to be a problem area.

Sanlam estimated that the current recession would achieve a surplus of roughly R3bn this year, but most of these funds would have to be used for the repayment of foreign loans.

AIDS has become triple threat for WHO

GENEVA - More than five million new cases of AIDS may develop between 1990 and the year 2000, according to estimates published by the UN World Health Organisation (WHO).

The American Director of WHO's Global Programme on AIDS Dr Joanne Maim said the cumulative total of people infected with the HIV virus may increase to three or four times its present estimated total of between five- and 10-million.

The current reported number of AIDS cases is 151,000, but WHO says the real figure is nearer 350,000.

These projections served as a warning that the AIDS pandemic has not plateaued or peaked, Maim said.

Most scientists agreed that a vaccine would not be available before the mid 1990's, and health and social services throughout the world would therefore need to strengthen their capabilities to respond to this projected increase in AIDS cases, he said.

WHO added that 50,000 new cases of AIDS to occur in the period from now to 1991, from people already infected with the virus.

Court gives lawful label to Mooi River toll road

OWN CORRESPONDENT

MARITZBURG - The operation of the Mooi River toll road between the Ceder and Frees interchanges by Telcon has been declared lawful in a reserved judgment handed down in the Supreme Court last week by Mr Justice Coetzen.

The judgment follows an application in March this year by the Public Carriers Association, Bultrans, Cargo Carriers, Tanker Carriers and Maisha Carriers challenging the legality of the toll road and the operation of the Mooi River toll plaza and levying of tolls by Telcon.

Wimpey slated for Report sought on ConsGold plan
First drug abuser with Aids detected

Medical Reporter
The first case of Aids in an intravenous drug abuser has been detected in South Africa, Professor Barry Schoub, director of the Medical Research Council's Aids Research Unit, said yesterday.

Professor Schoub said this was of great concern to local health authorities as studies in the United States had shown that the disease spread very quickly in the intravenous drug abuse community.

Intravenous drug abusers often share the same needles, drawing a small amount of their own blood into the needle then mixing it with the drug before injecting it back into themselves. This needle is then passed on to the next person and quantities of contaminated blood with it.

The Aids virus is also contracted through sexual contact and from a mother to her unborn child during pregnancy.

Professor Schoub said there had also been a disquieting increase in the spread of the disease among heterosexuals, particularly black women, of whom there were slightly more Aids cases than among men.

Heterosexual spread had also been detected in the white population. The disease previously followed a homosexual pattern.

More than 200 Aids cases have been identified in South Africa so far.
FIGURES on AIDS cases in SA revealed a disquieting increase among heterosexuals, the Medical Research Council’s Virus Research Unit director Professor Barry Schoub said yesterday.

Speaking at a press conference in Johannesburg where the MRC’s annual report was delivered, he said the number of reported female cases increased considerably in the first six months of last year. One source of incidence was through blood samples.

Prevalence

The heterosexual spread was still, at this stage, mainly in the black community.

Schoub said there were no HIV-positive blacks attending sexually-transmitted disease clinics last year. This year there was a 1.14% and 0.87% prevalence among black female and male attenders respectively by April.

Similarly, among black female attenders of family planning clinics, 0.40% were positive.

He said a further complication in monitoring the heterosexual epidemic was detecting HIV-2 infection, which differed from HIV-1 and was not necessarily detected by tests for the latter.

He said HIV-2 was first found in a black person who had never been further north than southern Mozambique and had died of AIDS, followed by a combined HIV-1 and HIV-2 infection in a black blood donor whose only contact outside SA was in Botswana.

Preliminary studies indicated the HIV-2 virus had a likely incubation period of up to 14 years, compared with HIV-1’s five-to-10 year incubation period.

He said although a link between the HIV virus and a virus (SIV) from vervet monkeys had still to be made positively, studies of this in monkeys was of great importance as animal models for the human virus.

Diagnosis

Of special importance was the fact that infected monkeys did not appear to develop AIDS, which showed that the virus had adapted to its host.

He said the MRC AIDS unit served as the national reference centre for laboratory diagnosis of HIV, particularly for problem specimens sent for confirmatory diagnosis.

The unit continually investigated alternative screening tests for AIDS hoping to improve sensitivity, specificity, low-cost and ease of interpretation.
The 'Aids' crisis has nothing to do with a virus. It has to do with social conditions.

American Aids expert Denis Kajier, last week's 10th World AIDS Conference, talks to Diana Wurth about the politics of confronting this deadly epidemic.

Q: What are the differences involved in treating AIDS in an urban vs. rural community where other problems seem to be so much more pressing?

A: Health care is a political issue in all societies. When people ask about AIDS, the answer is always the same: It comes from the virus. But all epidemics are socially conditioned. Epidemics are, by definition, a sudden spread of a new virus agent through the population because the population has no barriers to its spread.

The explosive growth of AIDS in Africa has to do with the virus. But it has to do with the fact that society has its barriers to its spread.

The Aids epidemic in South Africa is clearly political. You have to look at the institutions that contribute to the Aids epidemic and also at the institutions that may be required to end it.

It is important that so many responses to AIDS worldwide have been dominated by narrowly defined medical models. In South Africa you have an opportunity to talk about AIDS less in terms of a disease and management terms.

It is a phenomenon that is preventable and with a cure. That is a very different context from other epidemic situations like tuberculosis.

They have been around for a long time and one has looked at campaigns for their prevention in ways that raise the general awareness of their existence. In the past we haven't usually organized political critiques around an epidemic.

Q: An effective campaign against AIDS would have to confront other social problems. But could an issue that appears to be a health issue also be a political issue that involves AIDS? How do you do something about the AIDS virus as a political issue?

A: I think my group would have to try and organize a political critique that addressed the issue of the interests of the groups that are affected by AIDS. The dominant rhetoric is not necessarily the one that is related to the AIDS epidemic.

For every health issue, there are people who are trained to be led by the people who are affected by the problem. They are not used to showing those people where they should go.

If the health organization has no real power, if they have not been trained in how to do that.

In the case of Nanda, there seem to be too few people having to do to with an epidemic. That is going to be difficult with a virus that is not caused by the social context.

Q: A widespread epidemic where people have no control over their health care. Is that going to be a problem?

A: That is the problem. The epidemic is spreading in a way that can be understood by those who are affected by it. This is what works in our situation.

People are being told by health professionals about the virus. They are not being told by health professionals about other options.

Mrs. D. Edwards is the Director of the National Institute of Health AIDS Council in the USA, a program of support for black and Hispanic people with AIDS.

I would say there is a lack of emphasis on prevention. Leadership has to be leadership for everyone. And I'm concerned that people have not done it in a way that they have not been able to work on this issue other than leadership.

The government has to have to answer to someone else. Here there is no equal structure that says we're claiming as much of this issue as you. We're going to too with you every step of the way.

That would put each group to a partnership - of a kind - with the government. And clearly people feel very disappointed at that.

Q: Can AIDS education really work before people have any control over the disease and the epidemic?

A: Yes it can. You have to organize people with the sense that there can be some positive impact on their lives, especially with so many other things.

People must have a sense that there is a victory to be won.

Initially we had difficulty trying to articulate a vision of such a victory, mainly because there was no support and fear surrounding AIDS.

That has happened in South Africa, yet you have an opportunity to avoid something that you can actually be accountable for. Sexual behavior.

When people are engaging in the epidemic, they don't want to have to sacrifice in sex. It has been one of the few remaining places of privacy, where sex is not stigmatized.

Q: In the USA, how have you struck a balance between the need for urgent and higher profile campaigning and the lower work needed to achieve?

A: We have recognized the need for an "inside" game and an "outside" game. The inside game is about empowering people in oppressed communities. The inside game is about empowering people by giving them a voice. The outside game is about them being overwhelmed and being used, with the few resources we have.

This is what works in our situation.

People here will obviously have a better sensitivity and understanding of your issues.

But I will say that seems that while people are clear about the outside process, they are not so clear. I think the AIDS epidemic is a wake-up call for the world, but certainly for southern Africa. All the questions like scapegoat, power, development and more closely not together but the presence of an epidemic is a virus is viral as this one.
Candles lit in memory of city victims

By MEG BRITS

FORTY CANDLES were lit yesterday in memory of those who have died of AIDS in the Cape Town area during a memorial service held at St George's Cathedral.

About 300 people attended the service, held to "honour the dead and support the living" in the battle against the deadly disease.

The candles were lit by a member of the Gay Association of South Africa (Gasa) counselling service, which organised the memorial. This was accompanied by the singing of the spiritual hymn "Swing Low, Sweet Chariot".

Prayers in Arabic, Hebrew and English concluded the service.

Earlier the congregation heard the personal testimony of 27-year-old AIDS victim, Peter, who, quoting from the book of Psalms, said he was like the writer who had become "an object of scorn and of fear to his friends".

He and a friend have, however, started a house where people tested positive for AIDS can live and even those who are ill can lead "useful, positive lives". There are seven residents at present.

Peter said he had been a hotelier, with a good job, who had travelled and lived life to the full. Six months before he was found to be HIV positive, he had decided to change his life, "to settle down and do something worthwhile."

He had gone to stay with a friend who was a priest and a hospital chaplain and spent most of his time helping with administration and visits to terminally ill patients, mostly victims of cancer.

While he was there, he had been tested for TB and decided to have an AIDS test at the same time. When the results proved positive, he said, he had been unable to accept his situation.

Counselling had helped, but two months later, when he became sick and realised he was a "full blown" AIDS victim, he had gone into a decline. It was then that he met a friend "who I believe God has put in my way to help me", and came up with the idea of starting the house.

The service in Cape Town yesterday was one of 127 held in cities of 32 countries which joined in the largest AIDS-related event yet organised.

This is the third time the city has participated in the International Candlelight Memorial, organised by the San Francisco-based Mobilisation Against AIDS.

The Gasa counselling service offers 24-hour information and counselling to AIDS victims, their friends and families. 

Picture — Page 2
AIDS threat to Eskimos

TORONTO — Aids has reached one of the North-West Territories, where the Eskimo community is threatened by the disease. Dr. Van Nisbus said the community in South Africa is isolated and the battle is not easy. The Eskimo community, which is isolated and relatively unattacked, is the main focus of the battle. Dr. Van Nisbus said that the public awareness campaign has not been sufficiently publicized. He did not say where the disease came from, and neither did a long series of people who he did not identify.
AIDS SERVICE: A member of the Gay Association of South Africa counselling services lights 40 candles during a memorial service in St George's Cathedral in memory of those who have died of AIDS in Cape Town. About 200 people attended the service yesterday.

Major State studies on spread of Aids

By BRUCE CAMERON 29/5/87

Political Staff

A NUMBER of major investigations are under way to establish the extent of the spread of AIDS in South Africa, the Minister of National Health, Dr Willie van Niekerk, said today.

At the moment it was estimated that at a low about 30 000 people would test HIV-positive with about 60 000 testing HIV-positive in the worst-case scenario.

Dr van Niekerk was commenting on reports that AIDS was spreading more quickly in South Africa than anyone thought.

In an interview Dr van Niekerk said: "There is cause for concern. We know it is changing from a homosexually transmitted disease to a heterosexual disease.

"Secondly, among antenatal black cases HIV-positive cases in the PWV area increased fivefold from 1987 to the beginning of this year.

"We know of just over 2000 HIV-positive cases. If we extrapolate these figures we get a low of about 30 000 and a high of about 60 000."

Dr van Niekerk said a number of studies were being done by research bodies, which would give a clearer indication of the situation by the end of the year.

The government had put aside R55-million last year for the establishment of special clinics particularly because of the fear of the growth of the disease.

It was difficult to assess whether the government's anti-Aids campaign was having an effect.

People had definitely become more aware of the disease, he said.
ANALYSIS of data on Aids cases reported to the advisory group on Aids revealed an increase among heterosexuals, predominantly in the black community.

The director of the Aids Virus Research Unit of the Medical Research Council, Prof Barry Schoub, said at a news conference in Johannesburg that statistics gained from sexually transmitted disease clinics here had shown that between 0.6 percent and one percent of white males attending STD clinics during the last 18 months were HIV-positive.

This is in contrast with the 1.14 percent of black females and 0.87 percent of black males at STD clinics being tested HIV-positive.

Clinics

Similarly, among black female attendants of family planning clinics, 0.40 percent were positive.

Prof Schoub said as yet there was not enough knowledge about the Aids virus to be able to design an effective vaccine.

At the same news conference, the director of the Emergent Pathogen Research Unit of the MRC, Prof Hendrik Koornhof, said gastroenteritis, which manifests itself as acute diarrhoea, is the most common cause of death in developing countries.

Children

He said some 200 million people suffer from it on any given day, of the year, and approximately 5 million infants and children in developing countries die annually of diarrhoeal disease.

Among coloured and Black children in South Africa, gastroenteritis is also the leading cause of death, while other important intestinal infections in South Africa include typhoid fever, dysentry and cholera.
AIDS: crisis for SA has already begun

RECENT data on HIV positives in SA indicated the disease was spreading more rapidly than anyone had thought and economic projections on the cost of the disease to the country were already being revised, sources said yesterday.

They said that while no-one knew how many people would develop full-blown AIDS — if the country followed the same pattern as the rest of Africa — the crisis for SA had already begun.

Dr Jack van Niftrik, head of the Africa branch of the AIDS Policy Research Centre, said its latest statistics, from Frontline states were alarming.

He said in 1988, 0.004% of blood samples taken from donors in SA showed HIV positive among whites and coloureds, and 0.027 among blacks. In Zambia, in 1987, the figure was 35% and in Uganda 70%.

The centre's figures up to three months ago showed a 19% incidence of HIV positives from a Lusaka blood bank, 29% HIV positives at Lusaka's University Teaching Hospital VIP ward, 27% in the hospital's ICU, 20% of motor vehicle casualties and 24% from VD clinics.

The Blantyre blood bank in Malawi showed 29% HIV positives to date and 18% in Lilongwe, while VD clinics showed 54%.

Alan Whiteside, economics research fellow at the unit, said figures provided last year by Natal University's research unit on the cost of AIDS research were already being updated.

He said last year's figures from the unit, assuming a worst case scenario, projected the total cost of AIDS, including hospitalisation and treatment, would rise from R16m in 1988 to R278m in 1995.

The cost a case last year, from diagnosis to death, was between R16 000 and R35 000, while in the US this was much higher — from R40 000 to R167 000.
Workers exposed to HIV/AIDS risk.

Low Risk, of AIDS for

Workers 

by Karen Stanley

[Unreadable content]
AIDS time bomb for SA

Candles lit in memory of city victims

TALKS WITH BAKER PLEASE PIK

ANOTHER WP TRY...
Major probes into AIDS under way — Van Niekerk

CAPE TOWN — Major investigations are under way to establish the extent of the spread of AIDS in SA, Health Minister Dr Willie van Niekerk said yesterday.

It was estimated that a minimum of 30,000 people would test HIV-positive, with about 60,000 testing HIV-positive in the worse-case scenario.

Van Niekerk was commenting on reports that AIDS was spreading more quickly in SA than anyone thought.

In an interview, he said: "There is cause for concern. We know it is changing from a homosexually-transmitted disease to a heterosexual disease.

"Secondly, among ante-natal black cases, HIV-positive cases in the PWV area increased fivefold from 1987 to the beginning of the year."

"We know of just over 2,000 HIV-positive cases. If we extrapolate these figures we get a low of about 30,000 and a high of about 60,000."

Van Niekerk said a number of studies were being done by research bodies, which would give a clearer indication of the situation by the end of the year.

The government had put aside R5.5m last year for the establishment of special clinics, particularly because of the fear of the growth of the disease. — Sapa.
Govt concerned over spread of Aids in SA

Political Staff

CAPE TOWN — A number of major investigations are under way to establish the extent of the spread of Aids in South Africa, Minister of National Health Dr Willie van Niekerk said yesterday.

At the moment it was estimated that at a low about 30 000 people would test HIV-positive with about 60 000 testing HIV-positive in the worst-case scenario. Dr van Niekerk was commenting on reports that Aids was spreading more quickly than anyone thought.

In an interview Dr van Niekerk said: "There is cause for concern.

"We know it is changing from a homosexually transmitted disease to a heterosexual disease.

"Secondly, amongst ante-natal black cases, HIV-positive cases in the PWV area increased fivefold from 1987 to the beginning of 1989.

"We know of just over 2 000 HIV-positive cases. If we extrapolate these figures we get a low of about 39 000 and a high of about 60 000."

Dr van Niekerk said the Government had put aside R5.5 million last year for the establishment of special clinics.
alarm at sign of fast, virulent new AIDS strain

own correspondent

london. - AIDS specialists here are alarmed by evidence of a quick-acting and virulent new strain of the killer disease.

Doctors at the Charing Cross hospital are urgently investigating the case of a 35-year-old man who has developed full-blown AIDS just four months after becoming infected with the virus.

The disease usually takes several years to develop into the full clinical and always fatal condition.

But AIDS specialist Dr Kenneth McLean yesterday told a conference in Bordeaux in France that the case of the patient at Charing Cross hospital suggested that a strain of the disease was extremely virulent and could develop with great speed.

Dr McLean said the only previous cases of AIDS developing to the full-blown state with such speed involved patients who had been taking steroid drugs at the time of infection or who had received very large doses of the virus in blood transfusions.

He said the patient now being investigated was a homosexual who had been tested in July last year, when he was found to be clear.

But when he reported back to the hospital in November with a skin rash, the virus was found and two months later he developed AIDS-related sickness and the full disease quickly followed.

Another expert, Dr Charles Farthing, said he felt it was unlikely that a new virulent AIDS strain had evolved. He said he hoped it would be found that the patient was merely a "very vulnerable" person.
HEALTH & DISEASE - V.D.

1989

JUNE - JULY - DEC.
Tightening up

Insurers, fearing a growing number of Aids cases, are beginning to tighten restrictions.

Last month, Southern Life eliminated the industry-wide R200,000 threshold for exclusion clauses and began omitting Aids coverage from all new life insurance policies, unless the applicant submits to a blood test.

Sanlam kept a threshold but cut it. For people applying for term and certain other life insurance worth more than R100,000, Sanlam now requires a blood test unless the applicant forgoes Aids coverage.

Federated, however, has raised the threshold by R1,000, says Dave Goelst, assistant GM, life administration. This allows someone to apply for coverage of R200,000 (a round sum) without undergoing the test.

Others have made small adjustments to the rule adopted by insurers at a meeting of the Life Offices' Association last October. Under the rule, new policyholders with R200,000 or more in coverage are not covered for Aids without a negative blood test.

Some companies have limitation clauses instead of exclusion clauses. Rather than excluding Aids coverage on new policies, Commercial Union will limit the payout on Aids deaths to eight times the annual premium, no matter how high the coverage. At least one other is also considering changing its Aids policy. African Life said more than a year ago it would introduce Aids clauses for most new policies, then backed off. It's changing its mind again.

"We have had a rethink," says MD Bill Jack. "We'll probably do something, but with reluctance. In a normal life insurance policy the only exclusion is suicide. Why should you pick out Aids over any other disease?"

"But the potential growth in numbers scares us. If everybody else takes that route (tougher Aids rules) and you don't, all the people who have the disease come to you."

Only a few have died of Aids in SA — 115 by April 14, the latest figure available — but thousands are believed to be infected and the disease continues to spread rapidly.

However, the clauses don't protect insurers in the event of an epidemic because a new policyholder who's passed the blood test stays insured even if he later gets the disease.

"Companies are trying to protect themselves," says Douglas Keir, GM and actuary at Swiss SA Reinsurance, "from someone having a test, finding he's HIV positive, and going out to buy a lot of insurance."
Businesses ‘will be affected by Aids’

WITH most Aids victims aged in the economically active 30 to 40 age group, most businesses will be affected by the rapidly spreading disease, Sanlam marketing manager, Mr D G Krüger, said in Stellenbosch yesterday.

The symposium — aimed at encouraging employers to adopt Aids education as part of their corporate policy — was part of Sanlam’s drive to keep companies abreast with information about the killer disease.

If each employer contributed his share, the spread of the disease — which would claim 25% of every black generation and 7% of every non-black generation — could be contained, Mr Krüger said.

Pre-employment screening was not necessary because under normal circumstances there was no chance of an infected person passing the risk on to others, whatever their occupation, he said.

But Mr Krüger stressed that pre-Aids education was essential, given the emotional nature of the disease. “Communicating the facts in a logical manner once emotions have been aroused is not likely to have the desired effect,” he said.

If an employee became infected with the HIV virus, fear and prejudice among fellow workers could put pressure on employers to dismiss the victim who represented no threat and could continue to be economically useful for some time.

Assuming that the victim’s conduct, capability or attendance was not in question, there were no legal provisions which empowered employers to fire victims or compel employees to submit to random medical examinations, he said.

Employers should rather look at providing confidential counselling and education programmes.
Aids ‘to kill 32%’ of South Africans

By MONICA GRAFF

SOUTH AFRICA’s Aids epidemic is reaching such proportions that 25% of each black generation and 7% of each non-black generation will die of the disease, according to insurance projections made public yesterday.

Sanlam marketing manager Mr D G Krüger said that Aids projections were necessary for determining the cost of employee benefits like pensions and group life assurance as these depended on the general life expectancy and health of those covered.

Since South Africa’s first Aids diagnosis in 1982, the number of cases had almost doubled every year, placing the current HIV pool at 15 000 carriers.

The less common “Western” strain affecting the white, coloured and Indian, mostly homosexual and bisexual, populations would kill 9% of each male generation and 2% of each female generation.

Businesses will be affected by Aids — Page 3

PS back on Monday

John Scott’s famous PS column, past selections
Disease ‘could cause chaos in SA’

There is speculation that up to 40 percent of South Africa’s blacks could be dead or dying of AIDS by 1995, the Minister of National Health and Population Development, Dr Willie van Niekerk, said in Johannesburg last night.

"I don't want to take part in the guessing, but it would be foolish to ignore it," he said, delivering a lecture on AIDS.

Dr van Niekerk said AIDS had the potential to cause "chaos" in southern Africa. Fear of the disease could even stop or reverse the urbanisation process.

"AIDS has the potential to develop into the biggest catastrophe to affect mankind."

"It has the potential not only destroy the social and political structures, but to plunge the country into economic chaos."

He said there had been 31 AIDS cases reported this year, up to April 14.

In total, there have been 115 AIDS deaths in South Africa since AIDS was first diagnosed in the Republic in 1982. — Sapa.
Aids rumour led to factory strike threat

By KAREN STANDER, Medical Reporter

A MISTAKEN belief that an employee had AIDS led to the threat of a strike at a Cape Town clothing factory.

The problem was resolved last week by members of the Planned Parenthood Association (PPA) who gave a lecture on the disease and were able to show that the worker did not have AIDS.

Mrs Erica Greathead, regional director of the PPA, said the woman had the hepatitis B (yellow jaundice) virus in her bloodstream and not the AIDS virus.

Because she was illiterate, the employee had asked a neighbour to read her a letter notifying her of the condition. The neighbour had misunderstood and word had spread that the woman had AIDS.

“The employers explained the position but the firm’s employees were dubious. The employers consulted me and I suggested that we gave a lecture,” Greathead explained. “We talked to the entire staff for an hour and explained all about AIDS. The workers concerned got up and identified herself. People got a bit tearful and felt guilty, but they were satisfied.”

The workers’ fear and ignorance would have made the management’s task difficult, if not impossible.

“With 45 documented cases of AIDS in Cape Town and more than 4 500 potential carriers living and working in the city, this kind of situation is bound to increase.”

In co-operation with the Institute for Personnel Management, the PPA will present a one-day seminar on AIDS in the workplace on June 15. The venue will be at the PPA offices in Mowbray.

For more information contact Mrs Greathead at 065 3017.
$6 CITY SEX RING

Also threatened to black | State television also found it necessary to official.
Aids spreads fast among the heteros

Medical Reporter

The incidence of Aids infection among heterosexuals was increasing dramatically, but there had been a decline among homosexual males, delegates in Montreal, Canada, at the fifth international conference on Aids have heard.

A renowned sexologist told delegates that the sexual behaviour pattern of many heterosexuals put them equally at risk for contracting the Aids virus.

Extra-marital relations were more common than was believed — with infrequent use of condoms.

The Aids virus is transmitted through sexual contact, blood transfusions, intravenous drug abuse and from mother to unborn babies. About a third of infected women will transmit the virus to their unborn babies.

"The outlook for these afflicted infants is grim, with most dying within the first two years," said a South African delegate, Dr Dennis Sifris.

But he added that encouraging results had been seen with early treatment using zidovudine (AZT), which reduces infection rate and improves quality of life.

This is the only treatment against Aids at present.

Speakers called for greater government intervention.

"Aids is spreading at a phenomenal rate. Time is crucial if we are to prevent a major catastrophe," said Dr Sifris.
Spreading the risk

As Aids cases multiply worldwide, so do the ways insurance companies cope with the risk. A London insurance negotiator has developed what he calls the world’s first long-term reinsurance for Aids. Last week he was in SA marketing the product.

So far, Stephen Gray of Gray Reinsurance Negotiators has sold one treaty — worth £12bn — to a UK life assurer he won’t identify. It was placed with a consortium of 16 UK reinsurers, who took 90% of the risk.

Gray says he’s negotiating with two other UK insurers and two in Australia, and plans to approach the US market by year’s end. His proposal got a “mixed response” from SA reinsurers but “keen enthusiasm” from life offices.

The product is not confined to Aids though marketing focuses on it. The treaty covers all causes of death but is particularly useful in laying off risk for diseases “where there is a constant threat of a change in mortality rates.” Because it provides blanket cover, it eliminates problems caused by the fact that Aids is rarely listed on the death certificate because pneumonia or another complication is the direct cause of death.

Gray says that, while SA has few Aids cases, high incidence elsewhere in Africa complicates the picture for SA insurers.
**Employee relief**

Expatriates working for the 500 member companies of Employment Conditions Abroad, a UK information and advisory service, now have the benefit of an insurance policy specifically covering AIDS or HIV infection. Employees living abroad, who contract the disease, won't have to face a death sentence in a foreign country because of a shortage of finances.

The policy, devised by UK insurance broker Overseas Health & Medical Services (OHMS) and placed through Lloyd's, pays £25,000 to the employer to repatriate the victim and family. Another £25,000 goes to the infected individual, plus any unused part of the first payment.

OHMS is investigating a policy to cover UK public sector workers, such as police, firemen or ambulance personnel, who are exposed to the HIV virus or AIDS.
SA Aids care ‘as good as overseas’

MONTREAL — Two South African delegates at the Fifth International Conference on Aids held here said the quality of care and range of services offered in South Africa compared favourably with those offered at major centres overseas.

In a statement received yesterday, Dr Dennis Sifris, head of the HIV Clinic in Johannesburg who is attending the conference, said that in almost all respects South Africa’s treatment of Aids was on a par with that of the best offered overseas.

The only exception was the drug Zidovudine, which was freely available in major overseas centres, he added. “The drug has now proved to be the only effective therapy which increases survival time and quality of life for people with Aids,” he said.

Dr Sifris is accompanied by Professor Steve Millar, a clinical micro-biologist in private practice and a consultant at the Aids Clinic in Johannesburg.

Aids in the workplace featured prominently at the conference. Education campaigns have reduced fear and hysteria by reassuring people Aids cannot be contracted in the workplace. — Sapa

Fourth Aids death in Natal

DURBAN — Aids has claimed its fourth Natal victim this year.

Professor Dennis Pudifin of the University of Natal’s Medical School and a member of the National Aids Advisory Group confirmed that a white male had died at Addington Hospital last month.

The patient was diagnosed as suffering from the Aids virus as long ago as 1985. All four Natal deaths have occurred in the past two months.
New hope of an Aids vaccine

MONTREAL — Dr Jonas Salk, father of the polio vaccine, claimed a significant advance in the search for an Aids vaccine this week, unveiling an experimental drug he said eliminated the deadly disease in infected chimpanzees.

The drug developed in his laboratory appeared to have wiped out all traces of the virus in tests on Aids-infected chimpanzees. He said the vaccine also built up the animals' resistance to infection.

Salk said the vaccine was also well tolerated in its first tests on humans and that the finding held out the possibility of one day developing a vaccine that could both block infection and prevent Aids in patients who were already infected.

"There is light at the end of the tunnel," Salk told an international conference on Acquired Immune Deficiency Syndrome.

Experts said they were encouraged by Salk's findings though the results were preliminary. "I think it is a move forward in the search for a preventive," Dr Dani Bolognesi of the Duke University Medical Center told reporters.

Though a vaccine is still probably many years off, Salk's research shows that "perhaps it is possible to deal with the virus in an infected individual", he said.

It will kill one in four blacks in SA — Sanlam

DURBAN — Aids will kill a quarter of South Africa's blacks and 2.5 per cent to 5 per cent of its whites, coloureds and Asians within two decades.

These stark statistics were presented by Sanlam's senior manager for pensions marketing, Dave Geary, at a Natal Chamber of Industries conference in Durban this week.

On the basis of their figures, the company believes employers could be faced with increases in the cost of providing death and ill-health benefits ranging from 17 per cent to 120 per cent.

"Sanlam's projection for non-black males, that is whites, coloureds and Asians, is that 5 per cent of each generation will eventually die of Aids," he said.

"This corresponds with projections in the United States and Europe of the spread of the disease among males. For non-black females, we project that two-and-half percent will eventually die of Aids. The corresponding projection for blacks, male and female, is 25 percent."

"Running scared"

Pat Devereaux reports that a number of insurance companies, running scared at the potential growth in Aids cases, are tightening policy coverage and demanding that policy holders prove they have been tested for the virus.

Most companies have adopted the stance that all new applicants for life insurance policies must undergo a blood test for Aids.

Professor Barry Schoub, director of the Aids virus research unit, said different companies had different policies. "Certain companies do ask policy holders whether they want to be tested for Aids. If the person refuses they can have an Aids exclusion clause which means, if they die of Aids the company doesn't pay out."

According to Southern Life's general manager, Mr Paul Trueman, Southern Life will not always insist on applicants taking the test even where they have indicated a willingness to do so.

"But Southern will insist on the test being carried out if the amount of cover being applied for is R200 000 or more — taking into consideration all policies issued or being applied for on the life assured during the past 12 months with the Southern Life or any other office," he said.

And if the policyholder was willing to be tested but the Southern did not choose to do so the policy would also provide full cover. However, if the test shows the person is infected Southern will turn down the applicant. Liberty Life insurers say a person will be required to submit to an Aids test, if he wants life cover of R200 000 or more.

A person wanting life cover of less than R200 000 will be screened as normal and if Liberty Life was suspicious that the intending policyholder had Aids the company would ask him to submit to a test.

If a policyholder contracted the Aids virus after taking out a policy — and it did not have an Aids exclusion clause — he would be paid out in full in the event of his death, said Liberty Life's liaison officer, Mr Sven Forssman.

At least one other company is considering changing its Aids policy.
A warm haven for AIDS victims

By ALAN DUGGAN

SOMEWHERE in Cape Town is a warm, friendly house occupied by people who are doomed to die. It's called J D Rasner House — and it's home to AIDS patients who are determined to make the best of the time they have left.

Three of the inmates have full-blown AIDS, eight others are HIV-positive, and one — a student — doesn't have the disease at all. They all need each other and they are not afraid to say so when the fear and the pain become too much to bear.

The home is partly funded by the local branch of the Gay Association of South Africa, with further contributions coming from well-wishers and the inmates themselves.

Happily:

It was named after the first AIDS victim to die in Cape Town.

Allan, a hairdresser who has full-blown AIDS, said:

"This isn't a house where we come to die — it's the place where we live. We're actually happier than we've ever been in our lives."

"A second home will be opened in Cape Town in August this year, and there are plans to establish similar homes in other major centres." Meanwhile, the inmates are keeping a low profile:

"The neighbours don't know we're here, and I think it's best to keep it that way," said Allan.
More insurers demanding tests for Aids

The Argus Correspondent
JOHANNESBURG — Insurance companies are worried about the potential growth in Aids cases and have begun to tighten policy coverage demanding that policy holders prove they have been tested for the virus.

Most companies have adopted the stance that all new applicants for life insurance policies must undergo a blood test for Aids.

Aids has caused a furor in the insurance world.

One insurance executive asked: “How do insurance companies protect themselves from someone who has been infected and then buys insurance?”

He said if the insured person died as a result of Aids it was difficult to prove it, as Aids suffers usually died of other infections because their immune system collapsed.

Prof Barry Schoub, director of the Aids virus research unit, said different companies had different policies.

“Certain companies do ask policy holders whether they want to be tested for Aids. If the person refuses they can have an Aids exclusion clause which means if they die of Aids the company doesn’t pay out.

More expensive

“Some companies allow those who have a terminal disease to take out a more expensive insurance policy.”

Southern Life general manager Mr Paul Truyens said his company would not always insist on applicants taking the test — even when they had indicated a willingness to do so.

“But Southern will insist on the test being carried out if the amount of cover being applied for is R200 000 or more — taking into consideration all policies issued or being applied for on the life assured during the last 12 months with the Southern Life or any other office.

“If the test shows no trace of the virus in the blood, the policy will provide full cover even if the death of the policyholder is a result of having subsequently contracted Aids.”

And if the policy-holder was willing to be tested but the Southern did not choose to do so the policy would also provide full cover.

But if the test showed the person was infected Southern would turn down the applicant.

Southern would also decline applications from people who had a recent history of high risk sexual behaviour and/or sexually transmitted diseases.

If individuals were unwilling to have the test Southern would issue a policy with a special provision that would restrict the amount payable if the person was infected at the time of the claim, regardless of the cause of death.

Liberty Life insurers said a potential policy-holder would be required to submit to an Aids test, if he wanted life cover of R200 000 or more.

A person wanting life cover of less than R200 000 would be screened as normal and if Liberty Life was suspicious that the intending policy-holder had Aids the company would ask him to submit to a test.

Liberty Life liaison officer Mr Sven Forsman said if a policy-holder contracted the virus after taking out a policy — and it did not have an Aids exclusion clause — he would be paid out in full if he died.

Other companies have made small adjustments to the rule adopted by assureds at a meeting of the Life Offices Association last October.

Under the rule new policy-holders with R200 000 of more in coverage are not covered for Aids without a negative blood test.

Some companies have limitation clauses instead of exclusion clauses. Rather than excluding Aids coverage on new policies, Commercial Union will limit the payout on Aids death to eight times the annual premium, no matter how high the coverage.

At least one other is also considering changing its Aids policy.
Talking tough to the tough guys

WHEN Zé Cabra Macho goes ready for bed, he locks up his booth, puts his construction clothes and puts on a condom down over his erection. It doesn’t sound anything, it is for a good purpose. Macho is a small city model and the center figure in Aids prevention programme for construction workers in Brazil. He is the creation of the Brazilian non-governmental organisation Aids Association (ABIA), a non-governmental organisation.

Dr Silvio Ramos, a psychologist and executive secretary of ABIA, first began working with construction workers in Rio de Janeiro, where he was invited by a company to give a talk to workers about Aids. Five men on the site already had the disease.

"I was not prepared," he said.

"What were they and what is the law to tell them?" he asked.

"I had to learn to talk to them about Aids in a different way. What we had done was to join what we know about Aids with what we know about themselves."

The 2800 construction workers in Rio are migrants from rural areas, the age of 60 percent live in dormitories, on wet ground, or in dormitory houses. The families, their wives and their lovers, and the community, are behind their families. Together they live in dormitories they share with other men and women. They are invited to talk tough to the tough guys.

The construction workers of Brazil spend months on end away from their wives and families in crowded male-only dormitories. There, they turn to one another, for company and for sex.

Many of the workers, Ramos said, would visit prostitutes in the neighboring shanties, particularly at the end of the month. Brazil, however, is a country where the time they turn to each other.

"Sex is the body’s response to sell-out," says Ramos. "The workers nourish these sentiments because money doesn’t change hands. But they don’t think of themselves as homosexuals."

Ramos spent four months talking to the workers, their employers and their representatives to establish a condom distribution system in the northeast of Brazil from where most of the workers come. Using Macho and similar issues, Ramos and his colleagues created a comic book in cartoons and an animated video accompanied by songs to get their message across. Macho is shown having sex with men and women. He is shown talking to his workmates about Aids and looking after one who has the disease.

"Macho contains all the qualities that the workers most admire. He has the courage of speaking and the naturalness of a Don Juan. He is macho because he loves sex, and has plenty of it, but also because he knows how to make it safe and because he does not turn away from his friends who have Aids."

"We wanted to get the message across in a direct way but not in a way that would cause panic and fear," says Ramos. "If you cause them to fear one person, the results would be terrible. That is why Macho appears solidarity with each other."

Some of Brazil’s 5700 reported Aids cases are construction workers. But ABIA, who believe the official figures are vastly underestimated, are tackling the problem in other areas.

Unlike most parts of the world, where the national blood supply has been secured, Brazil’s transfusion service is in private commercial hands and, naturally, is not registered with the transfusion control committee. Transfusions are responsible for 20 percent of cases in Brazil and 10 percent in other cases.

The organisation was formed in 1987 because of a poor response to Aids, says ABIA’s President Wilson. "It is very difficult to talk about Aids in a Catholic conservative country."

Wilson’s work has been to develop an Aids prevention programme for Brazil’s estimated seven million street children. It is thought that two percent (140 000) of these children have already been infected with the virus which causes Aids.

Working with a network of educators, Wilson developed an animated video which explains the story of a teenage street child who sometimes sleeps with tourists for money. He learns about Aids and goes to work. While he works, the child sings the following message (translated from the Aids campaign song):

"Our kids are not to give too much information but to give the right information," says Wilson. "You can’t talk to the kids unless you know them in the languages they use. So we are working on the basis of the words "negro" and "paleo" and "embara". We have not been able to go beyond these words. We are concerned with the fact that, for us, there is a lack of information in any language."

A bigger obstacle than language, Wilson says, is the fear that comes from the fear of the unknown. "They say ‘Okay, so if I avoid Aids, I am not going to die of something else. If the police don’t get a ‘What we have to do’, says Wilson. But to take Aids on a ‘Don Juan’ ship is just too much for the young."

SOS out for dolphins

Hunters seek out dolphins because they are known to congregate near them. The result: dolphins as well as hunters die in the sea.

A group of dolphin hunters were killed in the South Sea last year, but his hunter who has no idea whether his members will be willing to take on another political and economically sensitive issue at a time when controversies over whaling are far from ended.

If there is a pattern among the scientists, the dolphins and other animals in the sea, it is that it has opposition in the community is on commercial whaling, but experts say little support is needed from the representatives of the 37 other nations, who will spend the week determining how many whales may be killed in the next year and for what purpose.

When you look at the history of the IWC, you will see that the moratorium (that is been contributed of by those having the interest of the local subsistence, the main subsistence, the main subsistence, Cebren said in an interview last week. The E鲆 has been caught by a local fisherman, and the sea, and the result is a picture of change in the whaling communities. - Los Angeles Times, Oct 27, 1987, Industry."
SA director barred from AIDS congress

By Toni Youngusband
Medical Reporter

Dr. Buks Lombard, the Department of Health's medical services director, was refused participation in the fifth international AIDS congress held in Montreal, Canada, last week, a spokesman for his office in Pretoria confirmed yesterday.

Dr. Lombard was informed of this shortly before his departure by the congress organisers.

The spokesman said Dr. Lombard's application to attend was initially accepted and he had sent his registration fee and booked accommodation. The money was returned to him when organisers said he could no longer attend. As his registration had now been refused, he was not granted a visa.

OTHERS ALLOWED

At least three other South Africans, including Professor Ruben Sher of the South African Institute for Medical Research, were allowed to attend.

The congress organisers - international AIDS authorities - said Dr. Lombard's application had been withdrawn because they already had a "large number" of registrations.

"What is upsetting is that other South Africans were allowed in, yet Dr. Lombard is the one responsible for administering this country's AIDS programme," the department spokesman said.

He said Dr. Lombard had flown to the US instead, where he would meet delegates who had attended the congress.
**THE WORLD**

The final weapon against Aids: A sense of humour

The problem the world conference on Aids debated this week was how best to spread the message about safe sex. The answer, invariably, was: use laughter.

**JOHN PERLMAN** reports from the Aids conference in Montreal

Frankly funny... Using humour to get the safe sex message across.

A massive quilted monument to those who died

**HOWARD** much grief the Aids pandemic has caused, it has also inspired the world to find more creative ways to raise funds and awareness for those who are affected. One such project is the Quilt of Aids, a massive quilt that was unveiled at the conference.

The quilt was made up of 3,000 squares, each made by a different person, and it was displayed at the conference to raise awareness about the impact of Aids. The quilt was a powerful symbol of hope and support for those affected by the pandemic.

After it was unveiled, the quilt was displayed in various locations around the world, including the United Nations headquarters in New York. It was a moving reminder of the impact of Aids and the need for continued support and awareness.

The quilt was a massive project that required the help of many people, and it was a testament to the power of community and collective action in the face of a major global health crisis.
Advances reported at conference

Aids affecting more women and children

There will be three times as many Aids cases in the Nineties as there were in the Eighties, a statement from Dr Dennis Sifris, head of the HIV clinic at the Johannesburg Hospital, said yesterday.

Dr Sifris, who attended the fifth international conference on Aids held in Montreal last week, said there was a growing increase in the number of women and children worldwide with Aids and HIV infection. However, the prospects of vaccines had received much attention and this year some incremental advances were reported.

Early intervention with appropriate therapy, such as Zidovudine, has been proved to increase longevity and quality of life, Dr Sifris said.

Experts agreed

Optimistically, all experts at the conference agreed HIV was a chronic manageable disease and much work had been done to use other drugs in combination with Zidovudine and treatments to prevent any opportunistic infection, such as pneumonia.

"As far as clinical management is concerned, practical models of outpatient care with HIV infection affirmed the comprehensive care given at the HIV Clinic at the Johannesburg Hospital is comparable to most centres in America and Europe," Dr Sifris said.

The social and psychological aspects took a prominent position at the Montreal conference. People living with Aids were included in major plenary sessions and gave delegates a new perspective.

Laws that discriminate against people with HIV and legislation calling for isolation and quarantine were unanimously condemned by delegates.

The US recently passed legislation prohibiting entry of people with HIV into the country. A motion was passed at the conference calling for the lifting of any travel restrictions on such people.

Speakers called on governments to mobilise and fund education campaigns.

In the Third World, the war on Aids is also a war on poverty, the statement said. "Poor socio-economic conditions favour the rapid spread of the disease."

"It would seem, although the epidemic is on the increase, there is some hope," Dr Sifris said.

"HIV can be controlled by various drugs, but only if policy-makers provide the funds for treatment, education and the prevention programme."

"In South Africa we are only seeing the beginning of an epidemic," he said.

He said the government, the private sector and industry should move fast to prevent Aids from becoming unmanageable. — Sapa.
Aids: what can South Africa expect?

South African Aids expert, Professor Ruben Sher, will give a public lecture next month on the situation of the disease in this country.

There are an estimated 15,000 carriers of the virus in South Africa and more than 220 have developed the full-blown disease.

Professor Sher's lecture will look at "how far we have come in understanding this disease, where we stand today and what can be expected from the future as far as this disease is concerned".

The lecture will be held in the Spencer Lister Auditorium at 7.30 pm on July 5, at the South African Institute for Medical Research, Hospital Street, Johannesburg.

See Page 3 M
AIDS: what can South Africa expect?

South African AIDS expert, Professor Ruben Sher, will give a public lecture next month on the situation of the disease in this country.

There are an estimated 15,000 carriers of the virus in South Africa and more than 200 have developed the full-blown disease.

Professor Sher's lecture will look at "how far we have come in understanding this disease, where we stand today and what can be expected from the future as far as this disease is concerned".

The lecture will be held in the Spencer Lister Auditorium at 7.30 pm on July 5, at the South African Institute for Medical Research, Hospital Street, Johannesburg.

See Page 3 M
AIDS is not slowing down — there will be three times as many AIDS cases in the nineties as there were in the eighties, a statement from Dr Dennis Sifris, head of the HIV Clinic at the Johannesburg Hospital, said.

Sifris, who attended the fifth International Conference on AIDS held in Montreal, said there was a growing increase in the number of women and children worldwide with AIDS and HIV infection, but the prospects of a vaccine had received much attention, and this year some incremental advances were reported.

"Early intervention with appropriate therapy, such as zidovudine, has been proved to increase 'longevity' and quality of life," Sifris said.

Agreed

Optimistically, all experts at the conference agreed HIV was a chronic manageable disease and much work had been done to use other drugs in combination with zidovudine and treatments to prevent opportunistic infections such as pneumonia.

"As far as clinical management is concerned, practical models of outpatient care with HIV infection affirmed the comprehensive care given at the HIV clinic at the Johannesburg Hospit-

The social and psychological aspects took an prominent position at the Montreal conference, People living with AIDS were included in plenary sessions and some delegates new perspectives.

"The social and psychological aspects are comparable to most centres in America and Europe," Sifris said.

Speaker called on governments worldwide to mobilize and fund education campaigns including community based organisations to reach all populations on a level they can understand.

In the Third World, the war on AIDS is also a war on poverty, the statement said. "Poor socio-economic conditions favour the rapid spread of the disease.

"It would seem that although the epidemic is on the increase, there is some hope," Sifris said.

HIV is now a chronic manageable disease which can be controlled by various drug regimens, but only if policy makers provide the funds for treatment, education and the prevention programme.

"In South Africa we are only seeing the beginning of an epidemic," he said.

He said the Government, the private sector and industry should move fast if we are to prevent AIDS from becoming unmanageable.

— Sapa.
The Afrikaner Weerstandsbewegung, the Broederbond, a bill of rights and Aids are among items to be discussed at the Nederduitsch Hervormde Kerk's General Church Assembly meeting in Pretoria next week.

The assembly will meet in the Aula at the University of Pretoria from Sunday. — Pretoria Correspondent.
THE Government should urgently implement a sex education programme at schools if the killer virus, Aids, is to be curbed, a condom manufacturing company said this week.

The managing director of LRC Industries, Mr Rob O'Molony, said:

"Shocking revelations regarding homosexual child sex rings in South Africa and the fact that two of the alleged perpetrators died of Aids has made sex education at school level more imperative than ever."

He said a well-structured, professional and responsible programme must be instituted as soon as possible.

"We sympathise deeply with the children and the parents involved and it is clear that many of the children drawn into these rings do not realise their implications."

"They lack knowledge of Aids, how it is contracted and what its fatal consequences are."

O'Molony said sex education could no longer be left only to the parents, who, in many cases, feel awkward about the subject.

He said it was absolutely vital that from an early age children be made aware of the terrible dangers of promiscuous sexual relationships and of the responsibilities involved in any sexual relationship.

A sex ring uncovered recently in the Cape involved about 15 molesters and 25 boys aged between 12 and 17, O'Molony said.

Combat Aids at schools
Aids in the workplace

Medical Reporter

SEVERAL experts will address a conference on practical guidelines for employers and trade unions in dealing with Aids in the workplace.

The conference is to be held at the Cape Sun Hotel, Cape Town, on Monday.

Speakers include Cape Town’s Medical Officer of Health, Dr Michael Pophiss, who will talk on the responsibility of local government.

Dr Jane Pearce, deputy director of the Western Province Blood Transfusion Service, will also speak.

Also included is a talk by the head of personnel for a national chain of supermarkets on the company’s Aids programme.

For more information contact Pam Herr at 75 3877.
Consultant surveys attitude of blacks to the dread disease

BY DENNIS CRUYWAGEN
CAPE TOWN

BLACKS abhorred homosexuality and linking it with AIDS "would be irrelevant and counter-productive," a consultant has said.

The AIDS scourge has become a cultural problem and is the result of the interaction between social, economic, and educational factors, he said.

Consultant surveys attitude of blacks to the dread disease

AIDS, he said, would be seen as remote from everyday life.

The prevention of AIDS requires the involvement of all strata of society.

Sexual

"AIDS as a general disease will not be prevented, or even controlled, unless there is a cultural change in the society," he said.

The change in behavior requires an educational program which is culturally sensitive.

Polygamy

"In addition, in the adult mind, polygamy is thought to be associated with sexual promiscuity, and it is therefore not considered acceptable," he said.

The consultant believes that destigmatizing AIDS and promoting education are the key to preventing its spread.

R20 000 Reward

A reward of up to R20 000 (depending on full or partial recovery) is being offered for information leading to the recovery of twenty plastic canisters with contents, as shown in the adjacent photograph.
AIDSVICTIMS
WHO ‘TRY TO
GIVE IT BACK’

Own Correspondent

CAPE TOWN — A Transvaal AIDS patient deliberately tried to infect his sister’s four-year-old child with AIDS by transferring saliva into the child’s mouth, medical law expert Professor S.A. Strauss said yesterday.

Addressing an AIDS conference organized by the Institute for Administration and Commerce, Professor Strauss said some victims believed they had been given AIDS by society and that they “must give it back”.

The man had allegedly also tried to infect his flatmate.

In South Africa existing legal principles were sufficient to offer protection under these circumstances, he said.
Tackling Aids from the heart

Of the 10,000 delegates who attended the high-powered Fifth International AIDS Conference in Montreal, 28 were men and women with AIDS. Their presence symbolised international recognition that AIDS patients should not be treated as untouchables. DK Joshi reports:

ONE of the most striking features of the recent six-day International AIDS Conference in Montreal was the attendance as delegates of men and women who have the disease or who are infected with the Human Immunodeficiency Virus (HIV).

Some were unwilling to be interviewed because they did not want employers or friends to know of their infection.

The fear of ostracism and unemployment was poignantly expressed by the young Donald de Gagne, who said he was not sure what would happen now that people would know he had AIDS.

He called for a strong movement for enlightenment.

"My heart goes out to AIDS patients in developing countries," he said, adding that he intended to go to Africa and work towards the formation of an international group of PWA (People with AIDS).

Most of the delegates with AIDS/HIV who travelled to Montreal did so in the hope of finding a miracle.

Said 35-year-old Andrew Carter from Sydney: "I came to hear news of a cure for AIDS and I was disappointed."

Amanda Higgs, 31, from Copenhagen, who has been HIV positive since 1986, spoke for the whole group when she demanded that governments should act now to include AIDS patients and HIV positives in the decision-making process.

A manifesto presented by AIDS activists called for an end to restrictions on the international movement of people living with AIDS; a multinational effort to co-ordinate and facilitate worldwide development and access to new AIDS-related drugs and treatment; help by the industrialised world to poor developing countries, and the conversion of military spending to medical, health and social funding. — GEMINI
By MALCOLM FRIED

IGNORANCE and mindless fear of Aids in South Africa may severely hobble efforts to stem the disease and help sufferers, a medical academic has said.

Professor Deon Knobel, head of the department of forensic medicine and toxicology at UCT, said in an interview yesterday that the basic human rights of sufferers should never be neglected.

Professor Knobel returned recently from the fifth international conference on Aids in Montreal, which was held early this month.

It was the first world Aids congress to examine the social as well as the scientific aspects of the disease.

A major issue at the meeting, which had been attended by 10 000 delegates from around the globe, had been the importance of maintaining human rights, said Professor Knobel.

"In this country, the rush to condemn sufferers and a general ignorance of Aids has led to the lapse of certain rights."

These included the right to privacy and confidentiality, to optimal medical care, to continued employment and housing, and to non-discriminatory laws and policies, which should always be based on scientific fact as well as "the right to scientifically correct and non-sensational information".

Professor Knobel said a lack of Aids education in schools and of public awareness campaigns had led to sections of the community not being able to make responsible judgments on Aids.

Even though the disease was spread only through intimate sexual contact with a sufferer, or from a mother to her unborn child, or through infected blood - as with contaminated needles shared by intravenous drug users - perceptions were that Aids could be caught by mere social contact.

"Keeping children and others from getting a truthful education, which would enable them to make responsible choices to prevent catastrophes, on the grounds that it is immoral to speak of such matters, can be regarded as immoral in itself," said Professor Knobel.

"Isolation and coercive treatment of sufferers is not going to help anyone," he said. "Aids must be understood and dealt with sensitively and intelligently if we are to make progress and act in a humane manner."

A day-long Aids conference aimed at employers, emphasising education and prevention, will be held at the Cape Sun Hotel on Monday.
Earthly realities

Companies seeking to develop policies to deal with AIDS face the difficult task of discerning the middle ground between complacency and hysteria. This problem was graphically highlighted at a Cape Town conference on AIDS, organised by the Institute of Administration and Commerce. Juxtaposed were Professor Jan Sadic's concluding comments — “I feel sometimes that too much time is spent on AIDS” — and Professor Leon Knobel's introductory quotation of the president of the International AIDS Society: "Complacency will be catastrophic for future generations."

Uncontroversial was the priority of education as the principal means of combating the spread of the disease. Also agreed was the need to tailor the message to suit the audience. How difficult this can be was made very clear by Dawn Mokhobo who offered earthy, but relevant, personal impressions on black perceptions of AIDS. The distilled First World wisdom of how to avoid AIDS is "Promiscuity out, condoms in." For many blacks, Mokhobo pointed out, this was problematic in a number of ways.

Firstly, "polygamy and concubinage are still tacitly accepted as normal cultural practices among Africans." Promiscuity would not, therefore, be easily stigmatised as the reason for the spread of AIDS. Calls for abstinence also run counter to the male's traditional means of proving his manhood.

There is also the difficulty of persuading simple people that sexual activity can be responsible for such ostensibly unrelated symptoms as diarrhoea, weight-loss and a runny nose. "All venereal diseases from time immemorial have enjoyed specific forms of treatment which never included preaching for abstinence or curtailment."

This is further grist to the mill of those who feel that any form of contraception is a white conspiracy aimed at keeping down black population growth. Mokhobo also pointed out that condoms in particular are "likely to be the most unpopular form of contraception, as they interpose between physical contact."

None of the above negates the conventional wisdom. But it does suggest that employers developing educational programmes will have to think hard on how to get the same message over in different ways. An example suggested is that instead of saying promiscuity may cause AIDS, one should say that it may interfere with one's ability to have children — a powerful and readily understandable disincentive.

AIDS in the workplace is a subject discussed mainly at the level of ethics and prevention for the simple reason that it is not yet an issue at the practical level. Two consultants in the industrial relations sphere both confirmed that they had not to date had any inquiries relating to AIDS. Unisa's Professor "Sas" Strauss did, however, point out what the rights of the employer currently are. Here a distinction must be drawn between those seeking employment and those who are already employed when they contract the disease.

In the former case, there is no law to prevent an employer insisting on screening people who seek employment (this would be discrimination in certain other countries). In the case of an existing employee, the employer is not entitled to compel employees "to submit to random medical examinations." A medical officer of health or an immigration official has this power in special circumstances.

Many major classes of employees enjoy the protection of the unfair labour practice provisions of the Labour Relations Act. Strauss notes that, with certain exceptions, "it is highly unlikely in my view that the court will uphold the right of an employer to fire an employee merely on the grounds that he was diagnosed as suffering from an incurable infectious disease, which cannot be communicated to fellow-employees in the workplace as such."
Child Aids 'epidemic' in Zimbabwe

From MICHAEL HARTNACK

HARARE. — Aids has become the commonest cause of death among young children in Harare's central hospitals, a medical specialist here has claimed.

The doctor has appealed to President Robert Mugabe's government to lift its blanket of silence about the epidemic.

He said while the ministry of health bans publication of scientific papers on the Zimbabwean epidemic and forbids reference to aids on death certificates, 43% of tuberculosis patients between 15 and 40 have been found to have the Human Immuno Deficiency Virus (HIV).

The doctor, writing in the Zimbabwean Financial Gazette, said among new blood donors in Harare's commercial and industrial areas 17% to 19% were infected with the virus.

The Harare and District Blood Transfusion Service has been ordered not to give information on HIV positivity figures even to doctors because they are "state secrets".

"Because the incubation period is much shorter in children, an upsurge of Aids-associated illness in a community's children consistently indicates an adult epidemic a few years later," says the doctor.

"Within a short time as the incubation period of HIV 'catches up' with us, HIV is expected to become the commonest cause of death in the sexually (and economically) most active age group," he forecast.

The doctor accuses Zimbabwe's ministry of health, run by controversial ex-guerilla medic Brigadier Felix Muchemwa, of delaying an effective response to the epidemic by "a passion for secrecy".

"International research collaboration is hamstrung by a rule forbidding the sending of blood samples out of the country," he complained.

"Against this disease, information is our most important weapon," he said.

Everybody needs to have that information, because any body could be at risk.

"Access to Aids information is no threat to the nation's security — the continued progression of the epidemic is,"

The doctor says Zimbabwe is now experiencing an epidemic "very similar to, although somewhat behind" those of Zaire, Zambia and Uganda.
AIDS children

AIDS has become the most common cause of death among young children in Harare hospitals, according to a medical specialist, who blames it on the ministry of health's "passion for secrecy".

The ministry is run by controversial former guerilla Brigadier Felix Muchemwa.

Full report — Page 3
AIDS has become the most common cause of death among young children in Harare hospitals, according to a medical specialist, who blames it on the ministry of health's "passion for secrecy".

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Full report — Page 3
Prof pleads for Aids sufferers

INSURANCE companies should seriously consider covering Aids sufferers who would otherwise resort to the already overburdened public health system because of exorbitantly expensive treatment for the lethal disease.

Speaking at a city seminar yesterday, the head of UCT medical school's department of forensic medicine and toxicology, Professor Deon Knobel, said it was impossible for those who lost their incomes because of the disease to pay for treatment.

Prof Knobel said the cost of the AZT drug prevented more than four patients from being treated simultaneously with the drug in Cape Town and Johannesburg.

Noting that delegates at the recent fifth international Aids conference in Montreal repeatedly heckled people who referred to Aids “victims”, Prof Knobel said sufferers were entitled to, and did not have to earn, basic human rights.

"Instead of discussing Aids like we discuss abortion without the involvement of women, we must include sufferers in policy-making about the disease. We have to be as flexible and open-minded about the disease as is possible.”

Voicing his opposition to compulsory screening of people for Aids and possible drives to have the disease declared notifiable, Prof Knobel said: “I plead liberty and voluntarism, and not legislation against Aids.”

UCT Industrial Health Research Unit member Dr Max Bachmann said the greatest problems with Aids in the workplace were fear and discrimination.

“So employees must be taught that they are not at risk and employers must be taught that they have no grounds for dismissing a worker on the grounds of an HIV test,” he said.
Don't shy away from Aids'

By Robin Drew,
The Star's Africa News Service

HARARE — The Zimbabwe government has again been urged to do more to determine the exact level of Aids infection in the country and not to shy away from the problem.

The independent Financial Gazette says in its current issue that it is quite clear to those who work in hospitals that there is a serious epidemic and the numbers infected with the HIV virus are growing at an alarming rate.

Newspapers in the largely government-owned Zimbabwe Newspapers group have also called recently for the authorities to come out into the open.
The Herald reported in April that the most common cause of baby deaths at Zimbabwe's central hospitals last year was Aids.

In the Financial Gazette article, a doctor writes that patients with HIV-related illnesses already occupy a substantial and growing proportion of adult hospital beds.

He says conservative estimates of the number of infected Zimbabweans start at above 100 000.

The article refers to the "passion for secrecy" throughout the world which Aids epidemics seem to unleash — and says Zimbabwe is no exception.

HIV positive figures from the Blood Transfusion Service are not made available to doctors and any medical research has to be vetted by Government officials.

"The inclusion of the terms Aids or HIV on death certificates is not permitted," says the article, "Thus preventing comprehensive assessment of the disease's impact."
Aids tests come under fire
Kiss that can trigger full AIDS

LONDON — British researchers have discovered that a usually harmless virus, commonly passed through human contact such as kissing, might trigger the full AIDS disease in patients infected with the HIV virus.

Dr. Paul Griffiths, head of the department of virology at the Royal Free School of Medicine in London, said yesterday the discovery could lead to clinical tests which might slow AIDS development in HIV-positive patients.

Up to four out of five people carry the virus cytomegalovirus (CMV) and most show no ill-effects. But in patients infected with the HIV virus which causes AIDS, it may accelerate the development of the fatal disease, he said.

The findings were published in the latest edition of the medical journal The Lancet.

Acquired Immune Deficiency Syndrome, which is passed on through sexual intercourse, blood transfusions, infected needles or from mother to unborn child, breaks down the body's immune system, making it prone to disease.

Researchers have been trying to discover why HIV remains dormant for years before causing full-blown AIDS. Dr. Griffiths and his team found that the two viruses appeared to interact, making HIV more aggressive.

"Our study shows that CMV infection was strongly associated with the development of HIV disease in HIV-infected haemophiliacs," the report said.

Its results were based on studies of 108 HIV-infected haemophiliacs which showed that AIDS was more prevalent among patients who also had CMV — 41 percent — than those who did not — 13 percent.

Won prize

Dr. Griffiths won an international prize and scholarship grant last year for a test for fast detection of CMV.

"The results point the way to another future management of HIV disease because, by preventing and inhibiting CMV infection among HIV-infected individuals, the rate of progression to AIDS may be reduced," a spokesman for the journal said. — Reuters.
The number of people tested positive for the AIDS virus in South Africa had risen by 10,000 last year, according to a recent report. The report also estimates that there are at least 300,000 people infected with the virus, with an additional 500,000 at risk of becoming infected in the next decade. The report calls for a radical change in the way the disease is treated and monitored, with more emphasis on prevention and education.
Incidence of Aids on the rise

Staff Reporter

The number of people tested positive for the Aids-virus in SA is up by a third from 1988, says Professor Ruben Sher.

Addressing a public meeting last night to mark the 75th anniversary of the SA Institute for Medical Research, he said the number of South Africans tested positive for the HIV-virus rose to 2340 last month. At about the same stage last year the total was about 1800.

The number of patients with the "actual" disease had risen to 238, with 27 having contracted the disease outside SA.

So far this year 61 cases of Aids had been diagnosed and 36 of that number had died.

A doctor, radiographer and several nurses at the Vereeniging Hospital have had to undergo tests after treating a suspected Aids sufferer who was seriously hurt in a car accident last week, reports Melody McDougall.

A doctor and 11 firemen who assisted the patient at the scene of the accident have also been tested as a precaution.

The Vereeniging man died shortly after being transferred to Pretoria.
Aids education by unions

South African trade unions are to embark on an extensive Aids education programme.

At its third congress in Johannesburg, the Congress of South African Trade Unions resolved that its education department and its affiliates develop a prevention programme. It noted that some employers were beginning to discriminate against workers who had Aids and it agreed to fight their dismissal.

The unions' Aids campaign would expose and eliminate conditions which contributed to the spread of Aids, such as migrant labour and hostel living.

Medical Reporter.
The THE WORLD

An AIDS revolt against the slow pace of research

AIDS activists argue that the US government is misdirecting its efforts at combating the virus, and that the safeguards for untested drugs are obstructing, rather than assisting research.

JOHN PERLMAN

The document also demanded that America's law be returned to work that "produces developed in public expense are priced fairly.

Drug research costs for new drugs for AIDS are paid for with tax revenue. In return for the multi-billion dollar investment in AIDS research, the government is entitled to demand low-cost drugs for AIDS.

The document ended with a detailed list of what the Act II bill would be asking for and refrained. Aids represent a well of help and shortages where AIDS are concerned.

"It is something we have all had to learn about. I tell my doctor when I take drugs I need -- the only reason I am still alive is because I have positively pursued my own treatment. Act II's proposals do not appear to be on the way to curing AIDS. Yet AIDS and other deadly illnesses en masse, so that they can be accurately diagnosed.

FEDTRAW
Saturday 5 August

Festival: 10.00 am - 8.00 pm, Flower Hall, West California, New York. For information or the Festival of Women's Day, please phone (51) 852-1968 after 8 pm to confirm.

Sunday 6 August

"A Celebration of Women"

6.00 am. Opening of photographic exhibition at the Market Theatre Gallery, 82 Birch and Woodruff Street.

WOMEN'S DAY

Monday 7 August

1.00 pm at the Central Methodist Church, Fitchfield Street.

WOMEN FOR PEACE

Saturday 12 August

Lusaka report-back and discussion — 12.00 p.m.

lunchtime $188, Senate House, Wits Campus Meeting starts at 1.00 pm.

Mvere quackery? Or the people's cure?

by CHRISTOPHER REID, San Francisco

THE black ticks of the same speed it maintains in most doctors' waiting rooms, slow. But the patients here are obviously younger — younger and thinner.

Byers, Levine, Santiago and Wailes are medical practitioners on the 14th floor of an art deco office building in Sutter Street in downtown San Francisco, and they are very busy. They are doing conventional medicine by offering patients with acquired immune deficiency syndrome, AIDS, an unusual drug from China, a traditional ingredient. AIDS, which has killed 70 000 people in the world since its discovery in 1981, is always fatal, and a cure for the disease has become medicine's Holy Grail.

In it Q? Nobody knows, and the guerrilla practitioners in Sutter Street do not care. They have been known to create a mini-medicinal industry by treating five of their AIDS patients with Q in an artificial trial. In the US it is illegal for physicians to try out new drugs with the knowledge and acceptance of patients.

But the medical establishment and abides strictly by general trials under the aegis of the Federal Food and Drug Administration, a monolithic body that may decide to take a decade to approve a new drug, but can only have saved America from thalidomide because of its caution. As the AIDS toll has mounted, spilling into the international community has stung consensual among homosexuals, American gay have become angry at what they see as the FDA's scientifically immaculate, but painfully slow, recrudescent of new medical drugs. AIDS patients are taken out of their own patients. Large numbers of Q were smuggled out of China before the recent military uprising and it is being trafficked illegally on Q. 72 AIDS patients in San Francisco, Los Angeles, and New York. The Physician's Group before it can offer significant results in four weeks, as opposed to an approved trial at the city's re- named Aids hospital research centre, which will involve six months of trials and up to 80 patients.

But Act II's belief that people with AIDS can now make a major role in treating themselves was perhaps given a boost by the discovery of a new therapy: the Community Research AIDS (CRA) was set up in New York in May by a small group including one Iowa law physician Dr. David D. Muced, a network where people with AIDS and their doctors could participate in clinical drug research.

The CRA, through its network of patients and doctors, has conducted tests on an untested drug known as a depressive for paranoia and anxiety, an illness which has claimed the lives of 10 000 Americans a month.

Earlier this month, the US government's Food and Drug Administration approved announced permission for one against PCH, the first time a drug had been approved based solely on data generated in a community rather than a clinical setting. These successes do not mean an end to the quackery, but "in the next few years we are going to have to yell and scream and fight real hard."

While the quackery provides the best efforts of people in all strata of society to break through the walls of drugs to reduce AIDS to a manageable, chronic illness is going to come from the unorthodox, risk-takers and probably the US government cannot force government and scientists to speed up their research.

And the people best placed to exert that pressure are the terminally ill, which is why the quackers are the ones who have the most to lose, the ones whose lives depend on the drugs coming out of the labs as soon as possible.
113 Swazi Aids carriers

MBABANE. — The number of confirmed Aids carriers in Swaziland has risen by five over the past three months to 113 since Aids was first diagnosed here in 1987.
AIDS has been contracted by at least 35 percent of truck drivers operating between Zambia and South Africa.

This constitutes a severe threat to the transport industry, said Mr Ian Moss, chief executive of the Public Carriers Association, at a meeting of about 50 transport operators in Cape Town last night.

Most prostitutes on the Zambia-Zimbabwe route carried AIDS and many South African truck drivers had contracted the disease through liaison with them, Mr Moss said.

"AIDS-awareness ought to be introduced in the industrial relations programmes of transport operators to ensure their staff do not pick up passengers."

"The transport routes should also be scheduled away from areas where AIDS has become a major problem," Mr Moss said.
AIDS sufferers in SA estimated at 33,800

"Most cases in Africa not reported"

Staff Reporters

Thirty-five percent more people than previously estimated may be infected with AIDS in South Africa. Bringing the number to 33,800, says Johannesburg Hospital HIV Clinic specialist Dr Steve Miller. The figures were based on an estimated 100 HIV carriers for each person in the final third of the illness, he said.

According to South African Institute for Medical Research AIDS Centre chief Dr Ruben Sher, there are 258,446 people in South Africa with full-blown AIDS and 1,000 known carriers of the virus.

Explaining the discrepancy in figures, Dr Sher said in South Africa, as in most countries, AIDS statistics were under-reported.

"It is very difficult to keep pace with AIDS statistics when doctors are not informed of the authorities of cases or do not accurately indicate the cause of death on death certificates," he said.

"It is impossible to estimate how many cases have not been reported. The World Health Organisation believes that in Africa as a whole only 15 percent of cases are reported."

"I expect that 90 percent of cases have been reported in SA," he added.

A new book called "A Second look at AIDS" by a Johannesburg doctor says there are two AIDS epidemics in the world today, one the disease itself, the other the AIDS hysteria epidemic.

The first is threatening to kill mankind by the million and the second is undermining mankind in another way, spreading anxiety among the countless "worried well" and creating armies of potential suicides.

Both epidemics are having impacts on South Africa and adjoining corners of the subcontinent, for the region is in the blustering path of both the pandemic of "African" AIDS and a Southwarks fall-scale and world-wide hysteria which sees southern Africa as a hotbed of the disease.

"A Second look at AIDS," whose author's name may not be mentioned under Medical Council rules of anonymity, shows that among Americans, especially, fear of AIDS, hysteria and sensationalizing, are rampant.

Six drama productions for festival

Education Reporter

Six drama productions will be included in the programme for the 16th Foundation Sasol Schools Festival of English in Bloemfontein on August 11 and 12.

Mime artists Eric Bournon and Rene Coetzer will present "Mime" and two of South African playwright Geraldine Aron's plays, "Bar and Ger" and "A Galway Girl" will also be performed.

Three plays will be performed by school pupils. These include "Boy" written, directed and acted by Chris Mulder, a matric pupil at Linden Hoerskool in Johannesburg, "Sizolana E Mfolozi" worked on by Chris Brothers College, Pretoria and "Birth of an African Day" from Durban.

COST

Other aspects of the two-day festival will be lectures on aspects of the English language and workshops in which pupils participate.

The cost per pupil or teacher is N0 which includes lunches, supper and teas. The Festival takes place at the University of the Free State. Applications by schools should be directed to the Education Office, Mr Hugh Lester, at the 16th Foundation, telephone (0641) 27-115.
Aids virus victims increase

THE number of people tested positive for the Aids virus in South Africa had risen by a third from last year.

This was said by noted specialist Professor Ruben Sher at a public meeting to mark the 75th anniversary of the SA Institute of Medical Research last week.

He called on the Government to decriminalise homosexuality and prostitution for better control of the disease.

He demanded to be allowed into schools to educate children about Aids and safe sex practices.

The Transvaal Provincial Administration was called on to stop discriminating against Aids victims by refusing to provide such specialist drugs as the expensive AZT.

Sher said the TPA dispensed expensive drugs or costly combinations of therapeutic agents kidney transplant patients or sufferers of leukemia, but refused to treat Aids victims with the latest in pharmaceutical breakthroughs.

"Aids should be treated like any other disease, without discrimination of any kind," he said.

The number of South Africans tested positive for the deadly HIV virus rose to 2 400 last month. At about the same stage last year the total was approximately 1 800.

The number of patients with the actual disease — invariably fatal — rose to 258, with 27 having contracted the disease from outside the country.
Beat Aids with education

By Jacqueline Myburgh

Since there was no vaccine and no cure for Aids, all we could offer people was education in Aids prevention, Professor Jack Metz, director of the South African Medical Research Institute, said yesterday.

Professor Metz spoke at a ceremony where he accepted a cheque for R50,000 from Sanlam Life Assurance to assist the Aids Centre of the Institute in providing information and counselling in combating the disease.

Professor Metz said there was no such thing as an "Aids victim". Through education, everyone could learn to protect themselves.

Mr Desmond Smith, senior general manager of Sanlam, said the company had received 14 death and disability claims as a result of Aids. The most disturbing aspect of these claims was that most of them arose from professional people who had spent years studying and training for careers.

For South Africa, with its shortage of skills, claims like these were a heavy blow.
Natal: 3 new Aids cases

THREE new cases of full-blown Aids have been identified in Natal. The second new case was a black man who had been treated at National Aids Advisory Group, said yesterday. He has tuberculosis. One of them is a black baby who has responded to treatment,
AN insurance company executive said yesterday his organisation had received claims totalling nearly R3 million as a result of AIDS cases.

Desmond Smith, senior general manager of Sanlam, was speaking at the South African Medical Research Institute in Johannesburg where he handed Institute director Professor Jack Metz a donation for the institute's AIDS centre.

Mr Smith said Sanlam has so far received 14 death and disability claims as a result of AIDS. Two claims had to be turned down because essential information had been withheld and one because of suicide. Currently two claims were under consideration.

"An extremely disturbing aspect of the claims is not only the amount of money involved - Sanlam can absorb it because we created a reserve of R200 million to cope with AIDS claims - but the fact that the majority of the claims arose from professional people in all cases males, men who in most cases spent years studying and training in preparing themselves for their careers."

"For South Africa, with its shortage of trained people, such claims are indeed a blow. They underline the great value of the educating and counselling being done by AIDS centres."

Smith added that in view of these facts it was understandable that Sanlam had to take further steps to protect current and future policy-holders against excessive payments as a result of AIDS after it had initiated stricter selection of policy proposals. - Sapa.
R3m paid to Aids sufferers

Own Correspondent

JOHANNESBURG. — Almost R3m has been paid out to Aids sufferers by Sanlam. Sanlam senior GM Mr Desmond Smith said yesterday.

This represents 14 claims involving mainly professional men aged between 30 and 40 years.

In all, 19 claims had been received of which 14 were death and disability claims. Two claims were turned down because essential information had been withheld and one was rejected because of suicide, he said. Two claims were currently under consideration.

Speaking at a function at the SA Medical Research Institute, Mr Smith said the fact that the claims involved professionals was “disturbing.”

“The fact that the majority of the claims arose from professional people, in all cases males who spent years studying and training in preparing themselves for their careers, is very disturbing,” he said. “For SA, with its shortage of trained people, such claims are indeed a blow. They undermine the great value of the educating and counselling being done by these Aids centres,”

Mr Smith said.

Mr Smith gave SA Medical Research Institute director Mr Jack Metz a cheque for R50 000 which will be used to assist the Aids Centre of the Institute in providing information and counselling in combating the disease.

The work is being done by a multi-disciplinary and multicultural team of professionals headed by Prof Ruben Shey.

There are more than 200 reported cases of Aids in SA and thousands more who are carriers of the HIV virus.

Mr Smith said Sanlam had taken steps to protect current and future policy-owners against excessive payments as a result of Aids after it had initiated stricter selection of policy proposals.

These steps included holding more than 40 seminars on Aids for some of its pension-fund clients, trade unions and employer organisations.
Aids changing sexual behaviour

The African Correspondent
TEACHING CAUTION . . . Mrs Patricia van der Velde, manager of the new Aids Information, Training and Counselling Centre in the Civic Centre, with pamphlets used in the fight against Aids.

Care, don't scare, says city Aids boss

By PETER DENNEHY

MRS Patricia van der Velde, the new manager of the City Council's Aids Training, Information and Counselling Centre, does not believe that large-scale Aids testing is a cost-effective way of fighting Aids.

"Rather spend the money on education," she said this week. "I would like to see Aids care, not Aids scare, in this city. People must be adequately informed so that they can be sympathetic."

Those who suspected they may have been exposed to HIV, the virus causing Aids, could be counselled and tested at various Health Department clinics, she said.

Mrs Van der Velde wants to involve health personnel from these clinics in the first courses to be introduced at the Centre later this month.

Regular negative results on testing could give people a false sense of security, she said. It was very important that people who had more than one sexual partner, or whose partner had more than one, should take precautions against exposure to the virus.

Condoms were one such precaution recommended by medical authorities, she said, and it was also recommended that an approved spermicide — which also helps inactivate the virus — should be used.

Lubricants such as KY jelly could also be used with the condom, but people should seek advice about the correct techniques of condom usage to prevent any risk of HIV infection.

She also said monogamy should be encouraged.
A month-old baby girl has died of AIDS at the Johannesburg Children's Hospital. The baby, whose name is not given, was born to a mother who tested positive for HIV. The child's death is the first recorded case of an infant dying of AIDS in South Africa.

The baby was born in a hospital in Johannesburg. The medical staff at the hospital said that the baby was in a stable condition when it was born. However, the baby's condition worsened over the next few days, and it died on November 15th.

The baby's mother is currently being treated for HIV. The medical staff at the hospital said that the baby's death is a tragedy and that they are doing everything they can to prevent other babies from dying of AIDS.

The government of South Africa has been working to combat the spread of HIV and AIDS. The government has implemented a number of programs to help people living with HIV and AIDS, including providing antiretroviral drugs and offering counseling and support services.
Aids: ‘Legalise prostitutes’

A report by the Johannesburg Health Department has urged that prostitution and homosexuality be legalised so as to stop the spread of Aids.

But it is clear the city's management committee is sharply divided over the proposal.

Culture and Recreation chairman Mr Cecil Long said "opposition may be expected" from members who opposed legalisation. He considered the proposal "naive, apart from its moral implications".

The report said decriminalisation would ensure that prostitutes were known to the health authorities and that they piloted their trade in defined areas.

"Prostitutes are more likely to come forward for medical treatment... if the fear of prosecution is removed and decriminalisation would make homosexuals more accessible to health education and medical services," according to the report.

Long, however, doubted the council would be a suggestion which they thought would rather than reduce, the incidence of Aids...
Editor in court

SAPA editor Edwin Lavington was granted yesterday a postponement to October 3 by a Johannesburg magistrate who had ordered him to appear in terms of Section 205 of the Criminal Procedures Act to give information the State wants about alleged Cosatu offences.

The order calls on him to produce books, papers and documents regarding the Cosatu congress and issued or distributed during the congress in July this year.

Cosatu is alleged to have evaded the emergency regulations.

—SAPA

SA has an estimated

375 AIDS sufferers

TANIA LEVY

SA now has an estimated 375 people suffering from AIDS, Johannesburg Hospital HIV clinic head Dennis Sifris said at an AIDS conference at Sun City this week.

Sifris said that as of August 1989 there were 178 reported full-blown AIDS cases in SA, but because reporting was incomplete the total was probably 33% higher.

"In the global total of half-a-million people with AIDS, SA seems to have relatively small numbers, but reported numbers do not take into account people infected with the virus, who are still well and healthy," Sifris said.

"The World Health Organisation estimates that in Africa alone 2.5-million people are infected with the human immunodeficiency virus (HIV) which causes AIDS. This number is expected to increase nine times in the next decade," he said.

The number of people infected with HIV had increased rapidly over the last few years in SA, although the epidemic was still in its early stages in this country, Sifris said.

Sifris said about 50% of infected people would begin to show signs of illness within 10 years.

Education played a vital role in HIV infection prevention and young, sexually active adults in particular should be the major target group of awareness campaigns.

NATAL UNREST DEATHS

September 1987 to January 1989: 668
February 1989 — September 13 1989: 227
Past 24 hours' official toll: 0
TOTAL: 895
Aids on wheels
a serious threat

Truck drivers on international routes to Black states in the north are "Aids bombs on wheels", according to the Public Carriers' Association (PCA).

Said chief executive Ian Moss: "We are currently trying to establish just how big the problem is. Until we have figures it's difficult to quantify it, but we already know from experience that there's a massive problem.

"The major truck routes in the north are quite literally infested with prostitutes who service the truck drivers, and I'm talking about countries where Aids is known to be rife - almost epidemic. When the drivers come back, they are obviously at risk of infecting their wives and girlfriends and of starting a deadly chain reaction.

"We are talking to all the truck companies who work the international routes, and we're trying to figure out a way to both test the drivers before and after their runs, and to educate the entire staff of the companies about the dangers of Aids."

Workforce threat

He said research to date indicated that Aids was the most serious threat confronting business in the next decade. Current projections indicate that South Africa could lose up to 35 percent of its total workforce by 1996 from Aids. It could cripple the economy.

"Since the government is obviously not prepared to do anything about it, other than try and tell everyone that Aids is nothing to worry about, we feel that as a responsible industry body we have to take the initiative."

It's not as easy as that, however. According to the managing director of one truck company that runs regular loads to black African states, the trade unions are impeding progress on the Aids front.

"The unions regard Aids as a potential threat to their members - not from the health point of view but from the employment aspect. They fear that if workers are tested and found to be HIV-positive, they will lose their jobs.

"They are therefore refusing to co-operate with regard to testing either specific high-risk workers, such as long-distance international drivers, or the whole workforce."

The PCA is encouraging member companies to initiate one-on-one talks between management and staff on the subject of Aids.

Said Moss: "We are supplying them with detailed information on Aids that they can pass on to their staff. We are also in the process of organizing seminars around the country, and we are making a video that members will be able to show their workers.

"It is our objective to create an awareness of this enormous danger in the next few months, and to give all our members the necessary information tools for them to help their workers learn and understand about this deadly disease.

"We're sure that if carriers tackle this problem responsibly, they will be able to persuade the unions that they are not on a witch-hunt but that they are, in fact, concerned about the health and wellbeing of the workers in the transport industry. Then I'm sure we'll be able to work with the unions to combat the spread of Aids."

[End of text]
Bumper Aids awareness campaign launched

Staff Reporter

A R900 000 government Aids awareness campaign involving 25 million brochures in six different languages distributed to pharmacists, hospitals and doctors has been launched following last year's initial R1.3 million pilot programme.

Confirming this yesterday a spokesman for the Directorate General of National Health and Population Development, Mr Johan van Niekerk, said printings in both official languages, Xhosa and Zulu, began distribution last Monday. They were awaiting the Sotho, Venda and Tsonga translations, he said.

Mr Johan Eybers, spokesman for the public relations company handling the campaign, said major adverts had already been placed in national Sunday newspapers while R50 000 had been spent on black radio channel advertising.

The second phase of the project would be to distribute the pamphlets to municipalities and local authorities, he said.

Mr Van Niekerk said the pilot campaign had come before the major Aids outbreak on Transvaal mines where a denial syndrome existed with "blacks saying it was confined to whites and vice versa".

He confirmed that there were 244 cases of full-blown Aids reported in the country with 130 fatalities so far.

A local Aids expert who declined to be named for professional reasons welcomed the latest move.
Aids warning

NONGOMA - King Zwelithini Goodwill and Kwazulu Chief Minister Mangosuthu Buthelezi yesterday attacked apartheid’s migratory labour system for the erosion of family life, which led to sexual license.

Speaking at the annual celebration of the Reed Dance at Nongoma, the King of the Zulus called for a return to sexual morality to avoid the extinction of entire populations by Aids.

The King said young girls were the only salvation from the ravages of Aids and called on them to refuse to have sex outside marriage and with anyone “who has loose sexual morals and sleeps with any women he can get hold of”.

He threatened those who did not heed his warning: “You will die. You will cause your children to die. You will cause your husband to die and you will bring shame on the nation”.

King Zwelithini said moral decay was more of a threat than politics.

Robbed families

The migrant labour system had damaged the solidarity of local communities and robbed families of the men who should have been there to maintain social and religious discipline, he said.

In the consequent sprawling urban communities and ghettos, lack of family control led migrant workers hungry for female company - to prey on innocent girls.

“Illegitimacy has risen rapidly in places like Soweto, and now something like 60 percent of children are born out of wedlock,” he said.

The Zulu monarch quoted statistics reflecting the spread of Aids and said “I want to warn the nation ... and very particularly the young maidens of today, that unless we as a people change our attitudes to sex, the nation will be destroyed”.

Growing disrespect

Dr Buthelezi said that the migratory labour system had not only robbed communities of the “authority and standard bearing figures” of father, brother and husband - it had also led to a growing disrespect by the young for their elders.

“When youth reject the norms of their society and become a law unto themselves, the cultural life of the people must necessarily suffer terribly,” he said.

“It is not respect for old fuddy-duddies dated by time and history that I am talking about - it is respect for the best that there is in them... When people show disdain for who they are they become nobodies, and when they become nobodies they are not morally powerful,” Sapa.
New drug could relieve Aids victims

HUMAN Immunodeficiency Virus (HIV), popularly known as Aids, should not be viewed differently from other chronic and manageable diseases, says the head of the Johannesburg HIV clinic, Dr Dennis Sifris.

Addressing an Aids seminar organized by Welcome (Pty) Ltd at Sun City last week, Sifris said early intervention or treatment was the key to preventing the multiplication of the virus and development of the disease.

The advent of the drug Zidovudine had provided a ray of hope that patients' lives could be prolonged, Sifris said. The drug also reduces hospitalisation in early stages of treatment. He pointed out, however, that 100 capsules of Zidovudine cost R52 without GST, and the standard requirement was 200 capsules per month.

But, Sifris said, medical aids refused to cover the costs for Aids victims. "Medical science has no cure for most illnesses and the aim of therapy is to minimise the effect of the disease," he said. "Diabetics, for example, maintain a normal life by a daily injection of insulin, and people with hypertension are on long-term medication to control their blood pressure."

Sifris said that doctors were no longer talking about a miracle cure for Aids, but in terms of management of the HIV infection. However, the search for an ideal drug to combat the HIV epidemic would continue, Sifris said.
Govt move on Aids drug slammed

South Africa was the only "civilised" country in the world where the government refused to provide Aids sufferers with a proven life-prolonging drug, Dr Denis Sisiris, head of the HIV clinic at the Johannesburg Hospital has claimed.

Speaking at an Aids conference being held at Sun City, Dr Sisiris said all State-funded treatment with Zidovudine had been discontinued despite its proven efficacy.

The drug, which is available on prescription, costs about R750 a month. Until recently a handful of Aids sufferers in the Transvaal were treated with it at provincial hospitals but this practice has been discontinued because of "financial restraints."

Dr Sisiris said the conditions of private patients at his clinic, who could afford the treatment, had shown a marked improvement.

There are an estimated 30 to 40 Aids patients using Zidovudine at present.

"What we are trying to do is to improve the quality of life of people with HIV, to keep them productive and part of society," said Dr Sisiris.

"We hope that soon our Department of Health and provincial authorities will provide the drug to give HIV patients some hope that they will remain useful members of society for much longer."

He said one of the major areas of the drug's success had been in the treatment of HIV-infected infants.

These children were infected in the womb from their mothers and usually died within a few months after birth. They suffered severe neurological defects as a result of the virus. Zidovudine prevented some of these symptoms.

Professor Steve Miller, a consultant at the clinic, slammed mandatory employee Aids testing which he claimed was ineffective and discriminatory.

Eskom, he said, had spent R35 000 on Aids tests in the past year and had found only two positive cases. "A dreadful waste of money," he said, pointing out that sharing a workplace with someone who was HIV-positive was in no way dangerous.
Bumper Aids awareness campaign launched

Staff Reporter

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He confirmed that there were 244 cases of full-blown Aids reported in the country with 139 fatalities so far.

A local Aids expert who declined to be named for professional reasons welcomed the latest move.
No miracle cure? but AIDS drug brings hope
Insurance giant fights Aids with worker education

By SHARON SOROUR
Tygerberg Bureau

ADEQUATE Aids education — particularly in the workplace — is the only weapon against the disease, according to the chief medical officer of insurance giant Sanlam.

The company was running an Aids campaign on several fronts, Dr Albert van der Merwe said.

A major thrust of the campaign was informing employees and policyholders of the facts about the epidemic, he said.

Ideal place

"Although there is a basic awareness about Aids in South Africa, adequate knowledge is lacking and it is important that people know how to prevent contracting Aids and how to deal with Aids in the working environment," he said.

Aids victims would not be a threat to people if they were informed about the disease and the workplace was an ideal place to tackle Aids.

"It is essential to prevent unrest developing once Aids enters the workplace — and there is no doubt that it will," he said.

Routine screening on policy applicants had shown the epidemic was increasing and was not localized in the homosexual community but rampant in the heterosexual community.

"Last year we had one positive case about every two months and now we have one every week," he said.

Although insurance claims for Aids were not high, more than half of all Aids claims were less than two years old.

"This means that if we compare Aids claims to ordinary claims, the Aids claims are claimed much earlier and this is financially disastrous for the insurance industry," Dr Van der Merwe said.

More than 30 percent of Aids claims came from the heterosexual community and the disease was no longer only a homosexual disease.

Sanlam’s Aids campaign operated on several fronts.

"We sponsored the Planned Parenthood Association as family planning is the right place to start talking about Aids, the Sanlam media resource centre distributed the magazine Aids Scan, and a pamphlet for employees, while the company's doctors give routine lectures to employees throughout the country," he said.

Police give blind R3 785

Staff Reporter

A CHEQUE for R3 785 was given to the executive director of the National Council for the Blind, Dr William Rowland, by the deputy regional commissioner of the South African Police (Western Province uniform branch), Brigadier Jan Kotze.
AIDS afflicts 'five to 10 million'²

WASHINGTON — One in every five people (about one billion) is suffering from disease, poor health or malnutrition, the World Health Organisation (WHO) said yesterday.

Between five and 10 million people have AIDS. "The rich countries must transfer technology, health, manpower and money, because the greatest burden of disease was in the poor countries of Africa, Asia and South America," WHO director-general Dr Hiroshi Nakajima said yesterday.

The rich countries must help the developing countries. "Without the developed world's help, Africa is going to be in even more trouble than it is," said Nakajima.

But Dr Nakajima said there had been enough health care improvement in the past 40 years to raise human life expectancy from 41 to 59.7 years in the developing countries.

Accomplishments in recent decades include the eradication of smallpox. This has saved an estimated 20 million lives.

By the year 2000, the WHO predicts the eradication of polio, now striking about 200 000 children annually. — Sapa-AP.
'Openness will check Aids'

Mr. Isaacs, who has seen nearly 300 people who have been infected with the HIV virus, said AIDS could not be acquired by kissing.

However, there was a real danger of getting it from dirty syringes. He had seen four people who had been exposed to the virus in this way in Cape Town.

Segregation of those who had been exposed to the virus from other people would be "counter-productive," he said.

"Open debate about sexuality must be seen as the most powerful agent for controlling AIDS."
Free brochure on Aids scores a hit

Staff Reporter A Leboko

A NEW brochure on Aids issued by the Department of Health and Population Development has become a hit.

The brochure was part of the department's drive to increase the public's awareness of the disease, a spokesman said.

A special telephone "hotline" in Pretoria established to take orders for the new brochure received "scores" of calls and more than 100 000 extra copies were ordered within the first five days since the hotline was opened on September 18.

The hotline would remain in service until October 14 from Mondays to Saturdays between 7am and 7pm.

The spokesman said the brochure would be available free of charge at chemists, doctors, dentists, clinics and health care centres. It appears in nine languages, including English, Afrikaans, Zulu, Xhosa, Tswana, North Sotho, South Sotho, Tsonga and Venda.

The hotline number is (012) 325 8670/1, or those interested could write to Private Bag X65, Pretoria, 0001.
AIDS is spreading through South Africa at an accelerating rate. JOHN PERLMAN reports on health officials’ attempts to stop the incurable disease.

In the time that has elapsed between the government’s last public awareness effort around AIDS and the campaign launched this week, the official number of people with the disease in South Africa has risen from around 110 to 276.

The real figure is almost certainly higher, there is under-reporting of AIDS cases everywhere in the world. Here, some, like Professor Dennis Pudifin of the University of Natal, believe our caseload could be 30 percent higher than reported.

The extent of the problem cannot, however, be gauged just from the number of AIDS cases. There are also an unknown number of people infected with the human immunodeficiency virus (HIV) which causes AIDS.

Interviewed on television last week, a senior Department of National Health official, Dr Hans Steyn, said there could be as many as 20,000 people with HIV infection in the country.

Others believe that figure could be higher. According to Professor Steve Miller, president of the Sexually Transmitted Diseases Society and a doctor at the HIV clinic in Johannesburg, 35,000 is more realistic.

Recent surveys indicate an alarming rise in HIV infection. A study at the Durban clinic for sexually transmitted diseases (STD), conducted between June 1988 and February this year, found more than three in every 100 women and nearly two in every 100 men tested were infected with HIV.

And a survey of nearly 85,000 blood samples from pregnant black women by the South African Blood Transfusion Services in Johannesburg found that in mid-1987 one in 2,753 tested positive. By October last year, that figure was one in 461.

This picture of AIDS spreading in leaps and bounds is not surprising — nor is it unique to South Africa.

But it does beg two questions: with so much evidence that AIDS has already made deep inroads here why has it taken the government more than a year to move from one public awareness campaign to the next?

And looking to the future, is this campaign going to be part of a stepped-up effort which tackles AIDS on other levels? If so, what else is going to be done? Steyn did, after all, say on October 4 that his department was “very worried”.

It would be wrong to say that the government has done nothing in between the two public awareness campaigns. Centres to train AIDS educators and counsellors have been set up in Durban, Cape Town, Port Elizabeth and Bloemfontein this year at a cost of R5.5 million.

And while the money allocated to making the public aware is hardly impressive — the two campaigns have cost just over R2 million, less than half the cost of the info song — this campaign is more informative and more frank than the last one.

The campaign does not address the political suspicion that has surrounded previous AIDS prevention efforts. But it at least avoids the racially specific advertising used before — graffiti on a wall for whites, a grim face with a tear for blacks — which many felt was counterproductive.

But however good the advertising and brochures may be, their contribution to stopping AIDS will depend on what else is done. Department representatives said as much in pointing out that the advertisements were part of “an ongoing process. Any education campaign is not a one-off effort but needs regular reinforcement to stimulate awareness, bring about behavioural change and to sustain such behaviour change.”

But if that is to be achieved, three areas are crucial. First, while the brochures tell people concerned about AIDS where they can get immediate help, the disease confronts individuals and communities with a range of needs. The experience worldwide has been that many of these needs — education, counselling, support for people with HIV and with AIDS — are best met by community and peer groups who can best ensure that they reach their target audiences. Most important people with HIV and AIDS have a major role to play.

It has been a criticism of the central government’s AIDS effort in the past that these groups have not been drawn on. There are no representatives of gay organisations — who have a longer involvement in AIDS education work than any others — on our only consultative body, the AIDS advisory committee. Nor are there any black members.

There has also been little attempt to channel resources to community groups. On the contrary, organisations like the Gay Association of South Africa in Cape Town, have had to battle to get a fund-raising appeal.

Second, to what extent is the government going to let moral issues cloud what should be objective public health advice? While the brochure’s frankness is an improvement, the message on Network was sometimes equivocal and even contradictory.

The brochure described condoms as “the best preventive measure against AIDS besides not having sex and practising safe behaviour.”

But the TV programme’s main focus on condoms was to show a short clip from a US network which showed that many condoms had been tested and found defective. This was immediately followed by Steyn stressing that a man and a woman must stay together.

And third, what steps are going to be taken to ensure that people with decent welfare policy for people with AIDS and with HIV are taken care of and HIV would, in the long run, both those already infected or ill, be an investment.”
What AIDS Means To You

AIDS is one of the most serious health problems the world has ever known. It is important that we all know about AIDS, not only because of the serious threat it poses to human health, but also because of the profound social, economic and ethical implications of the disease. AIDS is Acquired Immunodeficiency Syndrome, a disease caused by the Human Immunodeficiency Virus or HIV.

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The real tragedy about AIDS is the number of people who ignore it.

What Behaviour Puts You At Risk?

Teenagers and young adults who are not sure about their HIV status, should get tested as soon as possible. There is no cost for testing and all results are confidential. It is important to know your HIV status so that you can take steps to protect yourself and others from infection.

The Problem of Drugs And AIDS

Sharing needles and syringes for injecting drugs, even once, is an enormous risk to your health. The use of needles and syringes is a major risk factor for HIV. Even if you have never shared needles, your risk of contracting HIV from a needlestick injury can be significant.

You Won't Get AIDS Through Casual Contact

No matter what you may have heard, the HIV is readily get and can be transmitted. You must avoid casual contact with someone who has AIDS. The virus can enter the body through the eyes, nose, or mouth.

Is There A Cure For AIDS?

There is no proven cure for AIDS. The disease is incurable. One of the most serious implications of the disease is the inability to fight HIV-related opportunistic infections and the significant increase in the incidence of AIDS-related cancers.

The more you know, the safer you'll be.

What Does Someone With AIDS Look Like?

It is very important to understand that a person can be infected with HIV without showing any signs of it. It is possible to be infected with the virus for years, feel fine, and have no other symptoms until you have a test for the HIV antibody. During this period, people with HIV may not know they have the disease. The only way to know for sure is to have regular HIV testing.

Could You Become Infected With HIV?

Yes, if you engage in high-risk behaviors. The risk of becoming infected while having sex is that this is due to the effects of the disease. This is not the end of the world. It is the end of the world if you have multiple partners, you are not stable in your relationships, and the disease is not being controlled. People need to know their facts about AIDS. Disease it is with them as it would any other health concern.

How Do You Get AIDS From Sex?

The HIV can be spread in sexual intercourse whether you are male or female, heterosexual, homosexual or transsexual. This happens when a person infected with the HIV enters the other person's body via the blood, semen, or vaginal fluids. The virus can enter the body through the vagina, penis, rectum or mouth.

The Difference Between Giving And Receiving Blood

Giving Blood: You are not at risk of getting AIDS from giving blood. The chances that you will get infected with HIV by donating blood are negligible.

Receiving Blood: The risk of getting HIV from a blood transfusion is very small. The virus is not transmitted in the blood of someone who is not infected with HIV. The donor is protected from HIV and is considered to be HIV-negative.

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The real tragedy about AIDS is the number of people who ignore it.
SAA staff angry over Aids slur

By JOCELYN MAYER
Weekend Argus Reporter

ANGRY South African Airways crew members are to lock horns with management over the handling of this week’s allegations that about 100 SAA cabin staff could be Aids carriers.

The SAA Cabin Staff Association intends to find out why certain facts were released to the press and why some were held back.

“Extremely sensitive”

Meanwhile, SAA has admitted that all job applicants must have an Aids test and that under no circumstances will an Aids carrier be employed by the airline.

A spokesman for the SAA Cabin Staff Association said a meeting had been arranged with management and he was unable to comment further on the issue as it was extremely sensitive.

He added that cabin crew were furious that the impression had been created they were all promiscuous.

Mr Leon Els, Director of SAA public relations, said job applicants had an Aids test which was part of a routine medical examination.

“If it is positive, they are not employed. This goes for other diseases and illnesses as well.”

He said if any flight crew were found to be Aids carriers, they would be removed from their position and placed in an alternative post.

Over the past eight years, at least six cabin crew, flight stewards and air hostesses had died from the killer disease.

“It is an emotional subject and we are aware of the problem, but the interests of the Aids sufferer should also be taken into consideration.

“It is not only airline cabin crew who get Aids. It does not discriminate. We have taken steps to inform our 11 000 staff members about Aids.”
VATICAN CITY — An Irish priest suffering from Aids was thrown out and another Aids victim was shouted down by a bishop at the start of the Vatican's first conference on the disease.

Scientists and Aids victims accused moralists preaching Roman Catholic sexual ethics of being unrealistic and insensitive.

"There's nobody with Aids represented here. The voice of how people with Aids feel is not going to be heard," said Mr Peter Larkin (34), a London Aids patient.

Mr Larkin was shouted down by a conference's organizer, Bishop Florenzo Angelini, when he challenged a speech by Monsignor Carlo Caffarra, a theologian close to Pope John Paul.

Monsignor Caffarra called homosexual activity perverse and said the use of condoms was never morally justified, not even to avoid spreading the disease to a partner or to an unborn child.

He said government publicity campaigns to encourage the use of condoms were immoral, partly because they encouraged permissiveness.

Mr Larkin, who belongs to a London support group called Catholic Aids Link, said of Monsignor Caffarra's speech: "It's crazy. It's immoral. By saying that condoms are of no use they are actually committing to death people whose lives could be saved with the wider use of condoms. To ignore people's sexual behaviour is to deny the truth."

Some time later, Father John White, an Irish Roman Catholic priest suffering from Aids, was hustled out of the hall by security guards for holding up a banner reading: "The Church has Aids."

"I live with Aids every day. And I have no voice here," he said as he was evicted. — Sapa-Reuter.
Pilots call for compulsory Aids tests

By DI CAELERS

THE South African Airways Pilots' Association has called for compulsory Aids testing for all air crews.

The call came yesterday from association president Captain Ian Domnisse following newspaper reports that as many as 100 cabin attendants — all male — were possible carriers of the disease.

SAA spokeswoman Ms Zelda Roux said yesterday six male cabin attendants had died as a result of the disease since 1982, but could not confirm the figure of 100 possible carriers.

"We do know of a few single cases of HIV-positive attendants but the figure of 100 is probably a projected figure put forward by medical people at a conference somewhere."

The newspaper report, in an Afrikaans daily, claims that as many as one-fifth of the total number of SAA male cabin attendants were possible Aids carriers.

The report further speaks of the danger of cabin attendants who are Aids carriers spreading the disease at both domestic and international destinations.

Ms Roux said the Aids issue was receiving attention at the highest level possible but that SAA could not force air crew to undergo blood tests.

"It is obviously a very sensitive and personal issue and the best we can do now is to attempt to get people to go for tests on a voluntary basis."

But she gave the assurance that anyone found to be medically unfit was automatically "grounded" and offered an alternative position. Pilots were required to undergo full medical examinations every six months and air crews once a year. "We do have a serious problem but we would like to assure passengers that they are in no possible danger. Aids cannot be passed on except by sexual contact, blood and body fluids," Ms Roux said.

She confirmed that SAA, in conjunction with the Department of Health, had recently started a comprehensive information campaign to inform all staff members of the dangers of Aids and how to prevent it.

"Next week all the airlines will get together at a medical congress in Paris and I'm sure the Aids issue will be high on the agenda," Ms Roux said.
Self-insemination dangers

Medical Reporter

Gynaecologists commenting on the alleged self-insemination of a Johannesburg woman who gave birth to twins last week were concerned about the threat of sexually-transmitted diseases.

Ms Elaine Ensor, a lesbian who apparently artificially-inseminated herself with the aid of a disposable syringe, gave birth to a boy and a girl in a Roodepoort clinic on Thursday. The sperm was donated by a coloured homosexual friend.

An in-vitro fertilisation expert told The Star this method of home-style insemination was possible, provided the sperm was kept in warm, humid conditions and used within three days, but he queried how carefully the donor had been tested for sexually-transmitted diseases.

"In Australia there was a case where two girls died of Aids after artificial insemination. In this country, the law states that the sperm donor in such a case must be tested for sexually-transmitted diseases every three months. Not just for Aids but for herpes and other venereal diseases. These diseases are not necessarily externally visible but may be carried by the sperm."

Ms Ensor's donor told a Sunday newspaper he had been tested for Aids.

A gynaecologist in private practice said he was concerned other childless people might try to copy Ms Ensor. He said he felt very strongly about the issue and that it horrified him.
Aids scare moves to Asia

Forecast of 1990 as “Health for All” year seems unlikely.

By the end of the next decade, six million people will have developed AIDS, ten times the number of cases thought to have occurred so far, says Jonathan Mann, director of the World Health Organisation’s Global Programme on AIDS.

This sombre and harrowing prediction will undermine the WHO objective of making the year 2000 a year of “Health For All”.

The WHO projection is based on estimates of how many people are infected and how many more are likely to become carriers if the HIV continues to spread at the current rate. Of the 600,000 cases reported to date, about 107,000 are in the United States.

Mann said if transmission of the infection increases dramatically in Asia, where the virus has just begun to gain a foothold, the estimate of six million could prove far too conservative. He said the WHO estimates that between six million and eight million people are currently infected with the virus.

Addicts

Studies among high-risk groups in several Asian countries suggest that the virus is spreading rapidly there. For example, the HIV infection rate among drug addicts in Bangkok, Thailand, has risen from one percent in 1987 to 40 percent this year, Mann said.

Among prostitutes, the rate has risen at least tenfold in the last three years. Between three and seven percent of prostitutes in Southeastern India tested in surveys are infected. Mann said studies also suggest that the virus is spreading among drug addicts in the country of Myanmar, formerly called Burma.

He said infection rates were increasing in West Africa, Latin America and Eastern Europe. He cited high global rates of sexually transmitted diseases and the increasing international popularity of injectable drugs such as cocaine and heroin as major causes of the spread of AIDS.

Returning from an international conference on AIDS which was held in Rome, South African AIDS expert Prof. Ruben Sheer confirmed Mann’s observations.

Conflict

The meeting was organised by the Vatican City and the aim was to examine the role of the Catholic Church in the epidemic. The meeting consisted of the scientific aspect and the theological approach to the social aspect of this disease.

Many of the issues which AIDS touches are in conflict with the teachings of Catholicism. For example, homosexuality, drug abuse and abortions and the use of the condom.

“It would seem that the church is not going to yield on these factors. They maintain that the answer to stopping the AIDS epidemic lies in behavioural change, that is monogamy,” Sheer said.

However, the church could play a role in caring for people with AIDS. Some of the scientists were optimistic that there may be a vaccine by 1992. But the only vaccine we have today is education. “This means that an individual can protect him/herself by practising safer sex,” Sheer added.

The drugs currently available and those soon to reach the market like DDI, prolong life but are not a cure for the disease.
SAA cabin crew
no threat to
passengers —
Aids specialist

Staff Reporter

A PROMINENT Cape Town Aids specialist has endorsed assurances from South African Airways that passengers are not at risk from HIV-positive cabin attendants.

The specialist, who cannot be named for professional reasons, spoke out after newspaper reports that as many as 100 SAA cabin attendants — all male — were possible Aids carriers.

He said the fact that female staff had not been infected proved the point, since they were in constant contact with male staff.

"We know there have never been cases of transmission within a household. The only things we warn people about are using the same toothbrushes or razors where blood can be delivered straight into a cut or sore."

He said that even when a drop of blood was injected under the skin, only three in 3,000 people would actually become infected.

"The transmissibility of a virus is directly related to the amount of virus and where you put it."

SAA spokeswoman Ms Zelda Roux yesterday denied that the airline had been inundated with calls from concerned people.

She assured passengers that cabin crew had nothing to do with preparation of meals served on flights.

"Meals are prepared by a private concern under strictly controlled conditions where employees wear protective clothing and work in immaculate kitchens."

"The cabin crew is responsible only for serving meals, most of which come in sealed containers anyway," Ms Roux said.
Sharp rise in deaths from AIDS

JOHANNESBURG. — So far this year 56 people have died from AIDS in South Africa, official figures show.

Of the total of 310 cases diagnosed in the country since 1982, AIDS has been responsible for 160 deaths.

Statistics released on Tuesday by the Department of National Health and Population Development showed that there were 69 survivors from the 113 cases diagnosed up to the end of October this year — an increase of 27 over the 96 cases for the whole of 1982.

Homosexuals are by far the biggest group of sufferers, with 195 reported cases — 69% of the total of 283.

Of the 283 cases, 159 were diagnosed in the Transvaal, 56 each in the Cape and Natal and 12 in the Free State. — Sapa
Aids scare after sodomite found to be infected

VEREENIGING – An unknown number of boys in the Vaal Triangle, Secunda and Hendrina power station areas may be unaware that they could be infected with Aids.

This follows the disclosure in the Vereeniging Regional Court that a 30-year-old man, who was yesterday convicted on three counts of sodomy, had tested positively for the disease.

It is now feared that the discovery “could lead to a major tragedy involving young, innocent boys”, according to regional court prosecutor Mr Louis Venter.

Jan Abraham Sadler, who formerly resided in the Vaal Triangle area and now lives and works in Secunda, was sentenced to three years’ imprisonment by magistrate Mr Dries Visagie after being found guilty of committing indecent acts with a 15-year-old Vanderbijlpark boy on three separate occasions.

The offences were committed towards the end of last year against the teenager’s will while Sadler, a bachelor, boarded with the boy’s parents. He initially admitted guilt on the three counts, but a plea of not guilty was entered by the court.

The possibility that he had associations with other young boys has not been ruled out. The court yesterday heard that Sadler

Scare

said that offences involving indecent acts towards children were on the increase, and that similar cases were heard in the Vereeniging Regional Court yesterday.

He said that from the evidence led in the trial it was obvious that the accused tried to curry favour with the 15-year-old boy and his sisters by buying them presents.

It appeared that the accused was also responsible for the boy running away from home after indecent acts were carried out against his will.

During a brief press conference after the hearing, Mr Venter appealed to all boys who had any association with Sadler to confide in their parents or house doctor and to have immediate Aids tests.

All members of the police who investigated the case, as well as prison staff who were in contact with Sadler while he was in custody, are to be tested for Aids.

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Survey shows miners ‘aware of Aids-risk’
(Own Correspondent)

JOHANNESBURG. — Black miners, often named as a high-risk group in the spread of Aids and other sexually-transmitted diseases, (STDs), had a high level of awareness of the dangers of the virus, according to the results of a recent Chamber of Mines survey.

The Chamber of Mines said the survey had shown miners were a responsible community who had an understanding of Aids and STDs.

The survey was conducted among 429 black mine workers on four mines by the Chamber of Mines Human Resources Laboratory.

Its purpose was to examine black mineworkers’ awareness of Aids and STDs as well as the behaviour patterns potentially affecting transmission.

The 429 workers represented 5.5% of the labour force on the four mines.
AIDS 'no greater risk to miners than others'

There was no evidence to suggest miners were at greater risk of contracting AIDS than other male black workers, a Chamber of Mines survey has found.

The survey results were published in the chamber's newsletter. Figures available from other medical studies indicated the prevalence of HIV-positive persons among miners attending sexually transmitted disease (STD) clinics at mines was lower than among blacks attending STD clinics in Johannesburg.

The survey was conducted on a sample of 429 miners from four gold mines—two in the Transvaal and two in the Free State.

The report states: "The promiscuity of black miners, so often alluded to in discussions about AIDS in SA, is not borne out by this survey. A prevalent understanding of the dangers of promiscuity in the spread of STDs and AIDS was shown in this study."

Although awareness of AIDS was high, the feeling of personal susceptibility was low. Almost 95% of the men interviewed had heard about AIDS, but only 20.3% believed they could contract the disease.

Because of the predominantly sexual transmission of AIDS, knowledge of STDs was considered important. Some 27% of the men had had an STD, while 7.7% could not remember. Single men showed double the incidence of STDs compared with married men, while the 18-25 age group reported three times more STDs than the over-45 age group. About 56% of those who had had an STD were from SA townships, while 25% were from Transkei and 18% from Lesotho.

The report said it was noticeable that peer teaching was the most important source of information to the miners.

Mine media were another necessary source of information. Combining these two information channels and using individual health education messages directed at "at risk" groups (young, single, poorly-educated miners and those having most contact with women), appeared the most sensible strategy to combat the possibility of an AIDS epidemic among miners.

The newsletter also carried a synopsis of a paper delivered by chamber medical adviser Dr Oluf Martyn, who said another survey had identified Malawian employees as being the most seriously infected, with an incidence of 3.78% compared with 0.02% in SA employees, equivalent to 175 times more infection than SA miners.

"By 1997 the situation had escalated to 10% of Malawians, or 2 000 employees, testing HIV positive. By 1998, the prevalence in Malawian employees had increased to 21%. A most interesting finding was the discovery that 21% of Malawian employees had become HIV positive on testing in 1999 compared to 10% in 1987/88. The significance of this finding is of major importance."

The increase took place while the employees worked in SA and did not return to Malawi on leave. They were therefore not exposed to infection in Malawi during this period and most could not have been infected in SA, as the prevalence of infection in SA miners was probably less than 0.2% during 1987/88.
PRETORIA — AIDS had the potential to develop into one of the greatest global catastrophes and to disrupt the economic and social life in SA, Health and Population Development Minister Rina Venter said here yesterday.

Opening a conference on the disease, she stressed the potentially crippling economic costs of the spread of AIDS.

At the conference were ministers of health, education and culture and welfare of southern African governments.

The economic implications included the costs of transfusion screening services and educational programmes. To be added were treatment of AIDS cases — between R40 000 and R80 000 — and claims made on life insurance.

Indirect costs involved the loss of skilled workers, man hours, production and an increased demand for health services. Industry and commerce should become involved in educating their workers.

Venter said governments should realise the disease could disrupt economies and AIDS could easily become politicised. Fears of AIDS had become a direct threat to free travel between countries and to open international exchange and communication. However, they were based on prejudice for which very little if any well founded substantial evidence existed.

In the absence of a vaccine and definitive therapy, strategies had to be aimed at prevention.

Carriers

Speaking to the Press after the conference, Venter said ministerial representatives of the independent states had agreed on the urgent need for cooperation and a co-ordinated effort to fight the spread of the disease.

National Health and Population Development director general C P Slabber told the conference the spread of AIDS had developed into an iceberg phenomenon: what was visible was only a small part of the total picture.

The visible tip was an estimated 30 000 cases worldwide, a further 600 000 HIV positive cases and between 10-million and 15-million asymptomatic virus carriers.

By the end of October, World Health Organisation statistics showed 166 963 cases. In Africa the figure was 31 148. But Slabber added there was significant under-reporting of cases.

Initially it had been overwhelmingly a homosexual spread. However, there had been a marked increase in heterosexual spread, in female cases and in black cases.

With an incubation period of five to nine years a patient could be totally unaware of his condition. However during this period other people could be infected.

Slabber said 60% to 100% of people infected would progress from being carriers to having the full-blown disease. Once symptoms developed the mortality rate was 100%.

In the US the average life expectancy from the onset of symptoms to death was 15.5 months.
Five AIDS cases in Venda

SIBASA, Venda — Four men and a pregnant woman in Venda have been diagnosed as AIDS victims, the Venda Director for Health Services, Dr P J McCutcheon, said yesterday.
Remember, It's World Aids Day

Today is World Aids Day, to raise awareness of Aids and the worldwide effort to halt the spread of the disease.

By JENNY VIAL
Staff Reporter

In parts of Africa, Aids is known as "grandmothers' burden", as more and more grandparents are having to bring up their grandchildren because parents are dying of Aids, placing an enormous pressure on family structures.

Aids is no longer a disease affecting homosexuals and intravenous drug-users. Increasingly, women are at risk.

At a conference on Aids in Africa held in France, it was predicted that most of Africa's new Aids cases would be mother to child transmissions because of the large number of women who have become infected.

Magnitude

"Perhaps a difference in South Africa is that we may have a little more time, because the spread of Aids has come a little later. In that way we have time to look around and see the problems other countries are having and how to deal with them," says Professor Van Coeverden de Groot of the University of Cape Town.

But there is no room for complacency. "Nobody has an accurate idea of the magnitude of the problem," said Professor Van Coeverden de Groot, "and the message we must get across is how to prevent Aids and dispel the myths about how Aids is spread."

The Planned Parenthood Association, which incorporates the Aids Education Unit in Cape Town, runs workshops and gives talks in the Western Province on Aids prevention.

Their work includes training nurses, religious leaders, social workers, factory workers, teachers and running their Loving Carefully programme at schools, youth groups, universities and colleges.

In addition they publish Aids Scan, a bi-monthly publication with the latest information from around the world, and have a resource centre with books and videos on Aids.

"It's time to be open about sexuality, because unless we're open about sexuality, we cannot hope to educate people about Aids," said Erica Greathed, who coordinates the adult and youth education programmes.

"In our workshops with young people we promote responsible sexuality and Aids awareness.

"Aids is part of sexuality, in educating teenagers we have to open up about sexuality."

The only way to prevent Aids is monogamy or the use of condoms.

For many teenagers, there is usually a fair amount of sexual experimentation before they settle in to a monogamous relationship.

"And monogamy does not mean one sexual partner at a time, it means just one partner, we have to make that clear to young people," says Erica.

An investigation in the UK found that on average teenagers had five to six sexual partners before they settled down in a monogamous situation.

Realistic

That meant that each teenager was in sexual contact with 45,000 people, a frightening number, considering that some of these would be HIV-positive, and while symptomless, would continue to spread it, said Erica.

"Many people see promoting the use of condoms as promoting promiscuity, but we must be realistic. Young people do engage in sexual activity, and we're just saying make it safer.

"It would be cheaper for government to make condoms available than to treat people with Aids."
Focus on Education

World AIDS Day

Geneva — Nearly 2000

World Health Organization

UNAIDS and WHO have developed the "World AIDS Day" into a global campaign to raise awareness and action on HIV/AIDS. The day is observed on December 1st each year, with the aim of bringing attention to the ongoing global epidemic of HIV/AIDS and its impact on individuals, communities, and societies worldwide. The campaign seeks to mobilize people to take action in support of those affected by HIV/AIDS and to encourage the reduction of stigma and discrimination against people living with the virus.

The World Health Organization (WHO) and the United Nations Joint Program on HIV/AIDS (UNAIDS) collaborate to coordinate the Global HIV/AIDS Response. The objectives of this day are to:

2. Promote the importance of treatment and support services.
3. Encourage testing and counseling to promote early diagnosis and treatment.
4. Advocate for increased funding and resources for HIV/AIDS programs.
5. Support communities and organizations in their efforts to combat HIV/AIDS.
6. Advocate for the rights of people living with HIV/AIDS.

By focusing on education, the World Health Organization aims to create a broad understanding of HIV/AIDS and its impact, as well as to encourage action at the individual and community levels. This day serves as a reminder of the ongoing battle against HIV/AIDS and the need for continued support and resources to address this global health crisis.
South Africans need to be told more about the dangers of Acquired Immune Deficiency Syndrome, Professor Ruben Sher told City Press this week.

Since 1987 many black people have contracted the disease, once known as the "white man's disease".

Sher said 59 black people suffered from Aids and that one out of 300 people tested monthly in medical institutions countrywide had the HIV virus.

So far 160 white and black people had died of the disease out of a total of 310 diagnosed since 1982.

This year alone 114 cases had been reported, most of them involving homosexuals living in Johannesburg. A total of nine black babies – five male and four female – have been born with the killer virus.

Some 2000 people from the KwaZulu area were infected with the virus, but that did not mean people in Soweto and other metropolitan areas were immune, said Sher.

People felt they would not contract Aids and were reluctant to go for tests.

"Blacks have recently become the most vulnerable of all the people in South Africa," said Sher.

The notion of immunity among black people was cause for concern, given the increasing number of Aids sufferers.

"There are still those who contend that Aids in blacks is a government plot," said Sher.

Because of apartheid most things the government did were regarded with suspicion.

December 1 was proclaimed World Aids Day by the World Health Organisation in an attempt to focus attention on learning about and understanding Aids. SOL MORATHI spoke to Professor Ruben Sher, head of the Aids Training Information Centre in Johannesburg.

Cure vaccine for Aids, the most important component of Aids programmes was information and education.

Aids can be prevented through informed and responsible behaviour.

The full aim of the Aids awareness campaign is to:

- Inform and educate people about Aids and its prevention;
- Tell people that Aids can be stopped; and
- Encourage compassion and understanding towards those who have Aids or are infected with the virus.

Sher urged employers to give a helping hand in the fight against Aids. He said they must:

- Have an Aids policy based on scientific facts and humanitarian grounds – not fear and misconception;
- Make sure their employees receive education about this potential biological holocaust;
- Provide condoms;
- Offer financial support for Aids research; and
- Do something about the migrant labour system.

The community-based Aids awareness programme, Puppets Against Aids, started educating people in the Transvaal against the dangers of Aids a year ago. The programme opened World Aids Day this weekend in Cape Town.
HIV and Aids had been, up to 1987 — except for a few blood transfusion-related and haemophilia cases — almost exclusively a white homosexual problem.

"People must not be deceived. Aids is a dangerous disease. It has no political, sexual, social or cultural barriers. It can affect anyone," said Sher. Aids was spreading rapidly in southern Africa and black people could no longer allow political ideologies to stand in the way of health.

"The danger of Aids is that it is a silent disease. It is unlike a cold or tuberculosis. You can stay for years without realising you are an Aids carrier."

"The only way people can avoid it is by stopping sleeping around."

Sher said HIV and Aids diagnosis was made in accordance with regulations prescribed by the Atlanta-based Centre for Disease Control.

On Friday, the world community took part in workshop sessions to discuss the general psychological and social aspects of Aids.

The WHO, which proclaimed December 1 World Aids Day, said it recognised that in the absence of a
Mystery escape from AIDS

OUR years ago Ron Webeck, of St Petersburg, Florida, could barely walk, couldn't talk and was nearly blind, when he was flown to his family's home to die of an AIDS-related brain disease.

Today, Webeck, 42, is thriving and researchers are trying to find out why.

"I realize that I'm probably not supposed to be here. I've been given an incredible gift -- I'm cured," he said.

Tests have failed to turn up the AIDS virus in Webeck's blood, and scientists can no longer find a trace of the virus that caused his brain infection -- progressive multifocal leukoencephalopathy, or PML.

The disease preys on AIDS victims and usually kills within six months.

"Sure he's healthy. He looks good, he feels good and he can do anything he wants to," said Dr. Joseph Berger, a University of Miami neurologist and AIDS researcher, who wrote about the case in the medical journal Neurology.

"But I'd have to say with 99 percent certainty that he's sitting on a time bomb," Berger said.

"What caused his illness in the first place is somehow being suppressed and will come back." AIDs researcher Sidney Houff, who examined Webeck at the National Institute of Health in Bethesda, Maryland, calls his recovery remarkable -- but he's not ready to call it permanent.

"What exactly caused him to survive and recover is a mystery.

"There's no telling what may happen in the future. I'm hopeful for him, but if his immune system is sufficiently challenged, there's always the chance the virus that causes PML will reappear." Webeck thinks doctors are being overly cautious.

"I'm going on five years now. How long do I have to be healthy before they finally give up and agree I'm well?"

For Webeck, who said he lived in the fast lane of San Francisco's gay community in his 20s, the first signs something was wrong came in the spring of 1985.

While working as a waiter in Massachusetts, he began falling down and had to leave.

A culture of spinal fluid taken at Massachusetts General Hospital eight weeks later showed the presence of the human immunodeficiency virus (HIV), the virus that causes AIDS.

A scan revealed lesions on his brain and a biopsy showed that PML had infected his brain tissue.

After weeks of violent illness and with his weight at just above 54 kilograms, doctors suggested Webeck make plans to be with his family. They thought he only had days to live.

"They didn't have to say the word -- it was written all over their faces. They rushed me home with no medicine, nothing."

Dr. Leonard Mueke, who treated Webeck at Massachusetts General, said he had to tell the patient and his family the dismal prognosis.

Under his parents' care, Webeck suffered seizures and a bout of depression that ended in his attempt to take an overdose of sedatives. After 10 days in the hospital, he survived.

"That was a big turning point for me. I met death and was spared."

Without medical treatment, and an attitude shaped by books on positive thinking and an insatiable will to live, Webeck began forcing himself to eat and walk again.

In July 1986, he set out to find a cause for his return to health. He wrote to every major medical center and AIDS researcher in the country.

After scores of encouraging but non-committal responses, Berger at Miami and then Houff at the National Institute of Health, agreed to make extensive examinations.

Houff, who completed more than three weeks of examinations of Webeck in June, found that all components of his immune system were basically normal.

One odd thing was that Webeck had the usual number of B lymphocytes -- white blood cells that produce antibodies against disease.

All other PML patients Houff had seen had produced vast numbers of tainted blood cells that made their way into the brain tissue and caused the infection. Webeck is stronger than ever. Recently he went on a diet after his weight topped 81 kilograms.

He receives a disability cheque from Social Security, so has time to speak to churches and civic groups, and to care for a friend with AIDS. He hopes to travel full-time to promote AIDS research and to show that the virus does not always mean a death sentence.

"Many AIDS victims were so devastated when they heard they had it that they gave up. If people see me, maybe they will think that miracles do happen." -- Sapa-AP
Aids menaces SA economy

SOUTH Africa is in the midst of an Aids epidemic which will cost the economy huge sums as it gains momentum.

Experts say the extent of the epidemic has been underestimated.

Health and Population Development Minister Nia Venter believes governments must take cognisance of the crippling economic effects of the disease and develop strategies to prevent its spread.

Dr Venter says the implications for the skills of SA, productivity levels, the health industry, life-assurance companies and free international travel are daunting. Education is vital in combating the disease.

Evidence of the rapid spread of Aids can be seen in the number of claims submitted to life-assurance companies. Since 1994, claims resulting from death caused by Aids have risen to more than R3-million.

**Promiscuity**

Statistics from Mercantile & General senior underwriter Jacques Greyling show a sharp increase this year in the amount life assured have paid out for Aids-related deaths.

Mr Greyling’s research shows that by January 1997, assured had paid out R3.3-million since 1994 to 93 policyholders in 47 claims. By June 23, the figure had risen to R5.198-million for 49 claims lodged by 69 policyholders.

Chamber of Mines medical adviser Oulu Martiny says the 225 identified Aids cases in SA bear little relation to the number of infected individuals. He puts their number at between 20,000 and 50,000.

Dr Martiny says of the known 235 cases, 56% have died. The rest are expected to die within two years.

"The frequency of the disease is doubling every six months, which means SA is in the midst of an epidemic. "Education is the only line we have of slowing down the epidemic, and this implicates business across the board. All companies must develop a policy to cope with the disease."

Dr Martiny says apart from considering areas such as medical aid, pension, insurance and training, three points should be considered by organisations confronting the disease:

- It should be established that no worker will be fired if he develops Aids. There is no risk to other employees — unless sex takes place at work.
- Fellow employees almost invariably refuse to work with the infected individual, and his or her life might be at risk from violence.
- Workers should be educated. The target group for education must be identified, and they will include management, workers and families.

A survey by the Chamber of Mines found a high level of awareness of Aids among black miners. Almost 95% of those interviewed had heard of the disease compared with 40% in 1986.

Dr Martiny says this is encouraging, especially because the survey disclosed a low incidence of promiscuity among workers. The survey indicates that the mining industry and its employees play a minor role in the spread of HIV infection in SA.
Opinion

By FANNY A GROSS

AIDS enjoys the international spotlight, because of the general worldwide feeling of anxiety about the universal occurrence of this ailment. Institutions of public health everywhere are beginning to take cognizance of its spread and are attempting to devise strategies to control the epidemic.

The World Health Organisation (WHO) estimates that by the year 2000, 10 million people worldwide will have died or will be seriously ill from the disease, and a hundred million will be infected.

It is, therefore, essential that guidelines be formulated for a comprehensive strategy to curb the spread of AIDS in this country, including the presence of the disease in our prisons, which is likely to become more prevalent.

Potential

Among the prison population are drug addicts and since drugs acquired in prison are extremely expensive and beyond the means of most inmates, obtaining them is easy. Smoking and needles used are not easy to smuggle into prison, those that do get in are widely shared and remain in circulation till they are no longer operative. They may be utilised by a large number of inmates, many of whom may be unaware of the risks they are running by using that equipment or in passing it on to others.

It is, of course, a sine qua non that homosexual activity is rife in prison, especially among long-term prisoners, although its exact extent has thus far not been established. It has, however, been estimated that approximately 25% of inmates serving long terms may be involved.

Not being as well informed as the general public about the risk of contracting the AIDS virus, the potential for its spread becomes obvious.

Devastating as the knowledge that one has AIDS may be to anyone, it is a good deal worse for the inmate who lacks the special facilities available to those outside.

For instance, privacy or extra visits to discuss the results of the tests he has undergone with members of his family or close friends, or even the use of counselling and information services, are unavailable.

It is within the ambit of the prison authorities to help minimise the strain and damage that the devastating news of a positive result could cause, and at the same time mobilise any likely support for the prisoner from his home, friends or the local community. Extra visits could perhaps be permitted to enable the inmate, and those close to him, to come to terms with the situation as far as possible.

In addition, ongoing counselling and support should be made available wherever possible. It is gratifying to note that the WHO has responded to the problem of Aids in prisons. In 1987, it convened a consultative meeting on the prevention and control of Aids in prison.

Twenty-six countries were represented at this gathering. Thirty-seven specialists from these countries, including experts in public health, prisons and medical administration and prison care, participated in the consultation.

Compassion

It was decided at that meeting that the general principles adopted by national Aids programmes should apply equally to prisoners. Therefore, the policies of prison administrations should be developed in close co-operation with health authorities because of their responsibility to try and minimise, HIV transmission in prison, and consequently also in the general community when inmates are released to become part of the community again.

"It was further suggested that prisoners suffering from Aids should be considered for compassionate release to enable them to die in dignity and freedom in the arms of their families."

In Britain, for instance, specific guidelines for the management of prisoners with HIV have been formulated. The Prison Reform Trust (PRT) recommends that, inmates known to be suffering from HIV should not be forcibly segregated or barred from certain types of work or exercise, because they have the virus. Moreover, in the view of the PRT, prisoners suffering from HIV should be treated the same right to confidentiality as those on the outside.

Authorities in some countries strongly recommend access to condoms for prisoners in terms of public health considerations, as they do serve as a measure of protection, as well as education in methods of how to reduce the risk and the elimination of illicit intravenous drug-taking by prison officers. In fact, it is felt that this should form one of the main objectives of the innovative work done with such inmates.

Impressive

As the number of prisoners suffering from the virus increases, the problem is likely to become more serious. There is, therefore, a definite need for considering and pursuing different methods of monitoring and co-ordinating treatment of inmates, with HIV, and other conditions.

It is imperative that prison medical services accept responsibility for ensuring that all prison medical officers be fully conversant with developments in the management of HIV diseases and are fully trained to recognise the symptoms of HIV diseases.

The policy employed by prisons should be in conformity with the general public. The policies of prison administrations should, therefore, be developed in close cooperation with health authorities. After all, prison authorities have the responsibility to ensure the safety of prisoners and staff and to try and make certain that the risk of spreading in the prison is minimised. This conforms with WHO’s launching of World AIDS Day to strengthen the spirit of solidarity, tolerance, compassion and understanding for people infected with HIV through knowledge and action.
One in 200 girls HIV-positive

By S'BU MNGADI

ONE in 200 Natal schoolgirls has tested positive for the HIV-virus.

These shocking figures were revealed this week by Prof Dennis Pudifin of the Natal University's Medical School.

"The carriers are rapidly passing the AIDS virus on to others," he said.

Pudifin's figures are based on samples from the Durban blood bank.

Surveys at a Durban clinic, conducted between June 1988 and February this year, have backed Pudifin's findings.

The surveys found that more than three in every 100 women and more than two in every 100 men were HIV-infected.

"The incidence of women being Aids carriers has now overtaken that of men and is increasing faster. We don't know why it's a more common pattern in the black population," said Pudifin.

Other research on blood samples from pregnant black women showed that one in 461 were HIV-positive.

See Page 11
Screening won't help keep out Aids — report

By DICK USHER, Business Staff

SCREENING migrants, immigrants or foreigners for Aids is unlikely to be effective in excluding infectious people, according to Dr Oluf Martiny, medical adviser to the Chamber of Mines.

Dr Martiny, reported in the chamber's latest newsletter, based his conclusion on tests on Malawian mineworkers which showed about 10 percent were HIV positive in 1987/88, but 21 percent had become positive by 1989.

He said the increase took place while employees worked in South Africa and, because they had not returned to Malawi on leave, could not have been exposed to infection in Malawi.

Most could not have been infected in South Africa because the incidence of infection among South African miners was probably less than 0.2 percent during 1987-1989.

“HALF FOUND”

Dr Martiny said the only possible explanation was that 21 percent were infected in 1987/88 but only half were found positive in original tests.

The percentage of all miners testing HIV positive at mine clinics for sexually-transmitted diseases had doubled from 0.2 percent in 1987 to 0.4 percent in 1988 and to 0.8 percent in 1989.

A major factor in the increase was the increased prevalence of infection among Malawian miners.

A chamber survey on Aids awareness, reported in the same newsletter, developed a picture of black miners as a "responsible section of the community who have a broad understanding" of Aids and sexually-transmitted disease (STD).

It showed the vast majority reported a knowledge of Aids and STDs and a low level of sexual promiscuity.
Non-racial Aids clinic for hospital

The Argus Correspondent

DURBAN.—The city's first non-racial Aids clinic has been established at Addington Hospital as shocking new figures show that over 1 000 people in Natal are HIV-positive while 61 people have developed full-blown Aids—more than double the figure recorded in January.

Addington's Chief Medical Superintendent, Dr Patrick Fitzgerald, confirmed that a clinic has been established in the hospital, and had opened last week to provide free Aids tests and counselling to the general public.

Although only one person has visited the clinic since it opened, Dr Fitzgerald said he expected more people to come as they got to know about it.

The latest figures published by the Department of Health reveal 310 full-blown Aids cases had been recorded in South Africa by October this year.

In January there were 300 carriers and 28 cases of full-blown Aids on record in Natal.

Dr Fitzgerald said it was not the number of Aids cases treated at Addington which prompted the establishment of a clinic, but the need to treat Aids on an ongoing basis.

"We felt it was not enough to simply test someone for Aids, treat them and send them away," he said. "People with Aids require some kind of counselling and we needed to have staff specifically geared towards treating the Aids patient as a whole. The medical staff in this clinic are just such people."

Anyone requiring help in dealing with Aids may contact the clinic.

National Aids Advisory Group member Professor Dennis Pudifin welcomed the establishment of the clinic.

He said a particularly good aspect was that some of the medical staff involved had worked with Aids patients before.
A DISKETTE containing the antidote to the "AIDS" computer virus sweeping across Europe and Africa was due to arrive from England this morning.

The Computer Virus Helpline in Johannesburg has been inundated with calls from Switzerland, Belgium and West Germany as well as Africa because the "British Centre", which is the only other virus centre outside the US, has been overloaded and unable to help.

Business Systems Solutions MD Ian Melamed said the centre had received 11 calls from Zurich alone, more than 140 from Zimbabwe and countless others from other African countries.

The virus is contained on a diskette labelled "AIDS information introductory diskette version 2.09".

Melamed said the motive behind the virus appeared to be blackmail. Data destroyed by the program could be bought back by paying $100,000 into a Panamanian bank account, according to instructions on the program.

The Computer Virus Helpline can be contacted at 804 3222 for advice on removing the virus.
Aids virus: Maritzburg searches for ear needles

The Argus Correspondent

MARITZBURG. — Health inspectors are searching for ear-piercing needles which might be contaminated with the Aids virus following the discovery that a 15-year-old known HIV carrier had her ears pierced here with a re-usable needle.

Dr Iain Walters, Medical Officer of Health, confirmed that the girl had gone to Edendale Hospital on Monday for a routine examination relating to her known HIV-positive condition.

A nurse noticed that the girl's ears had been recently pierced and it was established that this occurred at the weekend "somewhere in the central city area".

EXTRA HAZARD

Dr Walters said today that there was a small chance that a needle could be contaminated by the Aids virus, which was known to live outside the human body for only about three minutes.

If the needle was not correctly sterilised it was an extra hazard, and as a precautionary measure Dr Walters has prohibited the use of the re-usable needle technique for ear-piercing.

City health inspectors would urgently visit ear-piercing and tattooists to check their procedures and to advise on the hazards involved.
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Building societies move on AIDS

THE larger building societies offering term assurance as security for their mortgage bonds have substantially increased their reserves to take account of the impact of AIDS.

Term assurance policies are entirely risk policies providing cover for the bond in the event of death or disability and they usually carry a guaranteed premium. They do not have either a "with profit" or an investment element, so they have no leverage to adjust the benefit or the premiums in the event of higher mortality rates.

Donald Fabian, a partner with consulting actuaries J A Carston & Partners, said the companies they advised had established necessary "substantial reserves" to meet the possible effect of AIDS as they generally transacted only term assurance.

Doug Keir, an actuary with Swiss-Re SA, and chairman of the AIDS subcommittee of the SA Actuarial Society, said while term assurance is an important aspect of the building societies' business, it did not represent a large part of the SA market.

For other life insurers, the problem of additional reserves to cater for AIDS was not so acute as they were in the savings market and could accordingly increase their premiums in line with the risk.

With universal life policies or "with profit" policies, either the premium or the benefits could be adjusted.

Keir said the AIDS subcommittee was presently developing an AIDS model for SA which would allow actuaries in the life assurance market to assess the impact of AIDS on reserves and therefore the premiums required.

An indication of the problem that AIDS presented to life insurers in a situation of high infection was the stance adopted by Old Mutual in Malawi where 25-35% of the entire adult population was estimated to be HIV positive.

Corporate actuary Graham Prentice said that as a result of the Malawian government's prohibition on AIDS testing by life companies for policies where the sum assured is below R10 000, Old Mutual was only actively involved in pure savings policies where the risk had been totally removed.

Only the policyholder's contributions plus interest was paid out in the event of death or disability.
Aids claim ludicrous, says NP

Sowetan Correspondent

THE National Party has challenged the Conservative Party to prove its allegation that NP officials told people not to worry about black majority rule as Aids would reduce the number of black people.

Dr FH Pauw, the nominated CP MP, told Parliament in the Population Development vote last week that NP officials in various parts of the country told people that Aids would wipe out black people on a big scale, and they would become a minority in South Africa.

But Mr Renier Schoeman, the NP chief director of information, dismissed the CP's claims as ludicrous.

"That sounds like typical CP rubbish; and CP logic."

He challenged the CP to bring forward a single person of any significance in the NP who had said this.
Minister rapped for Aids ‘oppression’

By ANTHONY DOMAN
Staff Reporter

AIDS, unlike humans, did not discriminate, yet sufferers were being “oppressed” by bigotry, fear, and even government health services, a counsellor said at the seventh International Aids Candlelight Memorial.

Speaking at St George’s Cathedral on Sunday was the director of the GASA-6010 counselling service, Mr John Pegge.

Aids carried with it the “oppression of stigma, misconception, preconception, bigotry (and) fear”, said Mr Pegge.

In addition, it carried “the oppression of a government whose Minister of National Health and Population Development, Dr Rimm Venter, saw the disease as the consequence of weak social behaviour.”

This was in a country that, until last week, could afford 13 separate departments of health.

“In this country anti-retroviral drugs are reserved for those who can pay for them. Most medical aid schemes have, without protest, imposed an exclusion from benefits for those living with HIV disease and AIDS.

“Employers are increasingly subjecting prospective employees to HIV-antibody testing. And (these employers) have, to date, been exempt from bearing the cost of the pain and suffering that those who test positive must bear.”

International Aids Memorial Day is commemorated officially in more than 200 cities under the auspices of Mobilisation Against AIDS, based in San Francisco.

Since the first local commemoration four years ago, the people of Cape Town had been “slowly breaking down... artificial barriers”, said Mr Pegge.

“In the past year, we have seen a growing acceptance that AIDS is not a gay disease, neither is it a black disease and, unlike human beings, the virus does not discriminate.”
ACADEMIC CALLS FOR AIDS THINK-TANK

PAT DEVEREAUX

CAPE TOWN political scientist Peter Collins has called for a national think-tank on the Acquired Immune Deficiency Syndrome.

"In South Africa, all responsible bodies — political organisations, churches, businesses — should be paying real and special attention to AIDS. "What we need is a think-tank," he said.

He added that the think-tank's work should be the composing and co-ordinating of a public health campaign.

"At the moment AIDS is being dismissed as just another scare story. "Worse, too many of us are sneakily quite pleased about AIDS. We very mistakenly believe that AIDS is a threat only to some other 'groups' to which we don't belong... "We believe ourselves immune," said Mr. Collins.

He predicted that by the end of 1991 there would be, at a conservative estimate, 1 million HIV positive people in SA. Most of these would be dead by the end of the century.
SOUTH Africa could be having between 40 000 and 60 000 HIV cases, Professor Ruben Sher told a meeting in Laudium on Sunday night.

Returning from an Aids Congress in Cracow, Poland, Sher told a capacity crowd at the Transvaal College of Education that no country was free from its spread. He said Poland and Romania were experiencing a surge of the epidemic.

He said since 1982 when the first Aids case was diagnosed in South Africa, a further 385 people contracted full-blown Aids.

Sher said the figure of HIV carriers who have been tested in the laboratories was 3 714.

"But the World Health Organisation has repeatedly complained about the under-reporting of Aids cases throughout the globe. WHO believes that for every one case reported there were 10 others not reported."

He said not everybody with HIV has been tested. He said under-reporting was due to either governments' refusal to report them to the WHO for fear of being stigmatized and people themselves did not want their doctors to submit their names to the central data.

There was also a backlog in reporting the cases to the WHO.

The meeting was told that Dr Yunus Abdulla of Laudium won a prize to attend the forthcoming conference on Aids in San Francisco to be held from June 20 to 24.
‘Aids will be a major killer in Zimbabwe’

By Robin Drew, The Star

HARARE — An expatriate doctor who has been working as a specialist physician at Harare’s Parirayatwa Hospital says that Aids is almost certainly the commonest cause of admission to adult medical wards at the hospital and at the city’s other main hospital.

Dr Stan Houston said Aids has already killed more young children than any other illness at the two hospitals.

The number of people who will die in Zimbabwe because they are already infected is not known, he says, because the kind of study needed to determine it has not been done.

“It must certainly be into the hundreds of thousands and it is growing daily,” he said in a letter published in a local magazine, Parade.

“It will certainly kill more Zimbabweans than any armed conflict we could conceivably become involved in,” he wrote.

Dr Houston said Aids had killed more people in Uganda than died in the last 15 years of war in that country.

He said an Aids control programme had been in operation for the past two years but it was a case of too little too late.
A STORM erupted this week over an Indian businessman's plan to airlift 2 000 tragic Romanian orphans to South Africa and put them up for adoption.

The scheme, devised by Pretoria clothing store owner Yusuf Hassim, has been slammed by welfare experts as "highly irresponsible".

Amid dire warnings that the children could be infected with Aids — which is rife in the Eastern bloc country — Government officials this week opted to stay out of the wrangle, saying they had not yet received an application from Mr Hassim.

Romanian orphans were the centre of a storm of controversy in Britain this week after a London businessman devised a scheme to sell them to childless British couples.

But Mr Hassim, chairman of the Muslim Board for Prison Welfare and State Institutions, denied this week that he would be selling the orphans he planned to bring to South Africa.

Joy

"I have more than 1 000 people lined up to give homes to these abandoned children and I am confident the scheme will work," he said.

However, he admitted that "price would be no problem" for the people who wanted children.

"The children have been left to their fate, and would bring great joy to childless couples."

"Existing adoption laws are totally inadequate and people have to wait years for a child and even then there are severe restrictions.

"My children will be placed in homes of love, irrespective of the race or creed of the parents," he said.

However, welfare and medical authorities have issued dire warnings against his plan, pointing out that Romania was "riddled with Aids".

"The idea is outrageous," said Mrs Marion Kamanja, adoption manager of the Johannesburg Child Welfare Society.

"Romania has a terrible Aids problem and these kids may very well be infected."

"Aids tests are not infallible and the incubation period is a long one. A child could test negative now and turn out to be HIV positive in the near future."

The plan was also condemned because it did not make provision for accepted adoption screening procedures.

"You can't just match up a child with any parent," Mrs Kamanja said.

"A lot of careful screening is necessary, taking into con-sideration genetic and social characteristics."

Dr Adele Thomas, director of the society, slammed Mr Hassim's plans as "highly irresponsible".

"We are extremely concerned about these children being uprooted and transported to a foreign environment," she said.

Dr Thomas said there was also "grave concern" over Mr Hassim's suggestion that the orphans could serve to strengthen the bonds between childless couples whose relationship had soured.

"To place children with adoptive parents who are having marital problems is totally unacceptable. Any social worker who approved such an adoption would be reported for unprofessional conduct," she said.

Mr Hassim said a number of Eastern bloc countries had indicated their willingness to finance his scheme.

Broker

He said United Nations refugee and health organisations were selecting children from orphanages in Budapest and screening them for Aids.

A group of nearly 2 000 children — aged between two months and 11 years — is scheduled to arrive in South Africa in October.

But the Government has not yet given the scheme the green light.

A spokesman for the Department of Home Affairs said he was aware of the project, but had not yet received a formal application.

In Britain this week, North London property developer Constantia Laron was exposed as a baby broker who tricked poverty-stricken Romanian women into parting with their children for paltry sums of money.

Mr Hassim said this week he had never heard of Mr Laron and claimed his plan to place Romanian orphans in homes throughout South Africa did not involve any payment.
Compassion should replace rejection, says US academic

The stresses of AIDS

By Mokadai Pela

THE JOHANNESBURG Mail of September 30, 1989

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Published by the Independent Newspapers of South Africa Ltd.
Doctor sounds Aids alert in Zimbabwe

Argus Africa News Service
HARARE. — An expatriate doctor who has been working as a specialist physician at Harare’s Parirenyatwa Hospital, the most modern in Zimbabwe, says that Aids is almost certainly the commonest cause of admission to adult medical wards at the hospital and at the city’s other main hospital.

Dr Stan Houston said Aids already killed more young children than any other illness at the two hospitals.

The number of people who will die in Zimbabwe because they are already infected is not known, he says, because the kind of study needed to determine it has not been done.

“It must certainly be into the hundreds of thousands and it is growing daily,” he said in a letter published in the magazine Parade.

Dr Houston said Aids had killed more people in Uganda than had died in the past 15 years of war in that country.

“It will certainly kill more Zimbabweans than any conflict we could conceivably become involved in,” he wrote.

He said an Aids control programme had been in operation for two years, but it was too little, too late.

Health-related information had been subjected to official control. At one stage doctors were instructed by the Ministry of Health that diagnosis of Aids or reference to HIV, the virus causing the disease, must not be written on death certificates. This restriction had now been withdrawn.
Salt River clinic finds sex-related disease on increase

INCREASING numbers of patients are being treated for sex-related diseases at the Spencer Road clinic in Salt River, says Dr Nula Durcan, acting Medical Officer of Health.

The clinic, the oldest in Cape Town, was opened in 1936 and has played a vital role in combating sexually transmitted diseases such as syphilis, gonorrhoea, chancroid, genital herpes and Aids.

Because these are not notifiable diseases, accurate figures on their incidence are not available in South Africa but it is generally accepted that they constitute a major public health problem.

Dr Durcan said: "Early diagnosis and prompt treatment of patients as well as their contacts are absolutely essential."

Treatment is free of charge and the consulting hours at the clinic are: Monday: Females 12-2pm, males 2-4pm. Tuesday: Males Noon to 4pm. Wednesday: Males 1.30-4pm.

For further inquiries call the City Health Department at (021) 210-2032.
CHOSEN from among 2000 Southern African medical practitioners to attend the forthcoming international congress on Aids, Dr Yunus Abdulla hopes to impart what he learns there to the community on his return.

The congress, which will be held in San Francisco from June 20 to 24, will have as its theme: Aids in the '90s. From Science to Policy.

**Vaccine**

In an interview with *Sowetan* at his Ecterus surgery near Pretoria, Abdulla said South Africa's HIV carriers needed to be stopped. "As we do not have any vaccine to combat the virus, a vigorous Aids education campaign should be embarked upon," he said.

**Carriers**

"Since 1982, when the first HIV-positive case was identified, South Africa has had more than 300 full-blown Aids cases, the majority of whom have died. Because there are thousands of silent carriers of the virus, the San Francisco congress becomes more relevant."

Between 12 000 and 14 000 delegates are expected in San Francisco.
Aids vaccine: tests give ray of hope

LONDON — Scientists claim to have developed the first vaccine to protect chimpanzees from the Aids virus HIV. It has the potential to be developed for use in humans.

The latest issue of Nature magazine quoted scientists as saying the discovery showed that "it was possible to elicit a protective immune response against HIV-1."

The claim is made by American researchers who described how they inoculated two chimpanzees with a vaccine derived from part of the protein coat that surrounds the HIV virus. The protein coat triggers the immune system to produce antibodies against the virus.

When the animals were exposed to the HIV they remained free of symptoms even after six months. The researchers said further work was needed to find how long the vaccine could give protection — to be practical in humans it must provide protection long after vaccination.
Aids may become notifiable disease

Own Correspondent
DURBAN — The Government is considering making Aids a notifiable disease on an anonymous basis, one of the country’s leading medialico-legal experts said yesterday.

Speaking yesterday to about 150 medical personnel at the 7th General Practitioners’ Congress, held at the Wild Coast Sun, Professor S A S Strauss said initially the Government had feared that if Aids was made notifiable it would drive the disease underground.

The feeling now was that if it were made notifiable on an anonymous basis it would help doctors reach a better understanding of the disease, and provide more accurate figures.

"Never before has any disease impacted on the law as much as Aids," he said.

Many GPs supported the idea of Aids becoming notifiable. One doctor said during question time, "We lose touch with our HIV-infected black patients and there is no way, under the present laws, that we can possibly help control the spread of the disease."

Professor Strauss said Aids testing still had to be done with the informed consent of the individual, but doctors should be able (provided they had consent to take blood) to test for Aids.

He said it was perfectly in order for doctors to tell medical colleagues, including nursing staff and dentists, that a patient had Aids.

The onus was on the doctor to warn a patient with HIV infection that he was a threat to his sexual partner.

"I do not think that the courts will say that there is a legal duty on the doctor to seek out a patient’s sexual partners and inform them that their partner is HIV-infected. The Medical Council, however, imposes this as a duty on the doctor."

Under no circumstances did the doctor have any right to inform the employers of HIV-infected people.

Professor Strauss said no State hospital or doctor had the right to refuse treatment to an Aids patient, nor did a State pathologist have the right to refuse to do an autopsy. Private hospitals could, however, do so.

Worker
Professor Strauss warned that doctors should not falsify the cause of death or death certificates to protect relatives who might not otherwise get life assurance payouts.

The first incident in South Africa of a health worker being infected with the Aids virus during the course of his work has been reported.

Dr Alan Smith of the National Institute of Virology in Johannesburg told the congress he had tested the blood of the person who had become infected after a needle injury.

Dr Smith said the Aids situation in South Africa was "like being on a runaway horse, with the only ploy being to tell patients and people to get out-of-the-way."

"There is no ray of hope on the vaccine horizon, and obviously no cure yet for the disease."
SA AIDS growth 'highest among blacks'

By CLAUDIA KING

RECENT research by local AIDS experts has confirmed that the major growth of the South African AIDS epidemic is among urban heterosexuals — and the black population in particular — with Natal reporting the most cases of the disease.

Writing in Friday's South African Medical Journal, Professor B D Schoub, of the department of Virology at the University of the Witwatersrand, said the rate of increase appeared to be showing the same pattern as in the rest of Africa.

This highlighted the urgent need for research into social factors such as migrant labour and poor socio-economic conditions, which contributed to the spread of sexually-transmitted diseases.

He said the epidemic was showing signs of levelling off in other high-risk groups, such as the male homosexual population, although he added that "even today" this group was still responsible for some 65% of all AIDS cases in South Africa.

Results of research up to the end of January this year revealed a total of 308 AIDS cases in South Africa, of which 195 were white male homosexuals. The next-largest group consists of 63 heterosexuals, with a black/white ratio of seven to one.

Of the remaining 38 AIDS cases, 27 were haemophiliacs or had received contaminated blood transfusions and 10 were children infected by their mothers before birth.
Aids is also a workplace issue

Why is Aids a workplace issue? After all, you mostly get Aids from sex and what does sex have to do with work? This is what people may think when they hear that unions are taking up Aids as an issue. But it is easier to understand when you read statements like this: “A critical aspect of testing in pre-employment screening. This is the practice of systematically testing prospective employees for HIV infection before a formal employment offer is made. Clearly no offer is made to persons found to be infective.” That was said by a senior manager in the health care services of the Chamber of Mines. This policy means that people who have the AIDS virus (sometimes we call them “HIV-positive”) won’t get jobs even when they are not yet ill. It can be years from the time when someone is HIV-positive and the virus appears in a test kit. When they work with people with Aids, they have to be careful about blood. This can be lethal. It is important for unions to discuss these issues and take a strong position on these issues when they negotiate with management.

A lot of workers are talking about Aids. What is it? I don’t know much about Aids. Let’s go and ask our union.

Medical Aid Schemes

One way to deal with this issue is to treat it as an internal union issue and negotiate time off for union education. Aids victims. They made new rules about life or disability insurance policies. People either have to have an Aids test which showed they did not have the virus or they could refuse the test. If they refused to be tested, the company would not pay out if they became disabled or died as a result of Aids. This did not affect many workers because many did not have insurance policies.

Pensions

The other big problem is pensions. In 1988 the insurance companies started to act against Aids victims. They made new rules about life or disability insurance policies. People either have to have an Aids test which showed they did not have the virus or they could refuse the test. If they refused to be tested, the company would not pay out if they became disabled or died as a result of Aids. This did not affect many workers because many did not have insurance policies.

Most pension funds have a death or disability benefit as well as retirement benefits. The pension companies pay a part of the worker’s pension contribution to an insurance company for group life insurance for every worker on the scheme. The death or disability benefit is usually a certain number multiplied by the worker’s annual wages, depending on his or her age. It is more for younger workers because their dependents are younger and need to be supported for a longer time. But most people who die of Aids are quite young, usually under 40 years. So the companies are worried that there will be lots of claims for workers dying of Aids. Up to now, workers did not have to undergo medical examinations to belong to these pension schemes, but now it seems as if this will change.

If there is a rule that workers must have an Aids test before joining a pension scheme, this will cause very serious problems for workers. There will be no way to keep this a secret. If some workers are not allowed to join the scheme, then everyone will know why. This means that these workers could lose their jobs or they would not be employed. Even if they don’t lose their jobs, they stand to lose their benefits. Is this fair? Workers with Aids cannot rely on welfare payments from the government to support them and their families when they have to stop work. They can’t rely on the government to look after their families when they are dead. They need their pension benefits and they have worked for them. It is important for unions to discuss these issues and to take a strong position on these issues when they negotiate with management.

This article has been written by members of the Industrial Health Research Group (IHRG) at the University of Cape Town. If you would like more information from the IHRG, you can write to them at: Industrial Health Research Group Sociology Department University of Cape Town Private Bag Rondebosch 7700 Cape Town.
Study shows AIDS virus spreading fast

DANIEL FELDMAN

THE AIDS virus' HIV is occurring increasingly among urban — mainly black — heterosexuals, and suggests "a spread of infection far more extensive than the relatively lower AIDS figures", according to a new research paper by local AIDS experts.

Entitled "Considerations on the Further Expansion of the AIDS Epidemic in SA, 1990", the paper was published in the latest edition of the SA Medical Journal by five Wits University Virology Department professors and two Johannesburg City Health Department doctors.

It said the "extensive and continuing silent spread of HIV in the urban black population is manifested by doubling times — the time taken for the number of reported cases to double — in male and female sexually transmitted disease (STD) clinic attenders of 10.67 and 9.78 months respectively, a doubling time in female family planning (FP) attenders of 6.55 months, and HIV infection rates of 1.56, 1.37 and 1.31, respectively".

The mean doubling time was calculated at 13.44 months for the male homosexual compared with 10.21 for the heterosexual.

The findings were based on HIV infection statistics from SA's seven blood transfusion services, blood specimens from men and women attending STD clinics and women attending family planning clinics, adult tuberculosis patients, tests on Johannesburg municipality applicants, and voluntary data solicited nationwide by the SA Institute for Medical Research. The figures were as of the end of January. The researchers acknowledged that 93% of SA AIDS cases remain in the white male homosexual community. "However, the first case of AIDS in a black heterosexual subject, reported in December 1987, heralded the start of the heterosexual AIDS epidemic in SA which affects predominantly black male and female urban populations while the rate of increase of the white male homosexual epidemic has shown, from early 1988, some signs of levelling off."

The research also found a relatively low penetration of HIV infection in rural areas "in contrast to the high prevalences found in urban active surveillance studies".

The paper warned the samples were relatively small and carried out mainly in the Witwatersrand area, and could not be extrapolated to estimate national statistics.
AIDS Storm: Malawi Plans to Sue SA

AIDS being the leading cause of deaths and illnesses, especially in the hardest-hit areas, the Malawian government and its partners are planning to sue South Africa for compensating the Malawian victims of the AIDS storm.

The government plans to sue SA because they believe that many Malawians die from SA's AIDS epidemic. South Africa has a high number of HIV/AIDS cases, and the Malawian government wants compensation for the damages caused to the Malawian economy and citizens.

The government further states that the AIDS epidemic has caused significant economic losses, damages to health systems, and reduced productivity.

The government also argues that South Africa's failure to control the spread of AIDS and provide effective treatment to its citizens has contributed to the health crisis in Malawi.

The Malawian government is considering legal action, and they are consulting with international law firms to prepare the case.

BY KATHY STACKMAN
Assurers sit in judgment

Life insurers have reacted to Aids with near paranoic expediency to protect their interests, argues a life insurer industry insider and "arising directly or indirectly, entirely or partially" indicate the width of the exclusion.

The effect of the clause is mollified by the following exemptions: blood transfusions or blood products, those registered with the South African Medical and Dental or Nursing Councils during execution of medical duties and members of the police force, fire service or defence force or any recognised medical auxiliary body who, in the course of their duties, are requested to assist an infected casualty.

Insurers have made practical and moral decisions about who is an innocent victim. The following could not be classed as innocent: a rape victim, a dental patient, a child to whom the disease is transmitted in the womb, a member of the public who assists a carrier or the sexual partner of one of the exempted groups.

Conversely, the following would be innocent should they contract Aids: a policeman who assaults a carrier, a drunken driver who after a car crash needs a blood transfusion or someone undergoing elective cosmetic surgery.

These distinctions are arbitrary and have the potential for gross inequity but it should be asked whether a commercial operation should be expected...
US firm pulls out seeds, despite reform

Although South African is nurturing reform, there isn’t always growth — an American company has just withdrawn its seed operation from the country, reports MZIMKULU MALUNGA

One was the Rangel Amendment to repatriation of earnings and dividend (no tax benefit — which means the investor is taxed both in South Africa and the United States). The other was the comprehensive Anti-Apartheid Act which prohibited American companies from investing in South Africa.

Jansen said the fact that Agrow’s products were banned in the US also contributed to change of ownership.

He said the company will continue operating as Agrow and will not stop serving its clients, who are mainly farmers in South Africa. “Nothing has changed, we will still carry on operating as Agrow.”

As a local company, Agrow will now be in a position to borrow money from local banks.

The executive director of the American Chamber of Commerce, Wayne Mitchell, says there are still 130 American companies in this country.

The bigger ones included: Caltex, Johnson & Johnson, Caterpillar, Masont, Colgate/Palmolive and SA Cyanamid.

on people with Aids

to carry the burden of acting fairly to any one except those who have an existing interest in it, those being its shareholders and policy holders.

By entrenching an agreement, the LOA creates a unified approach to a matter, and there are good reasons why a cartel should be required to show greater circumspection towards individuals than a single company operating in a freely competitive market.

The exclusion clause gives rise to the possibility of injustice of such a type that should not be permitted of organisations which enjoy economic power and favourable tax treatment.

The alternative of requiring a negative HIV test is fairer but presents different problems. The test is only one part of the process of assessing the risk the insurer is undertaking. You will be asked if your lifestyle, past or present, puts you in a high risk category.

If your answer is negative and it is discovered that you did fall into such category, then the insurer may be entitled to declare the contract void. The application you sign will contain a declaration permitting a doctor, medical institution or any other person to disclose information relevant to your health and which permission will remain in force after your death.

Three positive HIV tests using the same blood sample must be recorded before an applicant will be declined on the grounds of AIDS. Such a person’s name will be entered on a register along with those of anyone refusing.

Get off our case, stokvel body tells the police

THE National Association of Stokwels (Nass) of South Africa is demanding that police stop “harassing” its members for selling beer at stokvel parties.

Nass president Kehla Lukhele said while government and big business were putting emphasis on the informal sector, calling it the market of the future, participants were still being harassed.

A recent study by Markinor indicated there were an estimated 2 400 stokwels in major metropolitan areas, generating more than R52-million a month.

Were stokvel members arguing for the legalisation of their liquor sales? Lukhele said: “It depends how that legalisation is enacted. If it interferes with the culture of stokwels, then it is out.

“The authorities have to recognise the existence of stokwels and accept the role they have to play.”

Police representative Captain Peet Botha said squads would continue to raid stokvel members because it was illegal to sell liquor without a licence.

He said the only way stokvel members could evade arrest was to apply for temporary licences at the offices of the local police commissioners.
Natal urban males hit hardest by Aids: survey

CAPE TOWN - Recent research by local Aids experts has confirmed that the major growth of the South African Aids epidemic is among urban heterosexuals - and the black population in particular - with Natal reporting most cases of the disease.

Writing in the latest issue of the South African Medical Journal, Prof B D Schoub, of the department of Virology at the University of the Witwatersrand, said the rate of increase appeared to be showing the same pattern as the rest of Africa.

This highlighted the urgent need for research into social factors like migrant labour and poor socio-economic conditions, which contributed to the spread of sexually-transmitted diseases.

He said the epidemic was showing signs of levelling off in other high-risk groups, such as the male homosexual population, although this group was still responsible for some 63 percent of all Aids cases in South Africa.

Results of research up to the end of January this year revealed a total of 308 Aids cases in South Africa, of which 195 were white male homosexuals.

The next largest group, of 63 heterosexuals, had a black/white ratio of seven to one. - Sapa.
Aids infections curbed

The incidence of infections that cause AIDS and lead to death have been reduced by five times due to drug treatment, the head of the HIV Clinic at Johannesburg Hospital, Dr Dennis Sifris, says.

Dr Sifris is attending the eighth international conference on AIDS in San Francisco.

He added: “The drug AZT (Zidovudine) has significantly shown that it will delay the development of AIDS and increase the long-term survival of infected people.” - Staff Reporter.
Aids in blood: Test not foolproof — doctor

By CLAUDIA KING

ALTHOUGH the test to detect Aids in blood was very sensitive, it was not foolproof and the occasional infected person might still slip through the screen, the medical director of the WP Blood Transfusion Service, Dr Arthur Bird, said yesterday.

Speaking at a meeting following the opening of the service's new headquarters at Old Mill Road, Pinelands, Dr Bird said this accounted for the stringent medical questionnaire which all donors were required to complete before giving blood.

Dr Bird also said that plasma products could be treated to destroy the virus and that the service already had some heat-treated plasma products which were considered virus-free.
Doctors hopeful on AIDS vaccine
Men transmit Aids more easily — study

SAN FRANCISCO. — The deadly Aids disease is more easily spread from men to women during sex than from women to men.

In a study of about 325 California couples, with one partner infected with the Aids-causing Human Immunodeficiency Virus (HIV), researchers found that less than 2% of 58 males with HIV-infected female sex partners also became infected over five years.

In contrast, about 20% of 269 women whose male sex partners were HIV-infected became infected over five years.

Ms Nancy Padian of the University of California-San Francisco, who headed the study, warned that the findings do not mean men should have unprotected sex with HIV-infected women.

She said the results could be related to physical mechanisms, but they could also be due to behaviours unique to the couples studied.

At the conference it has emerged that Aids educators are alarmed by reports that homosexual and bisexual men are lapsing back into sexual behaviour that could kill them.

Almost 20% of gay and bisexual men surveyed had abandoned safe-sex practices at least once, researchers said.

Educators say that it's increasingly common for gay men to engage in risky sex bingeing.

One of the world's leading Aids researchers has abruptly cancelled an agreement to attend the conference.

Dr Robert Gallo of the US National Cancer Institute is at the centre of growing controversy over his claims to have discovered the virus that causes Aids.

He is currently under investigation by a panel of 11 scientists at the National Institute of Health in Bethesda, Maryland, trying to establish his claims to determine whether he mistook his colleagues and the public about his most celebrated discoveries.

The French doctor who says Dr Gallo is claiming credit for his own discovery, Dr Luc Montagnier of the Institut Pasteur, is at the conference and sources close to the inquiry believe that Dr Gallo did not want a confrontation.

At stake for both men is a place in history and possibly millions of pounds in international patent rights. Dr Gallo has already received more than £200,000 (about $300,000) in personal royalties from the sale of the Aids test.

— Sapa and Daily Telegraph

Prostitutes beat Aids by condom

SAN FRANCISCO. — The battle against Aids got an unexpected boost on Thursday from an unlikely place — the Chicken Ranch Brothel in Nevada.

Preliminary findings unveiled during the Sixth International Conference on Aids indicate that the spread of sexually transmitted disease is virtually eliminated when clients of prostitutes use condoms.

The US study was funded by the Nevada Brothel Association but was carried out by researchers at the University of California at Los Angeles.

Health researchers studied the medical records of the 255 female prostitutes at the brothel from 1982 to May, 1990. Only one case of a sexually transmitted disease, gonorrhoea, was recorded since 1986 when all clients began to use condoms.

— Sapa-Reuter

Smokers get sick faster?

SAN FRANCISCO. — Smokers infected with the Aids virus may develop the disease faster than non-smokers, researchers at the Sixth International Aids Conference here said yesterday.

Scientists said preliminary results of a study of 1,000 men indicated smoking appeared to be a factor in the development of Acquired Immune Deficiency Syndrome.

"We can't be sure, but it looks as if the smokers are progressing faster to disease," said researcher Ms Rachel Royce.

— Sapa-Reuter

Blood boiled in bid to kill HIV virus

SAN FRANCISCO. — Boiling blood, mushrooms and mistletoe are being explored as alternative treatments for Aids by doctors fed up with the lack of conventional medical progress in treating the deadly disease.

While 12,000 delegates gathered at the Sixth International Conference on AIDS, 1,000 "renegade" researchers met at a hotel two blocks away to discuss "nature's way" to combat the ailment.

Boiling a patient's blood to kill the HIV virus which causes Aids, eating certain mushrooms from the Orient, and making a meal out of crushed mistletoe were among remedies discussed.

One "renegade" researcher said: "Mainstream doctors may call us quacks, but they have done no better in finding a cure." — Sapa-Reuter
Aids triggering a global TB crisis

SAN FRANCISCO. — Aids is triggering a global explosion of tuberculosis, especially in Africa, and at least two million people are already infected with the microbes that cause both diseases, a health official warned at the weekend.

Meanwhile, a top East German health expert has cautioned that the opening in the Iron Curtain is likely to speed the spread of Aids in Eastern Europe, which has so far largely escaped it.

Tuberculosis is already the world's single biggest bacterial killer and experts fear that HIV, the Aids virus, is likely to make the problem much worse.

"A serious epidemic of TB is occurring as a result of the HIV epidemic, especially in sub-Saharan Africa," said Dr Peter Eriki of the World Health Organisation.

He said Africans "were unable to contain a relatively small tuberculosis problem before the arrival of HIV and they are singularly ill-prepared for coping with a very large problem ahead."

Dr Eriki, a tuberculosis specialist who formerly directed the TB Control Programme in Uganda, described the problem yesterday at the Sixth International Conference on Aids here.

On Saturday about 1,000 conference delegates joined thousands of whistle-blowing, chanting protesters calling for more money and access to health care for people with HIV disease.

Aids activists at the conference asked the Swiss pharmaceutical maker Hoffmann-La Roche to approve the wider distribution of its experimental anti-Aids drug DDC.

DDC is to be made available to patients who are unable to tolerate AZT or DDI, the only two anti-Aids drugs approved so far under US Federal Law.

Government officials have approved a parallel track regimen for other promising drugs which are being offered free to volunteer patients while the formal tests are still underway.

The arrangement was made as a humanitarian gesture to those ill with the fatal disease and to enable a wider survey of the effects of the drugs. — Sapa-Reuters
Researchers concoct ‘nature’s cure’ to Aids

A

witch’s cauldron of boiling blood, mushrooms and mistletoe has been concocted as alternative treatments for AIDS by doctors fed up with the lack of conventional medical progress in treating the deadly disease.

While 12,000 delegates gathered at the sixth international conference on AIDS in San Francisco, 1,000 “renegade” researchers met at a hotel two blocks away to discuss “nature’s way” to combat the ailment.

Boiling a patient’s blood to kill the HIV virus which causes AIDS, eating certain mushrooms from the Orient, and making a meal out of crushed mistletoe were among remedies discussed.

One of the speakers to address the Advanced Immune Discovery Symposium – whose acronym is also AIDS – was Dr Peter Duesberg, a controversial professor at the University of California at Berkeley, who maintains that AIDS is not infectious.

But in a summary of his paper to the alternative meeting on Friday, Duesberg said the pattern of the disease follows no known viral infection, and that Acquired Immune Deficiency Syndrome (AIDS) is in fact a number of diseases coming together under certain circumstances in gays and intravenous drug users.

Dr Lawrence Badgley, who runs an AIDS treatment programme in the San Francisco suburb of Foster City and organised the alternative AIDS symposium, told Reuters: "Mainstream doctors may call us quacks, but the fact of the matter is that they have done no better in finding a cure, or even an acceptable form of treatment, for this terrible disease."

The drug AZT, the only one licensed world-wide against AIDS, was not proving effective, he said.

"It may be prolonging the lives of AIDS patients, but the quality of that prolonged life may be such that the patients might not necessarily want to live," he said.

Doctors at the main conference have admitted that strains of the HIV virus have emerged that appear to be resistant to the AZT drug and many patients cannot tolerate the side-effects.

But Badgley said doctors exploring new methods of treatment were not trying to persuade AIDS sufferers to give up conventional medicine.

"All we are saying is, we are offering other methods which have been clinically tested and which have at least the same potential for helping AIDS sufferers as the more conventional methods," he said.

Lay workers in the AIDS field also welcomed the less conventional approach.

Robert Kunst, the Director of Cure AIDS Now, a Miami, Florida, organisation which feeds homeless AIDS patients, said of the main conference: "It’s a marvellous trade show for the (pharmaceutical) exhibitors, but apart from that, it’s a three-ring circus that means nothing.

"They’re talking about condoms. They’re not talking about curing this disease. At the alternative symposium there are people who are saying ‘Let’s do something concrete about this. Let’s find a cure’." – Supa-Reuters.
Aids legislation violates human rights - Doc

POLITICIANS should co-operate with scientists if the fight against Aids is to succeed, the head of the HIV Clinic at the Johannesburg Hospital, Dr Dennis Sifris, said in San Francisco this weekend.

Sifris, attending the International Conference on Aids, said the governments of South Africa, Cuba, Saudi Arabia and China were identified as allowing discriminatory legislation which provides for the isolation and quarantine of people with Aids.

"This sort of legislation is irrational and not based on any scientific fact," Sifris said. "It is a violation of all principles of human rights ... Many experts I spoke to have refused invitations to come to South Africa to assist with Aids prevention programmes because of South Africa's discriminatory legislation."

He said that if South Africa was to join the global fight against Aids the Government should review its Aids legislation and health care.
An increasing number of scientists are rejecting the medical assumption that the HIV virus is the cause of the AIDS syndrome and are looking at the possibility that AIDS may be caused by non-infectious agents such as drugs, LAURENCE MARKS reports from London.

At a packed news conference in Washington DC in April 1984, President Ronald Reagan's Health Secretary, Margaret Heckler, introduced Dr Robert Gallo to announce what appeared to be an historic breakthrough in the urgent worldwide investigation of the pathology of AIDS. He named the HIV virus as the cause of the syndrome.

The announcement was made before his team's findings had been submitted to the scientific periodicals, the customary way of submitting research discoveries to critical examination by other scientists.

Any scepticism, however, was soon swamped by a tidal wave of publicity. All over the world newspapers, TV and radio disseminated news of the deadly link between HIV and AIDS. Government health authorities predicted a one-year latency period between infection by the virus and full-blown AIDS, and published horrifying forecasts of the death toll.

Large sums of public money were and continue to be invested in the search for a cure based on this connection.

Since then, an increasing number of scientists working in the field have admitted that they are not persuaded by the evidence. Some state that AIDS can be contracted by infection at all. Their dissent was a central issue at the sixth annual International AIDS Conference in San Francisco this week.

As Harvard molecular biologist Professor Walter Gilbert told a British TV documentary, Channel 4's Dispatches, this month: "One of the difficulties with describing the HIV virus as the cause of AIDS is that one has not demonstrated clearly that it will cause AIDS in experimental animals.

Berkeley's Professor Peter Duesberg said: "I don't think we have found the cause of AIDS."

SAN FRANCISCO General Hospital epidemiologist Dr Andrew Moss explained: "Most official predictions about the spread of AIDS have been consistently wrong. There are two reasons for that. One is that a lot of very bad science was done. The other is that there are political pressures to have high numbers. All administrative numbers are political. I don't think it's been fair for people to back away from their high numbers."

Government definitions of AIDS and forecasts of its spread have had to be revised.

It is now known that in a given year in the US only 0.5 percent of HIV-positive people develop full-blown AIDS.

In Britain, the Cox Committee's forecast of 17,000 deaths by 1992 has been reduced to 5,000.

A recent US Armed Forces Survey of more than a million 17 to 19-year-olds found that only 0.63 percent were HIV-positive in a five-year period.

"I believe that AIDS is not, and cannot be, an infectious disease," Professor Duesberg told Dispatches.

"An infectious disease has certain criteria: how it happens, when it happens. If you get infected by a virus, within weeks or months after contact or after you develop the infection you will have symptoms of a disease.

"With HIV and AIDS we are told you get sick 18 years later. That is not how viruses or bacteria work. They work fast or never."

"There's no way that a virus could possibly slow down or wait a week or 10 years. That's totally absurd."

The second reason I think AIDS cannot be an infectious disease is that there is no precedent. There is no chance that a microbe, particularly a virus that small, could be as picky and selective as the cause of AIDS must be."

"AIDS has been restricted ever since we have known it to two major risk groups, not the general population. Intravenous drug users and a small percentage of male homosexuals."

"I suspect that AIDS is primarily a result of intoxication—acquired immune deficiency as the name actually says. In AIDS you acquire it by consuming drugs. Malnutrition often contributes to it. Once that has happened, once you are immune-deficient, then you are open to many infections that are secondary or opportunistic as we say."

"How does this explain the high incidence of AIDS among homosexuals in large cities, hitherto assumed to have been caused by infection?"

According to journalist Mr John Laverty, homosexuals meeting at a New York or San Francisco rendezvous during the 1970s might have taken six different drugs in the course of an evening."

"They would include poppers, in which are nicotine inhalants, MDA, Ecstasy and Special K, which are design drugs, ethyl chloride, a deadly substance which is inhaled, cocaine and heroin and marijuana and alcohol, which knows what the interaction effects are."

Professor Duesberg concurred. "My hypothesis is that AIDS is caused by non-infectious agents. And the agents I consider the most likely are the psychoactive drugs which have been imported and consumed in ever larger quantities since the Vietnam War."

Dispatches alleged that valuable research contracts tended to be awarded to those who support the conventional view and that vested interest in HIV research has obstructed controlled trials to discover whether the virus is causing the diseases attributed to it.

"The financial interests are very obvious," said Professor Duesberg. "Most of the colleagues I try to debate with—they don't want to dignify me with an answer—are millionaires, stockholders in companies, consultants, award-winners."

[London Observer Service]
Aids death claims doubled, says Old Mutual

By JOHN VILJOEN, Staff Reporter

AIDS death claims received by Old Mutual have almost doubled in the past year, according to the company's 1990 payout review.

The company had 15 claims for deaths arising from aids last year — seven more than the figure for 1989, which included the first such claim.

Heart disease remained the greatest overall cause of death, accounting for 46.9 percent of deaths in all age groups, according to Mr Bobbie Jooste, the company's general manager (individual lives).

Motor accidents were the major cause of death in the under-40 age group.

An "alarming" 40.6 percent of deaths between 1986 and 1989 among policyholders aged under 25 were the result of motor accidents, the company reported.

CAR CRASHES

In the 25-to-40 age group, car crashes accounted for 36.2 percent of death claims and for 11.5 percent of all claims.

"Although there is a marginal decrease in the prevalence of heart disease and motor accidents, the impact it has on the most productive age group gives grave cause for concern," Mr Jooste said.

According to the report, in the past eight years more policyholders in the under-40 group than in any other died as a result of violence.

Cancer was responsible for 12 percent of death claims.

Suicides increased by 246 to just over two percent of the 33 576 death claims handled by the company last year.
AIDS battle needs politics

Staff Reporter

Politicians should cooperate with scientists in the fight against AIDS, to succeed, the head of the HIV Clinic at the Johannesburg Hospital, Dr Dennis Sifris, said in San Francisco at the weekend.

Dr Sifris was attending an international conference on AIDS.

The theme of the conference, "From Science to Policy", highlighted the importance of policy makers in the political sphere in the fight against AIDS.

The South African Government, among others, was singled out for its discriminatory legislation which provides for isolation and quarantine of people with AIDS, Dr Sifris said.

This sort of legislation is irrational and has no basis on any scientific fact. It is a violation of all principles of human rights... Many experts spoke of the need for prevention strategies to be reviewed and updated.

"Education about prevention strategies must reach the community at all levels and discrimination and stigmatization must be removed," he said.

He said none of these attempts would have any effect if politicians did not join in the effort against AIDS.

The inventor of the polio vaccine, Dr Jonas Salk, last week told the conference the development of an AIDS vaccine had reached the stage where testing could be started "within a few years".

Education

"If we are to join in the global effort against AIDS, it is vital that the Government review its legislation regarding AIDS," Dr Sifris said.

He said access to adequate health care was mandatory and that health care systems must be revised and updated.

"Education about prevention strategies must reach the community at all levels and discrimination and stigmatization must be removed."

He said none of these attempts would have any effect if politicians did not join in the effort against AIDS.

The inventor of the polio vaccine, Dr Jonas Salk, last week told the conference the development of an AIDS vaccine had reached the stage where testing could be started "within a few years".
Said Dr Ruben Sher, AIDS expert at the South African Institute for Medical Research: "The number of people with AIDS doubles every eight months."

Victim Mr Johan van Rooy, 56, has opened his Hillbrow home to hundreds of fellow sufferers since he discovered he was infected 18 months ago.

"People need to face up to the fact that the country is crawling with undiagnosed HIV-positives," said Mr Van Rooy, who runs the AIDS support group Body Positive.

Support

Body Positive has a growing membership of 200 and among its ranks are top professional people and pillars of society.

These AIDS victims, from all walks of life, give one another financial and emotional support.

"As well as lending a hand with rent and medication we help one another face up to the fact that for us there is no tomorrow," said Mr Van Rooy.

"Forty-eight of our members have died in the past nine months and 14 in August and September alone."

Mr Van Rooy said his two young daughters were discriminated against by teachers at a Johannesburg school when it was revealed that he had AIDS.

He said he had successfully managed a large furniture shop until October when increasing sickness stayaways cost him his job.

Panic

His own descent into hell started 18 months ago with a chance decision to have his blood tested for HIV infection.

"I was having a routine medical check-up and being homosexual, considered in the 'high risk' group, I asked to be tested for HIV at the same time."

And in October 1988 Mr Van Rooy learnt that he was a "healthy" HIV carrier — the start of a trip ending in death.

"I went into a total panic."

BY FELICITY LEVINE

...he said. "I felt sick and disgusting, robbed of my future. But once I'd got over the initial terror I was relieved that the virus had been diagnosed so early, because I started giving me substances to boost my immune system," he said.

Paying for medication is a major problem for victims.

"Large doses of costly cancer drugs become necessary, as the virus takes its toll."

Top businessmen are among the "hidden" AIDS victims and are spending up to R5 000 a month just to stay alive.

Ashamed

"Fortunately I have a top position and earn well, but I don't know how long I can keep on," a company director whose name cannot be revealed told the Sunday Times.

"I am ashamed to face people I know who are dying because they can't pay for the drugs," said the well-dressed executive.

The "dose" refers to wonder drug AZT or Zidoavudine, selling at R360 for a minimum quantity one-month supply.

Mr J owes his healthy look to the fact that he can afford three times this amount — which he needs, plus a cocktail of five other cancer drugs.

Produced by American pharmaceutical company Wellcome, AZT "buys time" for the AIDS victim because it interferes with the multiplication of the dreaded HIV or AIDS virus.

But AZT is available in Europe at a mere R100 for a month's supply and is distributed free of charge by national health schemes.

In South Africa only a minority have access to it.

Perplexed

The Transvaal Provincial Administration has agreed to administer AZT to only 10 chosen patients in teaching hospitals.

"AZT is available at all teaching hospitals but, due to financial restrictions, in limited quantities," said a spokesman for the TPA.

South African AIDS victims classified as hospital patients are given more expensive but less effective drugs such as Alpha Interferon and Interon A.

A minimum dose of Interon A costs taxpayers R1 000. The same dose of the more effective AZT costs only R50.

Doctors consulted said they were "perplexed" by the Government's preference for the costlier, less effective drug.

SHOCKING new AIDS statistics were released this week as a South African businessman and father of two spoke about his desperate battle against the killer virus.

The number of people with full-blown AIDS in the country has risen to 33 and it is estimated that 35 000 people carry the virus.
WASHINGTON — A new report says the number of Americans becoming infected annually with the AIDS virus is declining, although the number of new AIDS cases will continue rising until 1995.

The report's author, Mr. Peter Plumley, a consulting actuary in Chicago, also says the chances that a heterosexual not using drugs intravenously will become infected are remote, and that AIDS prevention efforts focus too much on this group.

Mr. Plumley writes in the January-February issue of Contingencies magazine that the number of new annual infections with the human immunodeficiency virus, or HIV, peaked in 1986 and is going down.

However, he says the total number of HIV-infected Americans will continue to rise until 1991, when 1.4 million will be infected.

Also, the number of new AIDS cases will continue to rise until 1995 and then begin to decline, and the number of AIDS deaths will peak at around 110,000 in 1997.

Years can elapse between the time of infection with HIV and the onset of AIDS.

He predicted that by the year 1995 there will have been a total of 1.3 million AIDS cases and about 1.1 million AIDS deaths.

His figures do not include HIV infections and AIDS cases among blood transfusion recipients, haemophiliacs and children, which account for about five percent of the total infections.

Mr. Plumley said: "One of the most disturbing aspects of the AIDS epidemic is the number of people who have become concerned unnecessarily about the epidemic."

The virus is spread mainly through contact with bodily fluids, including sexual intercourse, particularly anal sex, and sharing of needles. Its chief victims have been homosexual males and intravenous drug users.

A homosexual male's risk of contracting AIDS is about one in 500, according to Mr. Plumley. But the risk for a heterosexual engaging in vaginal sex is less than one in a million, providing their sex partners are not from a high-risk group.

However, prevention efforts within the homosexual, bisexual and intravenous drug-user communities should continue, he said. — Sapa-AP.
40 000 infected, says medical officer

Aids unlikely to cause collapse, seminar told

By Norman Chandler
Pretover Bureau

Aids would have to assume "dramatic proportions" in southern Africa if it were to be held responsible for stunting population growth, a top Government official said in Pretoria yesterday.

Dr Bosh Schoeman, deputy director for population development, said he was convinced that a "demographical collapse" caused by the killer disease seemed unlikely to occur.

He said, however, at a two-day Human Sciences Research Council (HSRC) seminar, that Aids would probably have "a decisive effect on demographic trends in Southern Africa".

Under-reportage

Dr Schoeman added: "There is a definite under-reportage of Aids cases in southern Africa, which makes any projections of further escalation of this disease difficult."

Some researchers had said that Aids cases could number 24 400 by 1994, while the kwazulu government claimed that 10 percent of all sexually active persons in that region could have Aids within three years.

Dr Schoeman said population growth was the "greatest single problem this region faces in the long term". The future of the sub-continent "will ultimately be determined by the degree of success achieved in maintaining a balance between natural resources, socio-economic capabilities and population size".

South Africa's black population was being doubled every 25 years. "It will place enormous demands on southern Africa's economy and social services and tremendous pressure on the environment and natural resources."

Dr Schoeman told the seminar, attended by experts from various government departments and universities, that to provide for such a population the country needed to annually find up to 350 000 more jobs, 130 000 new houses, 1 800 more hospital beds in urban areas and 450 new schools.

These targets would be difficult to attain.

He said many urban blacks were already practising a form of birth control. "It is important to realise that they have not necessarily changed their value systems, but that they have modernised their views on family sizes."

In rural areas there was a "strong Africa traditional value system, especially concerning the large family norm".

In many cases this was linked to low economic, social and educational status, unemployment, limited potential for upward social mobility, the poverty circle, and relative isolation.

Attention would have to be paid to development programmes, including the enhancement of the position of women and primary health care.

40 000 infected

• At least 40 000 South African blacks had been infected by Aids and the number of people who contract the killer virus in this country might double within the next nine months.

And, by the year 2 000, the disease might halt the population growth of South African blacks.

Dr Nicky Padyachee, senior deputy medical officer of health for Johannesburg, told the seminar. His findings were based on eight studies carried out on black people between the ages of 15 and 40 in the greater Johannesburg area.

In December last year about 6 000 black people in the area had been infected by Aids.
Aids epidemic among Romanian infants

LONDON — British charities are to launch an appeal for Aids sufferers in Romania. Many of them are children infected by blood transfusions routinely used as a means of combating malnutrition among infants.

As concern grows about the extent of the epidemic — a closely guarded secret during the Ceausescu regime — Dr Jacques Lébas, a French expert, said the spread among children was the worst seen anywhere, including Africa.

Official Romanian statistics now prove that at least 28 percent of the 1,000-plus children tested so far are HIV-positive. Of these, nearly two-thirds have already developed full-blown Aids. Reports screened on British television have shown dozens of children, emaciated and in pain, most of them abandoned by their parents. — The Star Bureau.
Aids death claims double in 1989

Own Correspondent

CAPE TOWN — Aids death claims received by the Old Mutual have almost doubled in the past year, while Sanlam has expressed concern that Aids fatalities are occurring among professionals.

Old Mutual received 15 claims for deaths arising from Aids last year according to the company’s 1989 report. This is seven more than in 1988.

Sanlam has arranged more than 40 Aids seminars for its pension fund members, trade unions and employees.

“An upsetting aspect of Aids claims is that most are from professional people who have studied for years.”

SERIOUS

“Such losses are serious and emphasise the need for information and prevention,” said Mr Desmond Smith, Sanlam’s senior general manager (individual insurance).

According to the report, in the past eight years more policy holders in the under-40 group than in any other died as a result of violence.

At Sanlam, deaths by accident, murder and drowning accounted for R132 million in payouts.

Sanlam received more than 130 death claims for motor accidents each month.

Cancer was responsible for 12 percent of Old Mutual’s death claims, while the 1942 cancer claims handled by Sanlam amounted to R63 million.
Assurers fret as AIDS claims soar

LIFE companies worldwide are facing huge AIDS-related claims. US insurers have paid out $802-million (about R2-billion) in 1988.

SA life companies have forked out R6-million since 1984, and the sum is rising sharply.

UK companies have paid out £183.5-million (about R70-million) since the middle of 1987.

Disability
Statistics from Mercantile & General senior underwriter Jaco Greyling, who is collating information for the Life Offices Association, show AIDS-related claims have risen dramatically since 1984 when there was only one payment.

Figures released in January 1988 showed that assurance had paid out R3.3-million since 1984 to 30 policyholders in 47 claims.

By January 1989, the figures had risen to 55 AIDS claimants with 50 policies, resulting in a total payout of more than R6-million. In-

By Robyn Chalmers

cluded were payouts of R2.4-million for life and R643 724 for lump-sum disability policies.

A survey of 499 firms conducted in the US shows the extent of the threat the disease poses to insurers.

A Mercantile & General News Digest shows that 2% of all US individual and group life claims arose from the virus in 1988 compared with 1.4% the previous year.

"Accident and health assurance's AIDS-related illness claims reached 9% of total payout, compared with 6% in 1987. "However, it is recognised that these are less than the full cost of the disease because of the problems associated with accurate diagnosis," says the digest.

In an effort to protect themselves, SA insurers and medical-aid schemes have tried to limit their liability in various ways. The LOA decided in 1988 that life assurance could implement an AIDS exclusion clause in new policies of more than R200 000.

Since then, assurance companies have gone even further to ward off the danger of AIDS mortality experience worsening. Southern Life eliminated the R200 000 threshold in May last year and no long offers AIDS cover on new policies.

Sanlam has cut the threshold to R100 000 and Metropolitan Life has introduced new underwriting arrangements. They include a blood test for sums assured for less than R200 000.

Limit
Although there is no agreement for medicaid schemes, several limit the annual payout of AIDS treatment to less than R500. Others have lowered it to the legal minimum of R100.

The extent of the disease in SA is not known, but Institute of Medical Research Aids expert Ruben Sher estimates that the number of people suffering from the disease doubles every eight months.

By mid-January this year, the number of people with full-blown AIDS was 332, but Dr Sher believes that upwards of 3 000 could be infected with the HIV virus.
Staff Reporters

A 40-YEAR-OLD Gardens man left a suicide note warning emergency workers that he was an Aids carrier before gassing himself to death in his car on Table Mountain.

Mr Gordon Vivien Smith was found dead on Friday in his parked car on Table Mountain Road by early-morning joggers who noticed a sign reading "I have Aids, use gloves" propped up on the car's dashboard.

Mr Smith was also wearing a Medic Alert disc which identified him as being HIV (human immune-deficient virus) positive.

Professor G J Knoehl, head of UCT's Department of Forensic Medicine, commended Mr Smith's "public-spirited action" in warning others that he was a potential carrier of the virus.

"His actions reflect an enormous degree of responsibility toward the public, though scientific research confirms that transmission does not take place from an intact body.

Three notes

"In a case like this, rescue workers are therefore in no danger of contracting the disease. However, these performing the autopsy were warned and therefore able to take the necessary precautions," he said.

A police spokesman yesterday confirmed that Mr Smith had gassed himself and that three notes — one addressed to friends and two others marked for the attention of the police — were found in the car.

According to a reliable source, allegations implying the misappropriation of funds from an AIDS-related organisation and a list of alleged paedophiles were contained in the notes.

Police declined to confirm the specific contents of the notes but said they had investigated allegations made by Mr Smith and found them to be unfounded.
'195 Aids patients
seen last year'

By Peter Dennedy

GASA-6010, the counselling service of the Gay Association of SA, said in its latest annual report that it had seen 195 HIV-infected persons in 1988/89, compared with 44 the previous year.

However, it attributed the high increase to its own "increasing reputation as an organisation which provides competent and compassionate psycho-social care to HIV-infected persons", rather than to a rapid spread of the infection.

The number of HIV-infected persons it had seen since 1984 had been two in that year, two the next, then 18, 44 and 195, making a total of 259.

Of these, 36 had already died of Aids and 48 had Aids-related complex (ARC) or Aids itself, it said.

Heterosexuals

GASA-6010's counselling services to HIV-infected persons were not restricted to homosexuals, it said.

Heterosexual men and women of all races from several Southern African countries, kept in touch with the counselling service.

In the eight months up to March 1989, GASA-6010 had counselled 21 people with Aids or HIV-related problems whose risk factor had been heterosexual sex or intravenous drug use in Europe.

GASA said it intended to rent more houses for HIV-positive persons in "safe areas"— suburbs where the races of the occupants would not draw police attention.
SUICIDE victim Mr Gordon Smith, 40, who left a note on his car dashboard warning rescuers that he had Aids, made headlines last year when he claimed he had been forced to "live in a shack and eat dog food" by the residents of Sedgefield.

After moving to Cape Town, where he lived with six other Aids sufferers in a home supported by the Anglican and Roman Catholic churches and the 6010 Counselling Service, Mr Smith said he had experienced "unbelievably horrible reactions" from otherwise normal people.

He said residents of the conservative Garden Route village chased him out of shops and put him out of business after they discovered he had Aids.

They had refused to use his laundry service as they thought "Aids germs" would infest their clothes and "jump on to their bodies".

"I ended up living in a shack and eating dog food for three months," he said in an interview last June.

Sedgefield residents yesterday expressed shock when told by the Cape Times that Mr Smith had committed suicide.

A local businesswoman, who declined to identify herself, dismissed his claims as "a lot of rubbish" and said they did not even suspect he was an Aids sufferer as he told them he had leukaemia.

"Gordon was well-liked and known by everybody in Sedgefield," she said. "He ran the laundry and a tea room and had many friends. We knew he was gay but felt his private life was none of our business and treated him like anybody else, often inviting him home for tea or dinner."

Mr Smith gassed himself early last Friday morning and left three notes — one to friends and two for the police.

A sign on the dashboard read: "I have Aids, use gloves."

A reliable source told the Cape Times the notes contained a list of alleged paedophiles and allegations of misappropriation of funds from an Aids-related organisation.

A police spokesman said yesterday that allegations made by Mr Smith had been investigated and proved to be "totally unfounded".

AIDS

SUICIDE MAN

Suicide victim Mr Gordon Smith at a city home for Aids sufferers, funded by the Anglican and Roman Catholic churches and the 6010 Counselling Service, last year. He is seen giving an injection to one of the home's six other Aids victims.
Grim prediction by.
Aids task group.

TANIA LEVY

BETWEEN 50% and 70% of SA's black labour force will have died from Aids or be carriers of the HIV virus by 2000, says the Aids Economic Research Unit (Aeru), an independent task group.

Members include university professors and private economic and financial consultants.

Aeru spokesman Keith Edelston said that by 1995 paediatric Aids would half SA's population growth.

Managers of labour intensive companies who counted on having a full labour complement by the end of 1996 were exposing their organisations to risk, Edelston said.

Edelston said in the best scenario at least 50% of blacks would be infected with Aids between 1990 and 2000. At worst, 70% would have Aids by 2000.

Edelston said about 1% of SA blacks were already infected and would develop full-blown Aids within five to eight years. The number of people infected with the virus in SA would double every six to eight months.

While it was impossible to exactly predict the spread of Aids, there was no excuse for failing to address clearly identified trends, he said.

Aids will push the US economy into depression by the turn of the century, if not sooner, Edelston said.

In First World economies Aids will reduce demand for goods and services by increasing the dependency ratio.

The effects of Aids are slowed down in a Third World economy where large pools of unemployed can be brought in to replace workers lost to Aids, but eventually production ability is reduced as the population dies.

Aids typically affect the most productive and economically productive members of society, said Edelston.

Ironically there were economic opportunities for SA companies who planned for the possible Aids impact.

Edelston said local companies who become more capital intensive in the next eight years would be able to produce a greater percentage of the world's reduced demand for raw materials.

He said SA should step up import replacement and exports, particularly to the Far East, which would not be affected by Aids and would remain a growing economy.
Mixed Feelings

By ANTHONY JOHNSON and CARLA KING

The Democratic Party and yesterday's reports

Over AIDS report

texts
TRUCKERS
RUN A BIG
AIDS RISK

EDWARD WEST

AT LEAST half of 225 staff members with a Durban-based transport firm, which sent trucks to Malawi regularly, were found to be infected with the AIDS virus, AIDS Economic Research Unit (AERU) spokesman Keith Edelston said yesterday.

Edelston said in central Africa one of the main routes for the spread of the virus was along major international trade routes. A large proportion of drivers entering SA from these routes were infected.

Edelston said tests done at a Malawi transport firm showed 48 out of 52 drivers were infected with the virus.

Edelston said the AERU wanted to get together with private transporters and the Road Freight Association to put together a strategy to address the AIDS problem but transport unions were not prepared to participate.

The Road Freight Association could not be reached for comment yesterday.

Aids Training and Information Centre head Dr Ruben Sher said he did not necessarily agree with AERU statistics, but confirmed international truck routes were a major mechanism contributing to the spread of the virus.

Sher said SA drivers travelling into central Africa were often aware of the danger of AIDS but the main danger lay with drivers from central Africa resorting to prostitutes in SA.

Transport & General Workers Union spokesman Jane Barret said the union was doing training with regard to the AIDS problem.
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Mystery pamphlet on Aids slammed

By Toni Younghusband, Medical Reporter

A pamphlet on Aids which is being distributed in the Rooipoort and Randburg areas by a mystery organisation has been slammed as blatant right-wing racism by leading medical experts.

Professor Ruben Sher, head of the SA Medical Research Council's Aids Centre, said the sensationalistic content of the pamphlet was not scientifically substantiated and was based on a host of misconceptions.

The three-page pamphlet, apparently printed by an organisation calling itself Aids Information Distributing Society, calls on whites to "save the white race from extinction" by distributing the pamphlet to friends and family.

It claims toilet seats, swimming pools, multiracial hotels, multiracial churches, jacuzzis and even communion wafers handed out by hand can spread the Aids virus. Multiracial hotels and restaurants are described as being particularly "high risk".

Kissing

The pamphlet says elderly couples and parents and children whose only form of contact has been kissing are known to have infected one another with the Aids virus.

Professor Sher said: "Utter rubbish. There is no medical or scientific evidence to suggest any of this."

The pamphlet also questions health authorities' claims that Aids cannot be transmitted by insects such as mosquitoes and fleas.

"It is scientifically accepted that some diseases are transmitted by insects but Aids is not one of them."

"There are not enough virus particles in the blood borne by mosquitoes or any other insects to infect anyone. Do mosquitoes only bite sexually active people?" he asked, pointing out that Aids was primarily a disease of the sexually active.

Under the heading: "Measures to take to avoid Aids", the pamphlet suggests you have your black servant tested monthly to safeguard your family.

"This is a blatant racial slur," said Professor Sher.

"In black communities where you may find many people living in the same house or environment there has never been a reported case of infection."

The pamphlet also says the Aids virus can only be destroyed at a temperature higher than 189 F and that no known chemical substance can kill it.

"That's absolute rubbish. The ordinary household bleach will easily and effectively destroy the virus," said Professor Sher.

"Dr Dennis Siliris, head of the Johannesburg Hospital's HIV Clinic, called on members of the public to ignore the pamphlet's 'obviously ridiculous' content.

"It's obviously put out by an extreme lunatic fringe group who are trying to scare everyone. I just hope people have enough sense to realise that this pamphlet is being produced by people who are totally over the top," he said.

A group calling itself Aids Information Distributing Society of SA is appealing to the public to distribute copies of a circular, being read here by Miss Christine Nesbitt. The pamphlet is nonsensical and the facts about the virus are being covered up. Experts say the pamphlet is unfounded rubbish.
AIDS raises some thorny legalities

The advent of the AIDS epidemic has raised some thorny legal issues such as the provision for compulsory medical testing, according to the Unisa law academic, Professor SA Strauss.

One such issue, Strauss said, is that if a medical officer of health suspects a person to be a carrier of a communicable disease, he may instruct that person to subject himself to a medical examination.

Unlike the position in the United States of America and other countries, AIDS is not a notifiable disease in South Africa under the Public Health Act 63 of 1977.

**Changes**

The Medical Association of SA (Mas) initially recommended that AIDS be made notifiable, but subsequently changed its policy.

In a statement issued in May 1988, Mas said it seemed the greater part of the international community was not in favour of counter-productive, as possible sufferers might be reluctant to come forward.

Another important regulation relates to diseases which can classify foreigners as "prohibited" under the Admission of Persons to the Republic Act.

The Act empowers the Minister of Home Affairs to place homosexuals and others who "may spread the disease" on the prohibited list. However, those recorded as being HIV infected are not entitled to be in the country and to submit to a medical examination.

**HEALTH NEWS**

By MOKGADI PELA

The patient, because by doing so, the patient's own interest as well as those of society will be served.

He said employers could not simply fire a worker because the latter suffered from an incurable infectious disease.

He said a real area of concern for Aids patients was the discrimination and fear within the medical fraternity itself.

Strauss said that if a patient was refused health care on grossly unreasonable grounds and it can be proved that his life would have been saved had he been admitted to the hospital and medically treated, his dependants might be able to sue for damages.

Dangers

"A person who knows that he has AIDS and indulges in sexual intercourse with someone who is unaware of his condition, will in South Africa at the very least, be guilty of crimen injuria."

"But an eventual charge of culpable homicide, attempted murder or even murder, is not altogether inconceivable," Strauss said.
Two killed in suspected meningitis outbreak

Two three-year-old children died in Soweto last week in what is believed to be an outbreak of meningitis.

A spokesman for Baragwanath Hospital said the hospital authorities could not confirm the exact cause of the outbreak. However, he advised the community to take their children to the nearest doctor or clinic if they showed symptoms of the disease.

Coma

The dead infants were Thomas Mabuya of 600A Naledi and Coreen Sonto of 584B Naledi.

Thomas was admitted to Baragwanath Hospital on Monday in a coma and died the next day. Coreen is reported to have died on his grandfather's lap last week.

The Baragwanath spokesman said parents should look out for the following symptoms:

* A sudden onset of an infection on the brain usually associated with severe headaches, rise in temperature;
* Vomiting, fits or drowsiness which may also lead to a coma;
* Rash on any part of the body;

Victim Thomas Mabuya.

The spokesman said most types of meningitis were not infectious but there were exceptions. Meningitis which is contagious is common in closed communities like hostels, squatter camps and army barracks.

He said outbreaks of meningitis occurred from time to time. A few years ago there was an extensive epidemic in Brazil with heavy fatalities. The cause of the epidemic was meningococcal meningitis (some form of bacteria).

He said any form of meningitis if timeously noticed, could be treated with the use of antibiotics.
'Racist’ Aids pamphlet slammed by virus experts

The Argus Correspondent

JOHANNESBURG. — A pamphlet on Aids distributed in the Roodepoort and Randburg areas by a mystery organisation has been criticised as blatant right-wing racism by leading medical experts.

Professor Ruben Sher, head of the SA Medical Research Council’s Aids Centre, said the sensationalistic content of the pamphlet was not scientifically substantiated and was based on a host of misconceptions.

The three-page pamphlet, apparently printed by an organisation calling itself Aids Information Distributing Society, calls on whites to “save the white race from extinction” by distributing the pamphlet to friends and family.

It claims toilet seats, swimming pools, multi-racial hotels, multi-racial churches, jacuzzis and even communion wafers handed out by hand can spread the Aids virus. Multi-racial hotels and restaurants are described as being particularly “high risk”.

The pamphlet says elderly couples and parents and children whose only form of contact has been kissing are known to have infected one another with the Aids virus.

“Utter rubbish,” Professor Sher said.

Dr Dennis Sifris, head of the Johannesburg Hospital’s HIV Clinic called on the public to ignore the “obviously ridiculous” pamphlet.

“It’s obviously put out by an extreme lunatic fringe group who are trying to scare everyone. I just hope people realise the pamphlet is being produced by people who are totally over the top.”
Aids ‘high on govt’s priority list’

Staff Reporter

THE government has "accorded a very high priority" to Aids, according to a statement from the Ministry of National Health and Population Development.

But, while the statement agreed with Mr Mike Ellis, the DP’s health spokesman, who said it was of extreme importance that the government embarked on a programme to educate South Africans on Aids, it claimed this had "to date not been possible".

Shock for SA in new Aids report

By WILLEM STEENKAMP

ONE in every 100 black South Africans is reportedly to be carrying the immuno-deficiency virus, HIV, which leads to Aids — and the rate of infection is doubling every eight-and-a-half months, according to an authoritative survey.

"This disease will have a profound impact on SA’s progress in nation-building," warns the survey, which pinpoints Natal and KwaZulu as the most seriously affected areas.

Suspicion

Factors contributing to the spread of the disease include:

- The suspicion most black South Africans have of contraceptives.
- The fact that SA, "and especially its at-risk African population", is "cut off from traditional international support for preventing the spread of this disease by education."
- The relatively small-scale and ineffective anti-Aids educational programmes in the country.

The survey is based on figures garnered from the testing of 4.7m South Africans, representing 11.75% of the total population.

By 1999, the survey predicts, an estimated 15% of all sexually active SA blacks between 15 and 60 will be HIV-positive, with half of all those infected dying within eight years.

Shocking

Among the shocking facts quoted are:

- The major sources of new infection in the Republic are truck-drivers who move 'between SA and Malawi'.
- About 1% of all sexually active black females in SA over 14 are HIV-positive.
- In late 1989 an overall 6% of Durban’s prostitutes-tested HIV-positive. Of these, 19% of those under 19 were infected.
- Figures for black pre-natal clinics showed that in Durban 0.5% of patients who booked in tested positive.
Insurers pay R6m in AIDS claims

The number of AIDS claims to life assurance companies has risen 50% since 1984 and more than R6m has been paid out in this period.

Figures revealing the exponential rise in AIDS claims were released for the first time yesterday.

And Dr Ruben Sher, head of the AIDS Centre, disclosed that in 1989 (until December 15) 72 people had died of AIDS while 134 new cases were reported. This brought the total death toll since 1982 to 174 and the total number of cases to 385.

“There have been many heterosexual cases. The disease is spreading into the heterosexual community,” Sher said.

Since 1984, 55 AIDS claimants with a total of 99 policies have lodged claims, according to Jakes Greyling of Mercantile & General Reinsurance of SA who compiles national statistics for the industry.

Greyling said the exponential rise in the figures was worrying the industry.

Of the 99 policies on which AIDS claims were based, 77 were life policies, 13 were disability policies on which a lump sum is paid and 9 were personal health insurance (PHI) policies.

Greyling said that of equal concern to the industry was the term of the policies. Life policies are expected to endure 20 years to get a return, but the average term of the 99 policies was 4.43 years. Nineteen had been in force for less than one year, 18 for less than two years and 14 for less than three years.
The big AIDS deception

Tony Nicholson says Africa is cynically deceiving the world on the true extent of AIDS

Kwara, south of the Zaire river, is a place where AIDS has reached a crisis point. The Zairean president, Jonas Savimbi, recently visited the city of Kinshasa, where he met with some of the local AIDS activists. They explained to him that the AIDS epidemic is growing rapidly in their country, and that many people are dying every day.

In the Zairean capital, Kinshasa, the streets are filled with people suffering from AIDS-related illnesses. Many of them are too weak to walk and are carried from place to place by their families. The hospitals are overcrowded and there are not enough medical supplies to treat all the patients.

In the countryside, the situation is even worse. Many farmers have died from AIDS-related illnesses, leaving their families without food and shelter. The government has not done enough to help these people, and they are suffering as a result.

The United Nations has warned that the AIDS epidemic in Africa is growing rapidly and that more needs to be done to help the affected countries. However, many of these countries are not taking the epidemic seriously and are not providing enough support to those affected by AIDS.

In conclusion, the AIDS epidemic in Africa is a crisis that needs immediate attention. The governments of these countries must do more to help those affected by AIDS, and the international community must provide the necessary support to contain the epidemic.
Aids 'may become manageable'

NEW YORK — By the end of the 1990s Aids may not be curable but is likely to have become a manageable chronic disease that doesn't shorten life expectancy, a leading US government researcher has said.

Dr Anthony Fauci, director of the national programme to test and evaluate anti-Aids drugs, told a New York-Italy Medical Symposium here: "I am confident we can look forward to the 1990s as a decade where that goal can be realized."

He said learning to manage and control Aids was not the same as curing it. Treatments of the 1990s would probably have to be continued for life in people infected with the virus.

Fauci said he based his optimistic prediction for the 1990s on the growing understanding of the workings of the Aids virus, the success in Aids treatment achieved so far, and a philosophical shift in the way the US government made new drugs available.

"Until now, Aids drugs had been developed largely by screening available substances for possible anti-viral activity," he said. The increasing understanding of how the virus infected cells, killed them and reproduced was leading to new drugs aimed directly at each of those steps in the virus' growth, Fauci said.

"Already there are several drugs ready to go into (human) clinical trials that have been specifically tailored to HIV," Fauci said.

Improved care

Fauci said researchers scored several successes against Aids during the 1980s.

First, they improved care of the sick. In 1985, less than 40% of people diagnosed with Aids survived 12 months. By 1987, 60% lived at least that long after diagnosis, Fauci said.

Secondly, researchers discovered that treatment could be helpful in people infected with HIV but not yet sick. For example, drugs to protect against the type of pneumonia that is an often fatal Aids complication can now sharply reduce its frequency.

AZT, the current mainstay of treatment in people sick with Aids, has been shown to significantly delay the progression or onset of symptoms in people infected with HIV but not yet sick, Fauci said.

There are now "hundreds of thousands who can benefit from early intervention", he said.

Thirdly, the US government had decided to relax its grip on experimental drugs in cases where they offered hope to people whose lives were threatened and who had few other options, Fauci said. — Sapa-AP
Medical schemes wary of AIDS claims

MEDICAL aid schemes with unlimited liability will be crippled if more than 10% of their members get AIDS.

Medscheme deputy MD Les Hollis said that initially there had been a "rash of conservatism" among medical schemes, with many introducing specific restraints on payouts to AIDS patients, including the R100 legal minimum.

Medscheme administers 34 schemes with one million members.

Now, said Hollis, most of its schemes had introduced category sub-limits and overall annual limits of between R10 000 and R15 000 for all members, including those with the AIDS virus.

He said many schemes were trying to be as liberal as they could towards AIDS sufferers but at the same time had to be careful not to cripple the entire scheme. Very few had left their liability open-ended.

A number of medical schemes have limited their annual payout for AIDS treatment to less than R500.

Medical Schemes assistant registrar Danie Kolver said a number of schemes had reduced liability to AIDS sufferers to the legal minimum.

In terms of the Medical Schemes Act any member of a registered scheme — including someone with AIDS — is entitled to a minimum R100 a year for each of five medical service categories including medicines, hospitalisation, physiotherapy, doctors and dentists bills.

He said it was difficult to say how many of SA's 250 registered schemes had applied this or other limits to benefits for AIDS treatment.

Kolver said no scheme had introduced a clause specifically limiting the payout for AZT, the only drug used to treat AIDS at present.

Affiliated Medical Administrators (AMA) chairman Tony Levelton said most societies placed an annual limit ranging from R2 000 to R5 000 on medicines. This amount would be used up quickly by someone being treated with AZT, which costs between R500 and R600 a month.

The drug costs R537 for 100 capsules, and dosages vary from three to five capsules a day.

Levelton said none of AMA's 10 medical societies, representing 165 000 families, had adopted specific restrictions on benefits to members with AIDS.
Experts warn that AIDS could spell economic disaster

AIDS will have a devastating impact on the world's economy within a decade, according to several speakers at an AIDS-in-industry symposium yesterday.

AIDS 'Economic' Research Unit head Keith Edleston said Third World countries, particularly would suffer from AIDS as they were labour-intensive, and the disease would greatly reduce the number of eligible workers. Mines, construction companies and heavy industry corporations could be especially hurt by the epidemic.

However, he said the labour shortage would not be seen in SA for a few years as there was high unemployment and the incubation period for people with HIV was several years.

Edleston forecast that if 2% of the population required treatment for AIDS there would be a 10.5% drop in industrial production; a 16% decrease in consumer durable production and a 32% decline in corporate profits. These figures were calculated on companies' loss of labour, declining markets for products and the cost of AIDS medicines for employees.

But most medical experts believed far more than 2% of any population would require AIDS treatment. Doctors said yesterday they expected at least 4.5% of SA's black population and 2.5% of SA's white population to be HIV-positive by 1995.

Edleston believed SA would experience a deep recession if 5% of its population required AIDS treatment; a depression equivalent to the one in 1933 if 10% needed treatment and complete economic collapse if more than 12% needed treatment.

Eminent economic disaster could also be expected in other parts of Africa, Europe and the US by the end of the decade, Edleston said. Central Africa in particular would suffer.

Economist George Bawell agreed with Edleston, saying in the very best-case scenario the world will experience a prolonged economic retrogression due to AIDS, and could - in the worst-case scenario - experience complete economic collapse.

One of the few ways to combat the looming economic disaster was for companies greatly to increase electronic control systems and robotics in an attempt to mechanise jobs performed by people.

A National Health and Population Development Department spokesman denied media allegations that the department was withholding information on AIDS, saying yesterday official estimates of HIV-positive cases among blacks ranged from 317 000 to 446 000 by the end of 1991.

The findings of researchers were, however, of a preliminary nature and - while the threat of AIDS was enormous - issues surrounding the disease should not be politicised, he said.
Aids threatens world economy

By Robyn Chalmers

The spread of Aids, estimated to affect about 1.1-billion people by 1992, could plunge the world into economic depression.

Aids economic research unit head Keith Edelston told a conference in Johannesburg this week current trends indicated that the number of victims of the disease was doubling roughly every 12 months in the West.

Breaking down the 1.1-billion figure — a World Health Organisation (WHO) projection — National Institute for Medical Research head Reuben Sher said Africa would be hardest hit by the disease.

"Africa will have 575 000 cases, 425 000 in America, 5 000 in Asia, 500 000 in Europe and 5 000 in Australia and New Zealand. But these figures are only a very rough estimate."

Mr Edelston said Aids would hurt the labour-intensive Third World economies by reducing the number of workers.

"Where there is substantial unemployment, the full effects will be postponed. But as trained staff are replaced by the formerly untrained, recruitment and training costs will rise and productivity fall.

"As production and turnovers decline, profits fall even faster and a domino effect impacts right through all sectors of the economy."

Mr Edelston said less tax being paid to governments would hamper their ability to provide vital services, damaging the infrastructure.

In First World economies, demand would eventually fall along with numbers, but initially the big cost would be medical.

"Profits always drop more dramatically than turnover. Falling profitability means staff laid off. Unemployment will rise, interest rates will climb."

In a typical Western economy, he said 2% of the population needing Aids treatment would result in a fall in industrial production of about 10% to 11%, with consumer durable production down by 16%. 
A new stage in Aids awareness

A theatrical approach to teaching people about Aids has helped health workers to communicate complex issues in a simple way.

JOHN PERLMAN reports

But the play has been undergoing changes. Adjustments are made for certain kinds of audiences — for a recent performance in a squatter area near Klerksdorp, scenes showing women at work were changed to show women doing their washing. "Most of the women didn't have jobs," says Gracia Ramass, one of the performers and a registered nurse.

The performers, none of whom had acted before, continue to improvise as they go along. "The dialogue depends on how you feel," says Raymond Motaba, a regular preacher in his church.

I am always adding this or that to improve the play and make it more enjoyable," he says.

But the most important factor changing the play is the audience response. After each performance a question session follows, sometimes lasting up to two hours.

"Certain questions keep coming up time and again, and these have been gradually incorporated back into the play," says Evian. "People's anxieties are often dealt with early on — they don't have to sit through the play thinking about them."

The play, which is staged in either Sotho, Zulu or English, is certainly frank: "You can't talk about Aids without talking about sex," says Evian. But care has been taken to avoid being judgmental.

For example, one of the male characters, urging his friend to practise safer sex, puts it thus: "For people like you and me who sleep around, we must use condoms."

HEALTH workers have turned into actors in an imaginative attempt by the Johannesburg City Health Department to teach people about Acquired Immune Deficiency Syndrome (Aids).

For the past six months, the City Health Acting Troupe, a team of six performers, have staged a simple, lively play about Aids before 15 000 people in factories, clinics and squatter areas.

The plot is straightforward enough: people who have learnt about Aids and how to prevent it start teaching those who haven't; then love blooms in a disco, wilts a little when man bails woman for inhaling he use a condom, but blossoms in the end.

Within that simple framework, the actors — all health workers — deal with some complex issues.

"We started off with a skeleton script and then workshopped the scenes from there," says Dr Clive Evian, one of the initiators of the project. "That process involved us coming to grips with the issues ourselves."
1991 black HIV estimate given by govt

Staff Reporter

By the end of 1991 an estimated 440 000 blacks in South Africa will be infected by the human immuno-deficient virus (HIV).

These figures were released by the Department of National Health and Population Development yesterday, in response to recent media reports which alleged that the department was withholding information regarding AIDS from the public.

At the end of last year about 35 000 South Africans were infected with the virus, while 3 431 of these cases had been reported to the department on a voluntary and anonymous basis by early last month.

The statement stressed that researchers involved in the survey emphasised the lack of representative data and the preliminary nature of their findings.

"The first South African cases were diagnosed in 1982, indicating that infection could have occurred 10 years earlier and that HIV has been present in the country since 1972," the statement said.

"In the light of these projections it cannot be over-emphasised how serious and enormous the threat is. At present there is no cure for AIDS and no vaccine exists to safeguard healthy people against contamination."

The statement stressed that knowledge about how AIDS is spread and appropriate precautions are the only efficient means to prevent the disease.
Soaring Aids figures

OWN CORRESPONDENT

DURBAN — Nearly 550 people in Natal tested positive to the Aids virus in January and February, according to Mr Tino Volker, MEC for hospita, in a shock disclosure to the Extended Committee of Parliament in Maritzburg this week.

“Currently HIV positivity is greatly under-estimated and the national statistics are hopelessly inadequate,” Mr Volker said.

“Heterosexual aids is increasing rapidly in Natal and the health resources and budget will consequently be put under even greater stress.” In January, 261 people of all races in Natal tested positive for AIDS, and 323 in February, he said.

Mr Volker told horrified MPs that there were many of provincial hospital staff who had sustained “finger prick” injuries while handling Aids patients and their blood, and were being given the drug AZT as prophylaxis treatment. He said three Aids patients were also receiving AZT as treatment every month, at the cost of R1 600 per patient per month.

Patient confidentiality

The other Aids patients in provincial hospitals were receiving antibiotics, anti-tuberculosi drugs and other treatments. Volker said the use of Rifampicin, an anti-tuberculosi drug, had increased by 189 percent in the last year, because of the growing number of AIDS victims.

HIV testing for January and February alone had cost the Natal Provincial Administration R46 094.00.

“The reality of AIDS and HIV positivity are already impacting on the Health Services of the NPA.”

Mr Volker said the reasons for the inaccuracy in the national statistics were medical and the people could not be forced to be tested for Aids, and also because of patient confidentiality.

He said the Department of National Health and Population Development was responsible for the AIDS Strategic Plan and advertising campaign, and the Health and Welfare Advisory Committee was currently addressing an “AIDS Action Plan”.

Democratic Party MP Mr Mike Ellis praised Mr Volker for being the first government official to admit that the government records with regard to the number of Aids cases were grossly inadequate.

“There has been an unfortunate tendency on the part of the government to play the developing crisis down and this approach by the MEC is refreshing.”

He said the World Health Organisation had indicated that between 250 000 and 500 000 blacks in South Africa between the ages of 16 and 49 would have tested HIV positive by 1993.

“As Aids has a doubling time of about eight months, and as there is no sign of any cure or vaccine for Aids yet, the potential disaster for SA is enormous,” Mr Ellis said.

“Urgent steps must be taken by the Government to ensure that their record keeping with regard to the number of HIV positive cases is accurate and up to date at all times.”

Worldwide case total soars

GENEVA — A doubling of the number of Aids cases reported in Zaire and the Ivory Coast sent the reported worldwide total soaring by 6.5 percent last month to 337 140, the World Health Organisation said yesterday.

Zaire listed 11 732 cases by January 31, up from 4 360 at the end of 1988. Ivory Coast listed 2 647 cases, against 1 610 last October. Most other African countries did not file new reports during the month and 11 have not sent in updates for more than a year. Congo’s latest report is dated December 9 1987, when it listed 1 260 cases.

With the update, Zaire replaced Brazil as the country with the second highest total, trailing only the United States, which still accounts for slightly more than half the global total. It reported 148 182 cases on March 31, up from 121 013 at the end of January.

Brazil listed 10 010 cases in February, against 9 350 by the end of last year. The statistics comprising 153 countries were included in the latest issue of WHO’s Weekly Epidemiological Record.

Dr Jonathan Mann, who resigned last month as director of WHO’s AIDS programme, has said the real number of Aids victims may have already been as high as 600 000 by the end of last year, including 300 000 estimated fatalities.

Dr Mann predicts that 6 million Aids cases may occur by the year 2000, and has warned that, if HIV infection accelerates especially in Asia, even this estimate will be too low. — Sapa-AP.
gures shock Natal

Acid attack on priceless Rembrandt

AMSTERDAM — A 31-year-old Dutchman on Friday sprayed an "aggressive chemical" on Rembrandt's world famous Night Watch, the second attack on the priceless painting in Amsterdam's National Museum, police and museum officials said.

The chemical left the painting from 1642 streaked with a white mark, about 27 cm long and 30 cm wide.

The painting looked as if it had been hit by white paint, with fluid dripping off its surface.

Dutch Television described the chemical as concentrated sulphuric acid, but museum officials said they weren't certain what was used.

A large group of museum visitors stood watching as guards took the painting off its hook, stood it on the floor, and covered the damaged parts with a protective cloth, apparently to draw off the remaining chemicals. A rope kept bystanders at least 30 m away after the attack.

Confused

The attacker, described as "confused" by police, was arrested by museum guards and handed over to police, said museum spokesman Frans van der Avert.

"It's very hard to say at this moment how bad the damage is," Van der Avert said. "He used an aggressive chemical contained in a spray can. His motives are unknown for now."

Police spokesman Klaas Witting said the attacker was a Dutch national from The Hague. "He is confused and not telling us anything at the moment."

The Night Watch attracts hundreds of thousands of visitors yearly and is the most famous of all Rembrandt's paintings.

A Dutch schoolmaster claiming to be on a divine mission made several deep slashes in the painting with a knife on September 14 1975. He was never tried but was committed to an asylum where he later committed suicide.

The museum has never disclosed a value for the Night Watch, but art dealers put its worth at "many, many millions." It is not insured. — Sup&-AP.

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Conservative AIDS forecast: 10m infected by year 2000

Some alarmed by Aids, others more sanguine

Medical and financial experts were generally wary of Old Mutual's predictions. Dr. Robert Schall, a medical scientist at the CTR, said that it was too early to say whether the private sector would be able to provide adequate care. He also expressed concern about the escalating cost of Aids-related treatments.

"We cannot afford to delay," he said. "We must act now to address the problem of Aids and its complications.""It is crucial that the private sector plays a role in providing care and support to those affected by Aids," he added. "We must ensure that we have the necessary resources to do so.""We must also ensure that the necessary infrastructure is in place to support the private sector," he continued. "This will require investment in health care facilities and human resources.""We must also work to improve the delivery of care to those in need," he said. "This means ensuring that the necessary information is available and that patients are able to access it.""We must also ensure that the necessary support is in place to help those in need," he added. "This means ensuring that the necessary resources are available and that patients are able to access them.""We must also work to improve the delivery of care to those in need," he said. "This means ensuring that the necessary information is available and that patients are able to access it.""We must also ensure that the necessary support is in place to help those in need," he added. "This means ensuring that the necessary resources are available and that patients are able to access them.""We must also work to improve the delivery of care to those in need," he said. "This means ensuring that the necessary information is available and that patients are able to access it.""We must also ensure that the necessary support is in place to help those in need," he added. "This means ensuring that the necessary resources are available and that patients are able to access them."
No one immune to AIDS

Peter Collins, political scientist at the University of Cape Town, calls for a national think-tank on AIDS

In South Africa, all responsible bodies — political organisations, churches, businesses — should be paying real and special attention to AIDS.

At the moment, decision-makers, who don't themselves really understand the problem, pay lip-service to the issue. The rest of us dismiss it as just another scare story.

Worse, too many of us are sneakily quite pleased about AIDS. We, very mistakenly, believe that AIDS is a threat only to some other "groups" to which we don't belong. If AIDS kills them off in large numbers, it may even be rather a good thing. We believe ourselves to be immune.

Wrong. By the end of 1991 there will be, on a conservative estimate, a million HIV-positive people in South Africa. Of these, about 70 percent will be sick with AIDS within seven years. Most will be dead by the end of the century.

Worse, unless we do something collectively, effectively and fast, those numbers will double approximately every eight and a half months. In Zimbabwe, AIDS is now the single largest killer of children up to five years old.

What we need is a genuine think-tank. Not it should be stressed, composed of people who wish to make money or careers out of the sufferings of seropositive people.

Nor should such a think-tank be composed of people with political masters to serve. It should be truly multi-disciplinary — not dominated by doctors who dislike and disagree with one another.

Its work should be the composing and co-ordinating of the curriculum for a public health campaign and the designing of effective strategies for conducting such a campaign.

Above all, perhaps, it should be cheap — no freebies for anyone.
Report predicts a million Aids patients by 2 000

At least a million South Africans will have died from Aids by the year 2000, with about two million people seriously ill and dying, according to a report just published.

The report says about seven million HIV infected people could still be working and should be employed until their death.

"This is what companies and all employers must come to terms with now. They must start working out protocols and strategies to deal with and protect their HIV infected employees, and to keep them working as long as possible, or else we will have an economic catastrophe in South Africa," says Mr Chris Erasmus, editor of the report which has just been completed by the International Research and Information Services.

His advice comes at a time when at least 75 percent of blue-chip companies in South Africa, including prominent mining houses, are presently exploring protocols and devising plans of action which could include testing all prospective employees, testing existing employees on an anonymous basis, and then protecting them and guaranteeing their jobs until their death.

After five months of extensive research in Africa (from Uganda to South Africa), Erasmus said: "Employers can no longer hide their heads in the sand. They must realise that they will be employing Aids infected people with an average each of six dependants.

By the end of 1993 there will be at least two million South Africans with Aids. By 1992 there will be eight million and in the latter part of this decade (at the end of the century) out of a population of 44 million people) some 10 million people will be HIV infected, two million of these will be seriously ill and dying while the rest will just be infected and still employed.

Working on a five to seven-year sickness to death projection after infection, we can tell that at least one million people will already have died," says Erasmus.

This is a conservative report compared with Old Mutual's projection of half the adult population HIV infected by the end of the century.
The myth that AIDS started in Africa has been exposed as a fallacy. In fact, it started in America.

The new evidence comes from a sensational television documentary by German film-makers Heinz Claassen and Maite Rauch. The film has created a storm of controversy in Europe. Providing solid scientific evidence, the film shows that Africa was visited by top scientists and the media, on doubtful evidence.

It first appeared in New York in 1981, and the following year the Centre for Disease Control announced that 54 of the then 700 AIDS cases were people from Haiti. Blood tests for that disease had not been available at this time but Haitians were declared as the group with the highest AIDS risk.

The media jumped on this and soon AIDS and Haiti became almost synonymous. Only several years later was it established that the majority of Haitians had been inaccurately diagnosed and that a very small number actually had the disease. It also became clear that AIDS was not present in Haiti before it appeared in America.

The hunt was on to identify the virus and also to establish its origins. Some researchers were prepared to consider that the disease may have originated in the United States.

In 1982 the first cases were reported in Europe and in 1983 the first cases from Africa were registered. It seems that all the researchers were looking for. That same year, and based on the slenderest – and, as it turned out, inaccurate – evidence, American and European researchers claimed that AIDS had originated in Africa and not America.

Field day

The media had a field day. Reports of whole populations and countries being exterminated by the disease appeared on a daily basis. Respectable scientists added their authority to the reports. In fact, there was hardly a fact or a theory of any kind that did not form the subject of solid evidence to back these reports.

One of the most active promoters of the African origin thesis was Dr Robert Gallo, one of the discoverers of the AIDS virus. "His ideas that AIDS was an ancient disease which had migrated from some remote African village became immediately popular," says the film.

How had Gallo arrived at this astounding conclusion? In his own words: "I don't want to say exactly where the virus comes from: I don't know." But, he adds, "either a virus just went into man for the first time; or, a very small population of the human was infected for a longer time and spread the virus. The latter is surely true.

No scientific basis, no epidemiological basis, nor virological basis, no testing. Nothing scientific at all, in fact, just a bunch which is not even logical.

Yet the media lapped it up and the chase was now on for a remote village that was the cause of all the trouble. Yet, despite Gallo's reputation, his reasoning was rather thin, so a whole series of theories attempting to link Africa to AIDS began to emerge.

One of the most imaginative was that by Prof Max Essex of the Harvard School of Public Health who declared that the AIDS virus had jumped over man from the "African green monkey."

The medias, scientists and the public were convinced that AIDS came from Africa and that it came through contact with the green monkey. A report in the New York Times clearly states: "When the green monkey disables the African green monkey was launched and when quite qualified colleagues talked about it as an important discovery... I thought immediately that this was biologically impossible."

Film discovery

But was the green monkey theory nothing but myth, as gallo feared? To find out, the film-makers went to the West German Centre for Research on Primates at Gotgtingen University. This is what they discovered.

The first AIDS-like viruses in monkeys had been found by Max Essex in macaques, a monkey species primarily from South East Asia, not Africa. In addition, all samples of AIDS-like viruses in monkeys and apes had been found among laboratory animals in the United States and not one had been found in free conditions in Africa.

So why Max Essex and others insist that the African green monkey was the cause of AIDS? A deceptively simple.

What about the theory that AIDS was transferred from monkey to man, wherever the monkey came from? The Head of the West German Centre of Primary Research, Prof Gerhard Hunsmann has this to say: "All the viruses we have found to date among animals are so different from human Aids that they could not have been transferred from animals to man. This is absolutely clear. Therefore, they cannot be the reason for AIDS."

By 1984, a method of blood testing had been developed and "another scramble for Africa broke loose this time with the AIDS test kits and with hundreds of researchers chasing for fresh blood and old serum samples from Africans."

Alarming reports

Gallo and others found that more than half, and in some cases up to 90 percent, of blood-tested Africans were infected. Alarming reports were circulated around the world and continued to be circulated to this day.

But how accurate were these results? Hunsmann says they had collected a large sample of African blood several years before the Aids were to test for a leukemia virus.

Therefore, when Dr. Gallo's alarming results appeared they could immediately test the blood samples for the AIDS virus. This is what Hunsmann discovered: These tests quickly and clearly showed that the only positive tests we could find among our serum samples are dated after 1982-83. Among samples from before that time, we had quite a lot of that stock, not a single one proved positive. Their conclusion was that the researchers who had produced the alarming results had got it wrong. Their tests were inaccurate.

They demonstrated that the results were incorrect and Gallo had to reduce his numbers from the apocalyptic 60 percent to 0.02 percent.

Yet this information has largely gone unreported and the media and the medical world still continue to push the myth of Africa as the origin point.

African countries have often been accused of under-reporting AIDS cases. It is now clear that, instead, they have been consistently over-reported of AIDS cases in other tropical diseases – and in some cases, like Uganda, malaria and have not been diagnosed as AIDS. With the introduction of more reliable clinical methods the case numbers of countries like Zimbabwe have had to be drastically reduced.

So why has so much time, energy, money and misinformation been put about to portray Africa as the village of the Aids disease? Is there a sinister motive? John Segal thinks there is.

He believes the AIDS virus is man-made and that a great deal of effort has gone into covering up this fact. "When we published the hypothesis that the virus an engineered product, we were told time and again that it could not be brought about by a natural process."

"We always asked: 'Please tell us in what way through which natural process? None of the experts were able to propose any reasonable natural way which could have brought it about.'"

According to Segal, the AIDS virus has been created from the Virus, a virus which causes a T - cell brain disease in sheep and goats, and a piece of the man leukemia virus. He believes that human beings probably prisoners, were experimented on and did show much effect except for a short influence, like a fever. The "guinea-pigs" were then released but known to anyone at the time, they carried with it the original AIDS virus.

A number of scientists have strongly refuted this theory and say the AIDS virus could have been the result of an accident in gene technology or microbiology.

Dr Regine Kolber, a West German specialist on retroviruses, believes a non-natural origin of the A virus is possible. She says that during the 1970s, following an explosion of experiments in viruses, it was assumed that retro-viruses were not harmful and therefore all work on all type of viruses were done practically without any security measures.

Virus vanished

Could the laboratory AIDS viruses have accidently escaped or been stolen? It seems very probable. In fact, the Pentagon's centre for chemical and biological research, a part of the highly influential Chemungyunga virus vanished. According to reports, that amount is sufficient to wipe out a major part of mankind.

In 1985, the United States Department of Defense asked for a congress committee to allocate $10 million for research to produce an artificial virus which could subdue the human immune system. According to a Pentagon spokesman at the committee's meeting, consultations with outstanding scientists had already been held. All further details were declared secret.

What happened to this project? According to John Riffkin, an expert in the military uses of biological search, "probably nothing happened in this case as my impression is the research was not pursued."

The possibilities are here - New African.
GOVERNMENT and non-government bodies should meet for an “Aids Indaba” that transcends all political differences, a Press conference on Aids hosted by the Medical Research Council was told in Cape Town on Monday.

In a conference to discuss the findings of the first scientific survey of Aids among blacks in South Africa, an MRC spokesman stressed that only the State had the finances to tackle the growing problem.

The State was, however, unable to reach individuals in the way community groups, the ANC and others could do — so an Indaba was necessary.

The MRC had committed itself to a one-year pilot project, together with other research, education and scientific bodies, to educate the public — and young people in particular — on Aids.

The project, which has already begun in the Western Cape, uses innovations such as comic books and videos in an attempt to get the message across.

Discussing his paper on short-term predictions of Aids among blacks, Dr GN Padayachee of the Johannesburg City Health Service said it cost between R80 000 and R100 000 to treat each Aids patient.

“It makes a lot of sense for the State to put as much money as possible into an educational project now,” he said.

He estimated 41 percent of Aids cases in South Africa were not reported and the study indicated Aids patients would increase to 168 000 by the end of 1990 and to 446 000 by the end of 1991.

He added there had been a problem with basic data in compiling the article but it still provided “good representative data” on Aids.

Padayachee and co-author Dr Robert Shall of the MRC’s Institute for Biostatistics said they believed their predictions indicated “the great seriousness of the HIV epidemic in the black population of South Africa”.

Shall pointed out that Aids cases among blacks were doubling every eight or nine months. It was crucial people were educated now in an attempt to slow the epidemic, he said.

It was pointed out at the conference that if Aids reached 10 percent of the active population it would mean catastrophe for the country.

Various methods aimed at curbing the cost of Aids rather than aiming at a “vaccine cure” were being tried throughout South Africa at present.

These included “psycho-immunisation” through awareness, social marketing strategies to get the message across and the provision of condoms.

AIDS vaccine trials at the University of Cape Town (UCT) have been halted because of shortage of funding for the related trials.

Contract drivers in the Port Elizabeth area, for example, but the Human Sciences Research Council found only some four percent of whites used condoms and only 0,4 percent of blacks.

The Department of National Health and Population Development is also establishing Aids training and information centres at local authority level.

Estimated and predicted figures from the Department show at least 119 000 South Africans blacks will be infected with the virus by the end of this year. The higher estimate placed the figure at 168 000.

Respective estimates at the end of 1989 were 45 000 and 63 000.

As many as 446 000 blacks could be HIV-infected by the end of 1991, with a minimum of 317 000 suffering infection which could lead to full-blown Aids.

Researchers involved in this survey emphasised the preliminary nature of their findings.

It was essential all authorities, groups, communities and leaders made a public commitment to help contain the spread of Aids-inducing HIV, the Department said in a statement.

All institutions wishing to take part in projects to fight HIV infection were invited to contact the director of medical services, Dr JH Lombard. — Sapa.
Aids link

Buyers of universal life and other policies linking life and investment benefits may not get the payouts originally projected. Now, by far, life assurers' most widely sold product, they are vulnerable to an Aids epidemic. Old Mutual chief actuary Theo Hartwig says an estimate that 60% of the work force will test HIV-positive by 1996 is not far-fetched. He believes a "significantly higher death rate is five to eight years away."

Linked policies consist of nothing more than term assurance (pure life cover) plus investment. According to AA Life MD Brian Benfield, the cost of the life cover is reduced by the cushion afforded by the investment portion. The trade-off is that the investment portion of the premium is eroded if the portion allocated for the life cover must rise. When universal life policies were introduced, companies which had previously guaranteed the rate for the life cover abolished this, reserving the right to appropriate more of the total premium for life cover.

Theoretically, says Benfield, it is possible for no maturity value to be paid out (besides the death value) on policies in which the life company has not guaranteed a return. This could happen in the event of an epidemic like Aids and/or a massive collapse of the stock market. While such disasters are highly unlikely, an increase in the number of Aids deaths could produce pay-outs lower than originally estimated.

Premiums on existing and new policies could be raised. Or free reserves could be used — but since assurers would have to top up reserves, policyholders would eventually pay for this too. Good news is that returns in the kitty from premiums already paid would not be affected, according to Hartwig.

Hartwig says one way for life companies to counter the threat is to market differently to high-risk groups. The ratio between life cover and savings selected by the client largely determines the size of final payouts. So almost pure investment products could be marketed to high-risk groups. (These would have to include a small amount of life cover, a statutory requirement.) Alternatively, shorter-term products much less sensitive to increases in mortality rates could be marketed to high-risk clients. These are increasingly popular anyway.

So, ultimately, the impact of an increase in incidence of Aids could depend on life offices successfully identifying high-risk groups.

Executives of companies which sell to supposedly low-risk communities are not pessimistic. They say the UK mortality rate from Aids is lower than life companies there expected and hope the expected mortalities will not materialise in SA either.
Call on business to plan for AIDS

OLD MUTUAL's projection of the spread and consequences of AIDS sees a drastic decline in business confidence by as early as 1995 as a result of the spread of the disease.

In a speech to the Tygerberg Chamber of Commerce and Industry yesterday, Old Mutual chief operating officer Gerhard van Niekerk said businesses should make possible consequences central to their 18-year plans.

There would be a massive diversion of resources to medical care and other welfare spending because of AIDS, which would also have a big effect on tourism. The population could decline sharply, spelling bad news for the rand and inflation.
Staff Reporter

THERE is growing evidence the HIV virus is spreading rapidly through South Africa's black and possibly coloured population through heterosexual transmission and now constitutes the "greatest threat to public health in South Africa this century", according to two researchers.

Writing in the South African Medical Journal published today, Drs N Padyachee and Robert Schall said that until recently the South African Aids epidemic followed a "Western" pattern of spreading among homosexuals and intravenous drug users.

The "African" pattern now uncovered in South Africa may spread much faster than the "Western" epidemic, they warned, and containment in high-risk groups may not be possible.

"In fact, with heterosexual transmission, a large part of the general population may be at high risk."

There had been up to 63 000 HIV-infected black South Africans aged between 15 and 49 by the end of 1989. With a doubling time of 8.5 months, there could be 168 000 HIV-infected blacks by the end of this year and 446 000 by the end of 1991.

Dr Padyachee is senior deputy Medical Officer of Health of Johannesburg and Dr Schall is senior statistician of the Medical Research Council's institute for biostatistics.

"The control of the epidemic is a question of national importance and may quite possibly become a question of national survival."

A nationwide, well-designed and ongoing surveillance of HIV prevalence, which broadened and co-ordinated present individual efforts, is urgently needed.
Aids ‘threatens economies’

Staff Reporter

Aids would affect economies because it attacked wealth production by killing people and some economies would collapse. This would leave no money for vital services such as education and health care, according to Aids expert and author Mr Keith Edelston.

He was addressing delegates to the Multinational Conference of the Southern African Association of Medical Schemes in Windhoek on Monday.

Mr Edelston said planners and businessmen needed to estimate the number of future Aids cases to project the likely state of the economy.

Businessmen needed to know that, by a certain date, they would have to allow for their turnover to decline by between 12 and 35 percent so that they could evolve suitable counter-strategies.

Health care authority Mr Don Sutherland said that it was critical to privatise hospital services. He said that although existing private schemes could improve, it had been proved that nationalised health care did not work.

Mr Edelston said the private sector should be involved in the development of new health services, particularly for people in the lower income group.

At present, the lower income group was limited to self-dispensing medical practitioners, state hospital out-patient facilities and state clinics.

Mr Sutherland stressed that health care should be made more available to this group on a private sector basis.
Business urged to tackle Aids now

A strategy to deal with the looming Aids catastrophe urges corporate decision makers to act quickly before the danger becomes "utterly unmanageable".

The strategy, spelt out in a new report, is the first of its kind in South Africa and has been greeted by medical authorities as "long overdue". It includes a suggested protocol covering both new and existing workers in which the interests of both employer and employee are protected.

The problems raised by employees carrying the human immunodeficiency virus (HIV), which precedes Aids, are dealt with in an effort to offer "hard-pressed corporate decision makers" practical guidelines that are both cost effective and as human as possible.

Included in the report's recommendations is the key suggestion that organisations, public and private, treat all HIV-infected employees "as you would treat a valued employee suffering from hepatitis".

Apart from the medical similarities of the two diseases, the report says that to treat HIV- and hepatitis-infected employees in the same way will do much to remove the social stigma attached to Aids.

Conservative

More importantly, it will mean that by the year 2000 — when by even the most conservative estimates, several million South Africans will be infected with HIV — there will be hundreds of thousands still usefully employed in commerce or industry whose skills would otherwise have been lost.

Commenting on the report, published by the International Research and Information Service (IRIS), an independent information-gathering service for SA corporations, South African Medical Journal editor Nick Lee says:

"This is long overdue. What people desperately need are some practical guidelines. We know there is a problem — but what most people, particularly businessmen, do not know is what to do about it.

"Aids is everyone's problem and we must all act now or it will be too late."

The report was compiled over five months and gives the best available picture of Aids and HIV-infection from Uganda to South Africa, according to editor Chris Erasmus.

Mr Erasmus says: "We have been careful to avoid the hysteria seen in some reports. But based on our information it is clear that official government and World Health Organisation figures badly underestimate the true extent of the problem to our north.

"If there is no immediate and appropriate action by the public and private sectors, we face a catastrophe with literally millions of people dying of Aids in the next decade."
Look into future

Aids shock for SA

The Argus Correspondent

DURBAN. - Nearly half of the South Africans aged over 15 will be "HIV positive" by the end of the 90s - unless preventative action is taken soon.

This is the "conservative" projection of Old Mutual corporate actuary Graham Prentice, who has been conducting statistical analyses on the spread of the killer disease Aids.

The giant assurance group has been taking a close look at the likely impact of Aids in view of its rapid spread in Africa and the enormous impact it holds for the economy in general and insurance in particular.

Mr Prentice believes his figures show that unless people begin to take more precautions, in 10 years from now more than 10 million South Africans will be infected. About 321,000 people a year will be dying from Aids and another 472,000 will have Aids-related diseases (the last stage before death).

Projections beyond 2,000 suggest that Aids will reduce the overall potential population by many millions of people - but Mr Prentice cautions against the reliability of projecting figures so far ahead.

"The important thing to note from the graphs is that the incidence of Aids-related death should "peak out", probably between 2,000 and 2,010."

Mr Prentice emphasised in an interview in Cape Town that an urgent education programme is needed to help South Africa avoid being overtaken by a catastrophe which already is increasingly evident elsewhere in Africa.

The disease has reached such proportions that some insurance companies are refusing to expose themselves to the risk in African countries.

While the incidence of Aids in South Africa appears to be lower at this stage, the country is moving in the same direction. This means that other African countries are just "further down the track" and - if behaviour does not change - in a few years South Africa will reach the same point.

Among the frightening statistics of the African incidence of HIV positive cases, some from the Aids Policy Research Centre, are:

- Zambia: blood donors 19 percent, hospital staff 22 percent.
- Namibia: Swano returnees (sample of 100) - 66 percent.
- Kampala: blood donors 75 percent.
- Nairobi: prostitutes 65 percent.
- Malawi: Blantyre blood bank 29 percent, STD clinics 54 percent.
- Zimbabwe: Blood donors seven percent. However, incidence in the general population could be between 20 and 30 percent.

Old Mutual's overall tests in South Africa (on clients applying for big policies) show an HIV positive incidence of one in a thousand. Figures for ante-natal blood samples are five per thousand.

However the doubling period is just eight months.

He is pessimistic about prospects of a viable medical solution being found for Africa where the costs of any cure are likely to be prohibitive.

Mr Prentice said on average it took just over seven years after contracting the disease for a patient to fall ill. During these seven years, the infected person may well not even be aware of his or her plight.

The consequent period of sickness lasted an average of 18 months before death - usually from secondary diseases such as pneumonia and TB.

He said the incidence of Aids had the worst in Africa. Educated and receptive people can learn to reduce risk by changing their habits - it appears risks are being modified in developed countries. The problem is to get this message through in Africa.

"If half the local population is infected you are not going to find foreign tourists willing to run the risk of visiting South Africa. This could be just one of the major economic implications for the country."

Mr Prentice said his calculations were based on data obtained in South Africa and elsewhere in Africa, where the giant assurance company has sizeable operations.

In Malawi - where 27 percent of potential blood donors were tested HIV positive - the company's subsidiary there recently was reported to have halted all sales exposed to this risk.

In Zimbabwe, Old Mutual reports 139 claims have, to date, been identified as Aids-related, amounting to 2.2 million.

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ANNUAL DEATHS

Thousands

Year


ANNUAL DEATHS: This graph projects annual deaths in the South African population. Deaths from other causes remain fairly constant but there is a huge jump in Aids-related deaths. By the year 2,000, well over 250,000 people a year could be dying from Aids. Projections beyond the year 2,000 rise to a peak before dropping. Actuaries warn that projections beyond the year 2,000 could be unreliable.

POPULATION 15-

Millions

Year


POPULATION 15-PLUS: This composite graph gives a year-by-year view of how Aids is likely to affect the over-15 population. At present (1990) the vast bulk of the population are free from the disease. But by 2,000, only one in two people will be clear. Roughly 46 percent will be either HIV positive (bold diagonal lines) or actually sick.
Insurance giant urges action on AIDS education

By JOHN VILJOEN, Tygerberg Bureau

INSURANCE giant Old Mutual has made an urgent call to trade unions and the business sector to work together to educate employers and members to avoid a catastrophe because of AIDS.

Addressing the Tygerberg Chamber of Commerce and Industry yesterday Old Mutual's chief operating officer, Mr Gerhard van Niekerk, said the business sector and trade unions could both have huge losses because of AIDS.

"We probably only have two to three years to get our house in order. Prevention of AIDS is the only solution. This requires a change in behaviour that can only be brought about by credible education.

"Businessmen and trade unions will have to co-operate in this education process," Mr Van Niekerk said.

"The number of members of trade unions could decline dramatically and business will experience a shortage of workers and shrinking markets.

"AIDS will have a major impact on the economy. There will be a massive diversion of productive resources to medical care and other welfare spending.

"This will be bad news for the rand and consequently inflation. It will also discourage tourism — and the country's population could decline sharply."

Mr Van Niekerk said the 300 who had died in South Africa AIDS so far was "only the tip of the iceberg".
Aids babies wait to die

RAMONA, a dark-eyed 18-month-old, is a small, sad prisoner in her cot at the Victor Babes Hospital in Bucharest.

Until last week the cause of her illness remained a secret to the Romanian people because a nervous government had forced doctors to remain silent.

Ramona is one of the children under five who have been infected with AIDS in Romania. Officially the figure is only 400, but that scarcely matters because relatively few have been tested. The true number almost certainly runs into thousands.

It is the largest outbreak of non-inherited AIDS among children anywhere in the world.

Doctors say the children have not been infected in the womb by their mothers, as is common in Africa. The cause may be dirty needles used in immunisation, or blood transfusions.

Ramona, who shares her cot with Juliana, another Aids victim, smiles and holds out her hand to play. The two girls have little chance of living more than a year. In the meantime they have no toys and seldom leave their cots.

Occasionally a nurse takes Ramona, Juliana, or one of the 70 other children in the Aids ward for a short walk between the cots holding hands. But most days the girls just stand watching the other babies — each of them classified as a state secret until the swift revolution altered everything.

At the Victor Babes Hospital the children are waiting for nappies to be changed, waiting for toys, waiting to play. They learn to take their food alone, propped up with a bottle. Yet the staff of four nurses and four auxiliaries per shift struggle to give attention and dignity to the 72 sick children. They play with them and buy them toys out of their own money.

"Cum te cheama?" (What is your name?) I asked a healthy-looking but sad-faced child. She looked at me with solemn eyes and her lips moved as she said her name.

It was as if she was not quite sure if she existed any more among this throng.

She was tested positive for the virus but was not yet ill and seemed puzzled, not understanding why she was there. Her name, Raluca, was written on a plaster stuck on the back of her neck. Immediately she responded when I said it, alert and ready to attend.

Other babies, more seriously ill or unsociable, had cots to themselves. Several showed the signs of institutionalisation, head-banging or throwing the head from side to side.

But most distressing to see were the cadaverous babies who lay with arms outstretched in crucifixion pose, too exhausted to move. Repeated infections, which follow when Aids destroys their immunity, have made them malnourished. Their faces have lost all their fat, so they resemble miniature adults with sharp cheekbones and angular noses.

The nurses face these living tragedies every day but still they care. One, Maria Petruica (38) comforted Julica, a baby of about 18 months, stroking her head and offering a doll.

Maria dismissed suggestions Ceausescu's regime had created orphans by refusing contraceptives.

"My husband is a mechanic. We are poor but we managed during the tyranny. We can live on beans and potatoes. I would never abandon any of my four children."

Nevertheless most of the Aids children are orphans. Just one boy, Gabriel, is visited every day by his mother. Of all the children, he was the most distressing to see. With his tiny frowning face peering from a hood he resembled Death itself, lacking only the scythe.

Other children wait patiently for their next care. They do not understand, but in reality they are waiting to die. — The Independent.

Whole villages in Africa wiped out

PARIS — Aids is wiping out entire villages and crippling economies in southern and central Africa, a Paris-based group warned this week.

"What is at stake in Africa is to prevent a whole generation from being infected with Aids," said Dr Marc Gentilini, president of the Pan-African Organisation to Fight AIDS (Opals), which claims the disease is killing one in 10 central and southern Africans between the ages of 25 and 45.

Dr Gentilini told a news conference that a study by French doctors and legal experts in Africa showed that money spent on combating Aids was crippling some economies. In Zambia, Aids was paralysing copper production which accounts for one-fifth of the country's income.

Opals, an independent group set up by European and African doctors in 1986, said one-third of the population in many central and southern African cities was infected. It called for urgent measures to fight the disease, saying that by 1991 some central African countries would be spending more on Aids treatment than the total sum they receive in foreign aid.

Aids, first identified in the early 1980s, probably began developing in Africa in the 1960s. — Reuters.
A young woman and her child face agony of AIDS

Who knows how to die? Who can deal with the imminent death of their child? And when both horrors are heaped on one 20-year-old, how does she cope? Paulina simply does. With her own HIV condition and that of her baby son, with her husband moving into full-blown AIDS; with the knowledge that another healthy child will survive the family.

She sits before a group of 500 doctors, nurses and social workers as they debate the ethics of informing sexual partners of a patient’s condition, as they relate tales of male resistance to using condoms, as they discuss education and treatment, as a diagram of the ugly virus is beamed overhead.

She could be in an empty room for all the attention she pays to the experts as she nurses her 2-month-old son John, whose sporadic whimpering draws all eyes to the withdrawn Madonna-and-child tableau at the front of the room.

John’s HIV condition was diagnosed a year ago when he was brought malnourished to a Garankuwa nutrition centre.

Tests on his mother and father proved positive. Paulina is still in the HIV stage; her husband has begun to show symptoms of full-blown AIDS.

John, a small child showing the characteristic “chronic failure to thrive” of the HIV infant, has developed diarrhoea and an often-fatal lung complaint.

X-rays of his chest show lesions on both lungs although he has been treated for tuberculosis for the past seven months.

He is “gradually going down,” says Paulina’s doctor, who is full of praise for the close attention she pays to her family’s welfare. She makes regular visits to the clinic and works hard at giving John the correct nutrition.

These visits appear to be vitally important to Paulina’s mental and emotional health as well. She cites the help she has received from the staff there as “giving some consolation”.

Although the slim, attractive 20-year-old is reluctant to discuss the strain she is under, it emerges that she isshouldering the burden almost alone; she has told no one of her condition — not even her mother.

She thought it would be “more difficult” to tell her extended family than to bear the pain in secret.

But as a mother who, in giving birth, gave both life and death to her child, she is far from alone.

More infected

The number of pregnant women infected with the HIV virus in the PWV area increased sixfold in the 18 months from May 1987 to October 1988, according to Dr Mola Matjila of Medunsa’s community health department.

He told the Aids symposium at Medunsa last week that by the end of last year seven out of every 1 000 women attending antenatal clinics in Johannesburg were infected.

The greatest prevalence of Aids occurs in the 20-39 age group — which coincides with women’s child-bearing years.

Babies born to HIV-positive mothers have about a 20 per-

cent chance of being infected in the womb or at birth. When the mother has AIDS, the risk of infection is very high.

After birth nursing infants can be infected via breast milk, although the chances of this are lower, only three such cases are known and in each the mothers received contaminated blood after post partum haemorrhages.

Five children with AIDS have been treated at Garankuwa Hospital; Baragwanath has seen 30 in the past year; and “we are seeing only the tip of the iceberg”, says Garankuwa paediatrician Dr J Zietsman.

The disease known for causing bitter disputes over treatment holds a special menace for babies — and another set of dilemmas for doctors:

● Should HIV-positive babies — with their poor resistance to infection — be given live vaccines? HIV babies in South Africa do not receive the BCG tuberculosis vaccine; in the US there are moves afoot to prevent even siblings of the baby receiving polio drops.

● Should all pregnant women be automatically tested for HIV so that the chances of the baby being born infected can be calculated before the vaccines are due to be administered?

Once the baby is born, it can take up to 15 months before it forms enough of its own antibodies — as opposed to harbouring the mother’s — to show up on an HIV test. By then it may have been given vaccines which inadvertently hasten its death.
Research unit's Aids figures 'unscientific'

The conclusion by the Aids Economic Research Unit (Aeru) that between 50 percent and 70 percent of SA's black labour force will have died of Aids or be carriers of the HIV virus by the year 2000 was sweeping, sensational and unscientific, said Professor Barry Schoub, director of the SA Institute of Virology.

Aeru spokesman Mr Keith Edelston was reported as saying that about one percent of SA's blacks were already infected with the disease and would develop full-blown Aids in five or eight years' time.

Aeru estimates are based on the premise that the number of Aids-infected blacks would double every eight months.

"I don't know what evidence they have, but to say one percent of SA's black population has Aids is an exaggeration," said Professor Schoub.

He said conclusions arrived at by using a calculator and doubling the figures every eight months have no scientific value and lead to sensationalism.

"I cannot say what percentage of the population will have died by the year 2000, but neither can anybody else," said Professor Schoub.

Said Mr Edelston: "On the figures released by our medical friends it is difficult to make any realistic projections. We used figures released last April by the Institute of Virology, halved them and then halved them again. We have also been monitoring the incidence of Aids for three years."
Shock report on SA Aids 'unscientific'

The Argus Correspondent
JOHANNESBURG. — The conclusion by the AIDS Economic Research Unit (Aeru) that between 50 percent and 70 percent of South Africa's black labour force will have died of AIDS or be carriers of the HIV virus by 2000, was sweeping, sensational and unscientific, said Professor Barry Schoub, director of the SA Institute of Virology.

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Promiscuous group

"I don't know what evidence they have, but to say one percent of SA's black population has AIDS is an exaggeration.

"This could possibly be the figure among a single promiscuous group, but not the whole black population. The figure is way below one percent," said Professor Schoub, who is also on the AIDS Advisory Committee.

He said conclusions arrived at by using a calculator and doubling the figures every eight months had no scientific value and led to sensationalism.

"I cannot say what percentage of the population will have died by the year 2000, but neither can anybody else. Statistics had shown, he said, that the doubling period here and in the United States was lengthening.

Mr Edelston said: "We are totally in agreement with Professor Schoub, nobody can predict with any accuracy the effect of AIDS on the economy.

Serious problem

"On the figures released by our medical friends it is difficult to make any realistic projections. We used figures released last April by the Institute of Virology, halved them and then halved them again. We have also been monitoring the incidence of AIDS for three years.

"We are not blaming the medical profession for not making a prognosis but just because you cannot predict the number of people who will die or be infected with AIDS at any given time, it is no excuse for not addressing what could be a very, very serious problem giving us ample warning of its impending impact."
AIDS will become SA's major killer

AIDS will become Africa's major killer by 1995 when it can be expected, about 217,000 cases will have been reported in SA.

Natal University Economic Research Unit senior research fellow Alan Whiteside says there will be 350,000 AIDS cases in SA by 1995.

To date only 320 AIDS cases have been reported in SA.

SA Institute of Medical Research AIDS Centre head Babon Sher says an estimated 50,000 people are infected with HIV.

AIDS could become the worst epidemic ever known, but projections that half the working population will be infected are "highly inflated", Sher said.

The AIDS Economic Research Unit had estimated that at least 50% of SA's black workforce would have AIDS or be infected with HIV by the year 2000.

Whiteside says there is no realistic way of predicting AIDS or HIV infection beyond 1995.

Once people start seeing AIDS affecting those they know, we can expect some behavioural change. Education, programmes can also be expected to have some influence, he says.

In a report for the SA Institute of International Affairs, Whiteside says the consequences of AIDS will be immense. The AIDS pandemic will have major economic implications.

Businesses will suffer the cost of lost

TANIA LEVY

labour. Employees with AIDS will have to be paid off or supported through periods of ill health. Others will take time off to nurse family members with the disease.

Skilled manpower will be lost and training is costly, he says.

Direct costs arising from the disease include medical care and educational campaigns.

He says industry has a responsibility not only to educate its employees but also their families and the communities from which they come. This is particularly significant in the case of migrant workers.

Informed

Government seems unable to come to grips with the problem so the responsibility will have to fall on commerce and industry, says Whiteside.

SA Chamber of Business Labour adviser Brett Vincent says for the past two years the chamber has been keeping members informed as to how to approach the issue and teach its staff about AIDS.

Vincent said he doubted, however, the disease would be more serious than TB. Like other plagues it would run its course.

Cosatu education officer Ketsi Lehoko said a health and safety working group would meet within the next two weeks to establish a programme aimed at preventing AIDS among union members.
UCT features on Aids-positive list

Staff Reporter

UNIVERSITY of Cape Town students were among 350 HIV-positive people in Cape Town he had counselled, the head of UCT's Department of Social Work, Dr Gordon Isaacs, said yesterday.

Speaking at the Medical School Postgraduate Centre at a lunchtime lecture on people's attitudes toward the HIV virus and human sexuality, Dr Isaacs stressed the necessity of proper education, media coverage and exposure at schools regarding the virus.

He said he found that sufferers were frightened of being censored or criticised by colleagues and other students, and had to deal with their own internal attitudes as well as anticipated attitudes of rejection.

"Ignorance — attitudes which are not based on fact — and naivety are more dangerous than the virus itself," he said, adding that those in a position of power — doctors, teachers and parents for instance — could pass their own discriminatory views about sexuality onto others.

"As AIDS is linked to human sexuality, which is still one of the most taboo subjects in this country, people find it a frightening topic."

Dr Isaacs said 80% to 90% of Aids cases were transmitted sexually.

He said it was important that health care services were well-informed and non-discriminatory regarding AIDS.

"Promiscuity has been banned about in relation to the virus and often used in judgement of sufferers, resulting in people losing perspective on the subject," he said.

"Well informed HIV positive sufferers know that AZT is one of the few drugs available that can improve their quality of life. Yet this is only available at academic hospitals under the supervision of senior medical personnel."

This has made possible the biased prescription of the drug to "innocent sufferers" of the disease, while it was not administered to others who the prescribing doctor may be prejudiced against, said Dr Isaacs.
Spotlight on AIDS

THE problems of AIDS in Africa, population trends, infant mortality, contraception and the provision of housing and infrastructure are to come under the spotlight in Pretoria this week. They will be discussed at a seminar organised by the Human Sciences Research Council.
HOUSE OF ASSEMBLY

BILLS

AN ACT TO AMEND THE PROVINCIAL HEALTH ACT

WHEREAS the Government of the Province of Ontario, in its capacity as the Minister of Health, has been advised by the Provincial Health and Population Development Council that the existing provisions of the Provincial Health Act are insufficient to meet the needs of the Province in the field of health and population development;

NOW THEREFORE, the Minister of Health, for and in the name of the Government of the Province of Ontario, does give notice to the effect that he will introduce a Bill to amend the Provincial Health Act, and that the said Bill will be entitled "An Act to Amend the Provincial Health Act".

Passed and Enacted this 1st day of March, 1999.

TUESDAY, 13 MARCH 1999

Signed:
[Signature]

M. C. CHARLOTTWOOD, Clerk
AIDS: 90 pc unreported

News

Saturday Star March 3 1990

Professor Schow, director of the

Department of Infectious Diseases

at the University of California, San Francisco,

said that the number of reported cases

of AIDS in the United States is far lower

than the actual number of cases.

He estimated that only 10-15% of the

cases have been reported.

"The true number of cases is much

higher," he said. "We estimate that

there are 100,000-200,000 cases of

AIDS in the United States at present.

However, the actual number is likely

to be much higher."
SA Aids: figures do not add up

JOHANNESBURG is described as the Aids capital of South Africa with 154 people having been diagnosed as being full-blown Acquired Immune Deficiency Syndrome sufferers. Of these 98 have died.

Pretoria ranks second on the Transvaal list with 15 Aids sufferers and a further five in the final stages of the disease.

Cape Town recorded the second highest number of Aids-related deaths — 33 — with 59 residents diagnosed as being full-blown Aids sufferers.

Durban records 43 diagnosed cases and 16 deaths.

But, these figures released last month by the Department of National Health and Population Development are extremely conservative when compared to a shock disclosure made two days ago by the secretary of Health for kwazulu, Dr Daryl Hackland, who revealed that in Natal there are likely to be as many as 90 000 Aids-infected people in kwazulu — many of them teenagers.


Medics split over extent of problem

IS there a cover-up by the medical profession and the State authorities on the spread of Aids in this country? — Saturday Star reporter PAT DEVEREAUX investigates...

Exceed

And two major Johannesburg based laboratories — which test thousands of blood samples for the HIV Aids infective virus — approached this week in an attempt to establish the true facts on the spread of the deadly virus — also gave figures which far exceeded the State's.

Employees at both laboratories said they tested between 100 and 150 samples for the Aids virus each day and a laboratory technician, who asked not to be named, said they found between one and six HIV positive cases each day.

"Eighteen months ago we took random HIV samples in two areas of kwazulu, namely Ubombo and Edendale, and came up with no positives. This year in January we tested again and found that 15 percent of the cases we saw were infected with the virus."

Reflecting on a more general trend Dr Hackland said: "This means that if 1.5 percent of 6 million blacks are infected we could have some 90 000 cases of HIV infected people."

After his visit to Durban and Maritzburg this week, he was also able to disclose that the Aids laboratory at Edendale Hospital in Maritzburg was picking up three cases of HIV positives a week.

According to Dr Hackland 33 cases of full-blown Aids cases have been found in kwazulu to date. These have been discovered through court illness or hospital visits.

In contrast, however, the actual figures for HIV infection in kwazulu, are deceptive low, 25 cases of HIV infection were picked up in 1988, 32 in 1989 and already about 14 this year. There have been a total of 14 deaths from full-blown Aids in kwazulu.

Professor Ruben Sher heads Johannesburg's Medical Research Department of Virology and is responsible for collating Aids statistics countrywide and supplying these to the Department of National Health and Population Development.

Asked why there appeared to be such a huge discrepancy between the latest State statistics and laboratory figures for Aids as well as those reported by Dr Hackland, Professor Sher said: "The estimates such as that of 90 000 Aids infective cases in Natal are not proven cases."

He said he collected figures — which were then given to the Health Department for public release — from most Aids testing laboratories in major centres countrywide.

"But these figures may exclude some homeland figures and some private laboratories do not supply us with their figures," he admitted.

He added: "Speculation is extremely dangerous. For instance how can one evaluate figures for the thousands of people who are not tested for the Aids virus at all."

Releasing his latest figures, Professor Sher said: "Up to February 10 this year laboratory tests show 3450 HIV positives countrywide and 326 cases of full blown Aids.

A consultant at Johannesburg Hospital's HIV clinic, Dr Steve Miller said: "I don't think anyone is able to collate accurate figures for HIV infected people. There is gross under-reporting."

Distressed

Asked whether he believed there was a cover-up by the medical profession or the State concerning the spread of the disease, he said: "Those in the medical profession involved in Aids are distressed at the State and the Aids Advisory Group's response to the problem.

"There is a known reluctance to report figures because there has been an inadequate State response. It is ultimately up to the patient whether he allows his doctor to disclose that he has Aids. Many refuse because information is supplied to the Aids Advisory Group on a named basis."

"Not too much store can be set by statistics because not everybody is being tested for the virus."

"The data on full-blown Aids is already eight to 10 years old and therefore not relevant to the situation today. What should actually be looked at is the number of HIV positive cases because these will develop into full-blown Aids in the next couple of years," he added.
AIDS cases expected to hit 24 000 in four years next eight-and-a-half months. About half of those infected would develop full-blown AIDS within eight or ten years.

Schoeman said 368 AIDS cases had been reported in SA from 1982 to January 30 this year. Of these, 179 had already died.
Impractical nature of AIDS exclusion clause criticised

THE AIDS exclusion clause in-life policies was criticised in a speech delivered by Southern Life GM Paul Truyens in London yesterday.

Speaking at the Second International Life Insurance Conference, Truyens said it was likely the industry would move away from contractual exclusions because it lacked practical effectiveness.

To implement an exclusion clause, Truyens said, would require an uncontestable certificate of cause of death, or knowledge of the claimant's state of infection at the time of death.

Uncertainty as to the future development of the disease would mean that clauses would have to be broadly worded, giving life offices a lot of discretion in determining whether the exclusion applied or not.

"This could result in much litigation and bad publicity and could even lead to all exclusion clauses being ruled illegal, undesirable and unenforceable," he said.

Truyens said exclusions could be valid in situations where the primary reason for taking out a life policy was for saving and investment, not protection. If the ratio of life cover to premium was sufficiently low, life cover could be offered without exclusions.

"The answer to the AIDS challenge may therefore be to distinguish very clearly between the two functions served by life assurance — on the one hand the provision of life cover, where adequate underwriting is of paramount importance, and on the other the build up of savings, where exclusions may be the answer."
Govt spent R4.5m in fight against Aids

By ANTHONY JOHNSON, Political Correspondent 10/3/90

The government spent R4.5 million in the fight against Aids in the past financial year, Minister of National Health and Population Development Dr Nita Venter announced yesterday.

However, the government was also considering withdrawing surcharges and duties on imported condoms in a bid to curb the spread of Aids.

The state had also allocated funds for the purchase of 21 million free condoms, Dr Venter said in response to questions by Ms Carole Charlewood (DP Umbilo) and Mr Tony Leon (DP Houghton).

Dr Venter said the R4.5 million spent by the state during the 1989/90 financial year on combating Aids was mainly directed at: HIV laboratory tests of suspected cases; supplying of more condoms; running costs of existing Aids training and information centres; the establishment of three new Aids centres, and education.
Aids children need help

19 South African youngsters are already HIV-infected

IN a deep and remarkable way, the child with Aids is the world's child: the man or woman dying with Aids is the image of our own mortality.

This was said by Jonathan Mann of the World Health Organisation in an article in the magazine Panos.

Aids directly affects two major groups of children: infants who contract HIV from their mothers, and adolescents who are starting to explore sex for the first time, according to the article.

In the absence of any teaching about HIV and Aids, they inevitably piece together their own picture of the disease. They, and older children, are in urgent need of Aids education.

Adolescents are a window of opportunity to break the cycle of HIV transmission and its consequences for children, as the latest report of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO global report 'The global AIDS epidemic', has found.

In the United States, in 1992, South Africa had 1,600 children estimated to be infected with HIV. It is estimated that in South Africa, there are between 1,500 and 2,000 children who have lost their parents to Aids. These children face additional obstacles of their relatives lack of power in both public and private life. Inaddition, young girls face additional obstacles of their relatives lack of power in both public and private life.

Women

Women in the developing world do a third of the work, earn 10 percent of the income and own less than a percent of its property. The WHO's global report on the status of women and children has highlighted the global scale of gender-related problems and the need for a global response in eliminating gender inequalities and violence against women.

In the developing world, the need for a global response is urgent. The report states that 90 percent of the children who die of Aids are boys.

Children

In South Africa, children are the hardest hit by Aids. In 1992, South Africa had 1,600 children estimated to be infected with HIV. It is estimated that in South Africa, there are between 1,500 and 2,000 children who have lost their parents to Aids. These children face additional obstacles of their relatives lack of power in both public and private life.

In the United States, in 1992, South Africa had 1,600 children estimated to be infected with HIV. It is estimated that in South Africa, there are between 1,500 and 2,000 children who have lost their parents to Aids. These children face additional obstacles of their relatives lack of power in both public and private life.
60% of Zimbabwe army has HIV

HARARE.—Between 10 and 20% of Zimbabweans are infected with the Human Immuno-deficiency Virus (HIV), a conference on Aids heard yesterday, Ziana news agency reports.

An American official Dr John Manson told representatives of industry and commerce gathered here that 30 to 50% of general hospital patients, and over 60% of the armed forces, were affected.

"Eighthy percent of patients with tuberculosis have HIV anti-bodies," he said.

The conference is focusing on the socio-economic implications of Aids in Zimbabwe, and is being attended by company representatives from around the country.

Dr Manson also quoted the World Health Organisation as saying that Aids in Africa had jumped by 83% between 1988 and last year. — Sapa
SA AIDS count 'could be 446 300 in 1991'
Govt figures on Aids ‘misleading’

Political Correspondent

The government was down-playing South Africa’s looming Aids “epidemic” by releasing misleading figures about the extent and rapid spread of the deadly virus, the Democratic Party charged yesterday.

The Minister of Health, Dr Rina Venter, last week told Parliament that 2,386 South Africans of all races had been tested HIV-positive but the authoritative World Health Organisation estimates the figure could be as high as 46,300 by next year among blacks alone.

WHO puts the doubling time of the virus in South Africa at between 7.6 and 9.6 months.

The DP’s health spokesman, Mr Mike Ellis, said yesterday: “Dr Venter is doing nobody in this country a favour by playing down the frightening extent of the Aids problem.”

Dr Venter said in reply to a question in Parliament that 956 whites, 807 blacks, 91 coloureds, 10 Indians and 432 of an unidentified population group had tested HIV-positive in South Africa.

Mr Ellis said it appeared that Dr Venter was referring only to the people the SA Institute of Medical Research had reported as having tested positive to the virus.

“She has given no indication that she is aware that private clinics and institutions involved with testing for Aids are months behind in reporting their findings.

“In fact, many laboratories, because reporting on Aids is voluntary, have not bothered to do so at all.”

Mr Ellis said the WHO painted a very different picture of the Aids epidemic in South Africa.

He said their figures were recognised internationally as being accurate.

For example, WHO’s figures released at a recent World Aids Day meeting indicated that for blacks aged 15-47 (the sexually most active group of the population) the number of people with HIV-positive infection in 1989 would be between 39,964 and 67,800.

These figures would increase during 1990 to between 106,318 and 190,354 and in 1991 to between 283,038 and 446,300.

WHO was not prepared to predict beyond this point.
DURBAN—will be the worst hit by Aids

Own Correspondent
DURBAN.—This city is likely to bear the brunt of the AIDS epidemic which is expected to sweep through South Africa in the '90s.

This is the view of Mr Alan Whiteside, economic research unit at the University of Natal in Durban.

He was speaking yesterday during a seminar entitled "The Impact of AIDS on Business", organised by the Natal Chamber of Industries.

Mr Whiteside said rapid migration to the city was one of the factors which would facilitate the spread of AIDS here, regarded as the fastest-growing metropolis in the world.

He referred to the 1,8 million people already living in squatter settlements on the periphery of the city and said the disease spread more rapidly where people did not have sufficient access to medical care.

Mr Whiteside said the social unrest in the greater Durban area would create a situation where AIDS would develop faster.

"AIDS is as deadly as unrest but it will take more time to kill people."

Professor Dennis Pudifin, Department of Medicine at the University of Natal said 1,200 people in the province had been detected as being HIV-positive and on their way to developing full-blown AIDS.

Of these, 1,000 were black men and women in almost equal numbers.

He said that five months ago the total figure in this category was 700.

Professor Reuben Sher, head of the SA Institute for Medical Research in Johannesburg, said the government should not sacrifice its health care system for the protection of its military budget.

He said the state was spending millions of rand on military equipment such as Batels and Casspias. On the other hand, it had not done enough for AIDS patients.

He said AIDS had now been picked up in 153 countries worldwide and the World Health Organization was expecting that a figure of 6m cases would have been reported by the year 2000.
By ANTHONY JOHNSON
Political Correspondent

AIDS information programmes would be introduced into South African schools "as soon as they have been finalised", the Minister of National Health, Dr Rina Venter, announced yesterday.

Dr Venter said education programmes were being devised by all education authorities in collaboration with the Department of National Health and Population Development.

The schools or categories of schools at which such programmes would be used would be decided by "the relevant educational authorities", she said in reply to a question by Mr Mike Ellis (DP Durban North).

Replying to another question, Dr Venter said that a total of 2 356 people had been tested HIV-positive for AIDS in South Africa by October 30, 1992.

Of these 2356 were classified white, 907 were black, 91 coloured, 10 Indian and 432 of "unknown population group".

Mr Ellis, the DP's health spokesman, said yesterday that the government's figures indicating that fewer than 2500 people tested HIV-positive appeared to be "much lower than it should be".

"It would not be in the interest of the country as a whole if the number of HIV-positive cases was being underplayed by the government," he said.

"The situation is too serious for this and the full statistics must be made available to the public at all times."

Mr Ellis said he was nevertheless aware that the government was monitoring the situation carefully and that it was deeply concerned about the AIDS epidemic in the country.

Mr Ellis said he was "pleased to note" that the government was considering the implementation of an AIDS programme for use in schools, a section of the population often unaware of such dangers.

Programmes aimed at all aspects of life, including AIDS awareness, sexual promiscuity and drug abuse, should be introduced into the curriculum in an attempt to keep the population socially aware, he said.

Mr Ellis said private schools were well in advance of government schools in this regard and it was "a tragedy" that the government had not been prepared to introduce programmes of this nature.

"I am aware that there are parents who might react against such programmes for their children but they must be in the minority and in fact they, too, need education."
Though they came from a humble, rural background, the women were special in that most had already completed a course in community work, a service organised for them by another Catholic order, the Sisters of Mercy. In the absence of other help, these women knew how to handle most emergencies from bronchitis to snakebite. They had the trust of the community.

Dr Maura, who works for CAPFOD (Catholic Fund for Overseas Development) and is a co-ordinator for Third World Community Health, was to outline the problem and tell them what they as women could do to overcome Aids. Their reaction would be carefully noted.

Dr Maura told them the disease had the potential to destroy the entire fabric of society. Though people in every country blamed "foreigners" for introducing the disease, the disease affected people of all races, colours, tribes and religions. No one was immune.

Worst of all, it was a disease which affected not only individuals but the whole family.

**ORPHANS**

About 1.5 million people in sub-Saharan Africa were infected with the virus. Apart from the 250,000 children who would die of the disease in the region, another 750,000 would be orphaned.

The disease may initially have affected only homosexuals, she told them, but the number of heterosexuals with it was increasing as was the number of women. Promiscuity alone could not be blamed for the spread of the disease. Nine per cent of Aids sufferers in Uganda were under five.

The women listened carefully.

"At the close of the workshop I asked them to role play what they had learned and I was greatly impressed," Dr Maura said.

"When the women realised Aids could touch their families, they were immediately interested. And that perhaps is the key."

Dr Maura is confident the Winterveld programme could be used as a model for other community-based projects in South Africa — programmes which will become increasingly important as the fight against Aids gathers momentum.
As at October 30 last year, 2,396 people in SA had tested HIV positive. Of these, 936 were white; 907 black; 91 coloured; 10 Indian; and 432 of unknown population group. (Rina Venter, National Health, to Mike Ellis, DP Durban North)

The total accumulative cost of purchasing land for the consolidation of black homelands as at the end of last year was
Aids may be at epidemic level — DP

DEMOCRATIC Party health spokesman, Mr Mike Ellis yesterday accused the Government of downplaying South Africa's impending AIDS epidemic by releasing grossly understated figures on the spread of the virus.

"I am deeply concerned that Government statistics are grossly disproportionate to those being put out by other organisations monitoring Aids in this country," said Mr Ellis.

Natal

"I have been fed figures from a wide range of organisations. All these figures point to a very serious epidemic in South Africa. There is no doubt Natal seems to be the hardest hit area and no-one is sure why," he said.

While, two days ago it was revealed that more than 100 Sowetans are being treated for AIDS at Baragwanath Hospital and that five AIDS sufferers — including three babies — had died last week.

A paediatrician at the hospital, Dr Ian Friedland said: "There have been 16 child cases since 1988. All of these had contracted AIDS through their mothers in pregnancy."

He added that at any one time Baragwanath had two to three child patients suffering from the virus.

Mr Ellis said one major reason the Government figures were not accurate was that at present it is not compulsory to report HIV positive figures.

"I have found that many private pathologists and clinics don't report to a centralised point at all," he said.

He added: "An intensive Aids education programme is the only way that we will be able to combat the disease."

Parliamentary figures released recently by Health minister, Dr Ada Venter say that 2,936 people in the country tested HIV positive — which means they are carrying the virus but may not yet have the full blown AIDS symptoms.

These figures are way below those of the World Health Organisation which estimates there could be as many as 448,000 black victims of the killer virus by next year.

Mr Ellis said: "Dr Venter is doing nobody a favour by playing down the frightening extent of the AIDS problem."

Months behind

He said it appeared that Dr Venter was referring only to tests done by the SA Institute for Medical Research.

While many other clinics were months behind with their reports and some did not bother to submit their reports at all.

Quoting figures released by the WHO, Mr Ellis said the number of black people in South Africa with the HIV positive infection in 1989 was estimated between 39,984 and 67,900 and this would increase by next year to between 283,038 and 446,900.

See Page 11.
Stricter AIDS test planned

LINDA ENSOR

OLD Mutual is to apply stricter AIDS screening procedures as from June 1 this year when all applicants for life policies in which the sum assured is R100 000 or more will have to undergo a test.

At present, the figure is R150 000 or more.

Old Mutual's development actuary, Peter de Byer, says the step is necessary because the AIDS epidemic is spreading and it is expected that the number of HIV positive cases will double each year.

De Byer estimates that since November 1988, when the Life Offices Association (LOA) introduced a testing limit of R200 000, one HIV carrier has been found in every 1 000 of the total of about 20 000 people tested throughout the industry.
Five die in Soweto Aids shock

From page 1

AIDS Shock

IN 1990
WE'VE COME OUT FIGHTING!

From page 1

AIDS Shock

Five die - more than 100 cases at Bara

MORE than 100 people are receiving treatment for Aids at Baragwanath Hospital. According to Dr. A. M. Kisten, who contacted the disease through sexual contact, 30 people were receiving treatment at Baragwanath Hospital. He said that, as a result of the growing number of cases, all Soweto clinics have a nursing sister to counsel victims.

Friedland said they found the first child with the disease in 1987.

This child got the disease from his mother after a blood transfusion.

As blood was now being screened, people could not get infected through transfusion.

Altogether 16 child cases have been reported since 1987.

They either lose or do not gain weight as expected.

They may have a recurrent cough, swollen glands or thrush (white sores in the mouth).

Friedland said that these children were unlikely to live for more than a year.

Kimtcha said about six people were currently bed-ridden at Bara.

He listed the symptoms as loss of weight, night sweats and fever, prolonged diarrhoea, chronic cough and swollen glands that do not disappear.

He urged people to stick to their partners.

Those with many partners should keep their track record or resort to condoms.

However, these did not guarantee 100 percent protection, Kisten said.
EXPERTS SAY EDUCATION BIG FACTOR IN CONTAINING AIDS

By ROBERT D. REICH

Experts say education big factor in containing AIDS, which is spreading rapidly and is not controllable with available medical knowledge.

The United States is facing a major threat from AIDS, which is spreading rapidly and is not controllable with available medical knowledge. The urgent need for education to help prevent AIDS is growing.

Experts suggest that education can play a critical role in slowing the spread of AIDS. By raising awareness about the risks and prevention strategies, education can help individuals make informed decisions about their behavior.

However, education alone is not enough. The government and health organizations must also work together to provide access to medical care and resources. This includes funding for research to develop effective treatments and vaccines.

The situation is urgent, and we must act now to prevent the further spread of this devastating disease. Education is a crucial part of the solution, but we must also work to ensure that everyone has access to the care and support they need.
2 aim to raise R1m for Aids

TWO young AIDS victims set off from the Kyalami race track yesterday morning on the St Jude Cycle Tour from Johannesburg to Cape Town hoping to raise R1 million for other victims of the disease.

Allan Harcombe, 34, and Pietro Battioni, 28, will cycle the 2,000km from Johannesburg to Cape Town in 21 days.

Their route will take them through major cities and towns in the Transvaal, Orange Free State, Eastern Cape and Western Cape.

Barry Greyvenstein, chairman of the St Jude's Cycle Tour organizing committee, said funds from the tour would be raised through sponsorship, donations along the route and from a lucky draw competition. - Sapa
AIDS not government ploy — black leaders

The Argus Correspondent

DURBAN — For the first time the ANC, Inkatha and other prominent black leaders have joined together and declared war against AIDS in the form of a powerful video which warns that the disease is not a government ploy.

The video comes at a time when pamphlets are being circulated in townships saying: "AIDS is designed by the South African government to prevent the population growth of blacks."

Warnings by white medical authorities and others that "we are heading for a black holocaust which will wipe out South Africa's labour force" are going unheeded.

But soon the warning words of Chief Buthelezi of KwaZulu, Mr Walter Sisulu of the ANC, King Zwelithini Goodwill of Zululand, the Minister of Health for KwaZulu, Dr Frank Mdlalose, the national president of the Black Taxi Association, Mr James Ngcoya, the president of the World Council of Churches and even the Chief of the Traditional Healers' Association of South Africa (the witchdoctors) will be ringing out across the nation.

The video, produced by Mr Perfect Mlamela, has been highly praised by medical authorities.
AIDS leaflets racist - doctor

ONE of South Africa's top experts on AIDS, Dr Ruben Sher is furious about the use of his name in pamphlets circulating around the country and yesterday warned right-wing politicians to leave him and AIDS out of their war.

Sher, of the South African Institute of Medical Research, is so angry that he has already approached the SABC and a message from him dispelling widespread rumours that AIDS was manufactured in a laboratory and that it is safe to sleep with Indian women will probably be broadcast this week.

Referring to one pamphlet which has been widely circulated around the country, Sher said: "It is time that people stop using the AIDS virus as a political football and I appeal to people not to use my name for their own political expediency. It is my personal opinion - I have no qualms about saying it - that the ANC would not stoop as low as to publish the racial filth that is being accredited to them."

INDIAN

The pamphlet, entitled "Amandla - Views and News of blacks fighting for freedom in South Africa" states that 'FW de Klerk and his racist white government chose the AIDS virus to chase us out of Azania ... It has been scientifically proven by Dr Ruben Sher that Indian, and not white women have the antibody to the AIDS virus.

'The white racists started a slander campaign so that we wouldn't find a cure, but our friends in the DP found out that to stop us ever catching AIDS all we have to do is sleep with an Indian woman.'

Responding to this Sher said: "I think this pamphlet is a tissue of lies from beginning to end and it is not based on any scientific or medical facts."

LABORATORY

"The suggestion that the AIDS virus was manufactured in a laboratory is an idea that has been bandied around in several countries and has its origins in right-wing political groups."

Not one Indian woman that the institute knew of had died of AIDS in South Africa and there were only three Indian women in the country who had tested HIV positive.

"I did not scientifically prove, at any stage, that Indian and not white women have the antibodies to the AIDS virus," he said.
Aids: SA may 'one day be like Uganda'

Own Correspondent
DURBAN — South Africa could — in the not too distant future — become a mirror image of Uganda, where there are now more than one million cases of Aids infected people, according to a leading Aids authority.

A new figure, not previously published, is that some 87,701 positive cases of HIV infection have been picked up by blood transfusion services in South Africa and it has been conservatively proved that there is one HIV-infected person for every 215 black blood donors who are seen by blood transfusion centres.

This does not even necessarily include the estimated 90,000 infected people in kwaZulu or other cases in South Africa which have not been detected at blood transfusion centres.

The Secretary of Health for kwaZulu, Dr Daryl Hackland, recently met the medical attaché to the American Embassy, Dr Paul Grundy, who told him of the grave and horrific situation in Uganda which experts have warned is "not as far removed from South Africa as we would like to think".

The Ugandan scenario and prognosis of a similar situation in South Africa (unless sexual behaviour changes drastically) follows a recent warning by Natal's MEC in charge of health, Mr Tino Volker, that Aids infection in Natal and the rest of the country was being underestimated and that statistics were not nearly reflective of what was really happening.

Dr Hackland warned that "Uganda is ravaged by Aids and we have to take very serious cognisance of this because unless sexual behaviour changes soon, South Africa has the potential to go the same way."

Dr Hackland revealed statistics which he said have only now been covered up by the Ugandan Government.

"In 1983 there were 790,000 people in Uganda who were infected with the HIV virus; by 1989 there were one million and this year there are more than one million HIV infected people."

"In some areas of Uganda, for example Rakai, 52.5% of the population are HIV infected in the age group of 20 to 30 years," said Dr Hackland.

"In some villages in Uganda there are virtually no people left in the 20 to 40 age group. Villages are littered with orphans and funerals have become a way of life," said Dr Hackland.

He again stressed that education about changing sexual habits, having only one partner and taking precautions was the only way to prevent an Aids catastrophe, like that of Uganda, happening in South Africa.
THE government and non-governmental bodies should meet for an "Aids indaba" that transcends all political differences, a press conference on Aids in Parow, hosted by the Medical Research Council, was told yesterday.

At a conference to discuss the findings of the first scientific survey of Aids among blacks in South Africa, MRC spokesman stressed that only the state had the figures to tackle the growing problem.

The state, however, was unable to reach individuals in the way non-governmental bodies such as community groups, the ANC and others could. An "indaba" was therefore necessary.

The paper, presented by Dr N Padayachee, senior deputy medical officer of health for Johannesburg, and Dr Robert Schall, senior statistician of the MRC's Institute for Biostatistics, was published in the most recent edition of the SA Medical Journal.

It was described yesterday by deputy MRC president Dr Walter Proesky as a "keynote" paper, which "for the first time provided representative data of the situation in SA".

The report recommended a national serosurveillance (taking and testing of blood samples) programme, to provide data "of strategic importance".

The anonymous testing of blood samples routinely taken from attenders of antenatal, family planning, sexually transmitted disease and tuberculosis clinics was recommended.

The two doctors said yesterday that such a programme would cost between R500 000 and R2 million a year, depending on its complexity.
New campaign focuses on women

The focus of the international campaign against AIDS will this year be directed for the first time at women, who are now considered a crucial factor in achieving health for all.

Announcing the strategy for the third annual programme yesterday, World Health Organisation director general, Dr Hiroshi Nakajima, told the 56th session of the executive board in Geneva, Switzerland, that the role of women was vital not only in preventing infection, but caring for HIV-infected people and people with AIDS.

He said the programme would be undertaken within the broader framework of women, health and development.

In South Africa, plans are already afoot to highlight World AIDS day on December 1. Professor Ruben Sher, head of the Department of Immunology at the South African Institute of Medical Research, urged women's organisations countrywide to become involved in the campaign.
Hospital workers get Aids drug

Own Correspondent
DURBAN. — Three Natal provincial hospital staffs have suffered “fingur prick” injuries while treating Aids patients and are being treated with the drug AZT, Mr Val Volker, MEC for Health Services, said yesterday.

He also said the number of heterosexual Aids cases was increasing rapidly in Natal.

Mr Volker told the Extended Parliamentary Committee sitting in Maritzburg that the expensive AZT drug (R1 000 per patient per month), was being administered to the staff members as prophylactic treatment. However, he did not say whether they had been tested HIV-positive.

Questioned later, Mr Volker said there was no evidence at this stage that they had been infected.

He said 267 patients were tested HIV-positive in January this year and another 282 in February.

HIV-positivity was currently “grossly underestimated and national statistics are hopelessly inaccurate” because of medico-legal aspects and patient confidentiality.

He said the Department of National Health and Population Development had spent more than R1 million on Aids-related advertising and the Health Matters Advisory Committee was addressing an Aids Action Plan.

Mrs Carole Charlewood (DP Umbilo) sparked a row when she put it to Mr Volker that 100 000 new cancer patients were being denied life-giving treatment every year.

Mr Volker said that if this figure were to be accepted it would mean that there were 350 new cancer patients every day.

The position was that the figure of 100 000 referred to the number of treatments and not the number of patients involved.

He denied that life-saving treatment was being withheld from anyone, though some terminal cancer patients were being put on medication instead.

Referring to the problems at Durban’s King Edward VIII Hospital, Mr Volker said he had made it his specific task to arrange for the urgent upgrading of the hospital.

He said a start would be made in the current financial year with the creating of a trauma unit and dedicated surgical and orthopaedic facilities.
Top UN Aids expert resigns in a huff

THE surprise resignation of Jonathan Mann, head of the Aids programme at the UN World Health Organisation in Geneva, gives rise to fears that the effectiveness of the WHO in controlling Aids could now be severely reduced.

Mann cited as his reason for leaving a "great variance" between his position and that of WHO Director-General Hirochi Nakajima. He says Nakajima is not convinced of the seriousness of the Aids epidemic, which Mann says is getting worse. He charges Nakajima with dragging his feet on important issues, and taking a "business as usual" attitude to a growing threat.

Mann, an American doctor, turned the Global Programme on Aids into the main co-ordinating centre for world efforts to track and control Aids over the past four years. Mann says Nakajima may have disliked the fact that Aids is "by a factor of three, the largest of any WHO programme".

Mann had some $100-million ($250-million) per year to spend on Aids. The money was donated by industrialised countries. None was taken from the regular WHO budget of $340-million per year.

Mann says Nakajima systematically blocked efforts to take decisive action on Aids: "There have been unconscionable delays, of months and months, in actions I consider important. I could no longer head a programme of words rather than actions."

The American Aids expert leading the UN's global fight against the killer disease has left his job because of differences with his boss, reports DEBORA MACKENZIE

For example, Mann says he "pleaded" with Nakajima to bring together pharmaceutical companies, governments and researchers, to discuss ways to ensure that Aids drugs, and any eventual vaccine, "can be made available to the whole world, not just to the rich". Nakajima, says Mann, did nothing.

Many drugs and vaccines are not available in poor countries where they are most needed because the large companies that make them charge too high prices. Several years ago, under his previous director, the WHO started a programme on Essential Drugs designed to promote cheap, generic drugs and prevent the sale of unnecessary, expensive medicines in developing countries.

Pharmaceutical companies opposed the programme, which they said cut into profits they needed to finance research.

Under Nakajima, the budget for the Essential Drugs programme has been underspent by a third, and the programme's Danish director has resigned. Nakajima is praised by some at WHO for easing relations with pharmaceutical companies. He was the head of the Japanese research laboratories of the Swiss firm Hoffmann-Le Roche from 1967 to 1973.

Nakajima is the first Japanese director of a UN agency. His election in 1987 was clouded by the reported opposition of Japanese diplomats in Geneva, who felt he was unsuitable for the post. Nakajima was backed, however, by Ryorchi Saskawa, a Japanese billionaire who has donated much to the WHO.

The morale at WHO headquarters in Geneva has been worsening for two years. Nakajima is said by senior staff to have a secretive, peremptory style of management.

Directors of divisions found out that their divisions had been abolished, and they themselves sacked, in staff circulars or when removers arrived for their office furniture.

Soon after he arrived, Nakajima let it be known that he did not think that women working at WHO headquarters should wear trousers (the ruling was ignored).

Uncertainty has been increased by rumours that Nakajima has stomach cancer. He will not say how serious his condition is. His post as director-general runs for another three years.

Mann, meanwhile, is uncertain about his future. Aids experts around the world have been quick to voice their fears for the continued effectiveness of the WHO Global Programme on Aids.

Worldwide co-ordination of activities ranging from the reporting of epidemiological statistics to results of experimental therapy is needed if the epidemic is to be controlled. Only the WHO, says experts, can mount the required effort. — Gemini
In the brothels, life goes on

DESPITE government efforts in West Africa to halt Aids, people's sexual habits remain greatly unchanged. In towns and cities, educational campaigns aimed at slowing the spread of Aids have been intensified.

Campaign posters say "Help stop Aids, say No to sex," but slogans and lectures have little impact on people's attitudes to sex. Many still consider Aids a storm in a teacup, while others shrug their shoulders and say "Aids or not, life goes on."

The prostitutes who work in city hotels underline the indifference in Ghana, Togo, Senegal, Gabon, Cameroon, Burkina Faso and the Ivory Coast.

Visits to hotels and nightclubs in Accra help explain the fast increase in Aids. At the Continental and Star hotels and Le Reve nightclub, prostitutes are doing brisk business with local men and white tourists or visiting businessmen.

The situation is similar in other West African countries. Most women say they are aware of the dangers but that they are compelled to take to prostitution because of economic necessity.

Prostitutes line the streets of expensive West African residential areas such as Cocody and Bingerville in Abidjan, La Corniche and Fann in Dakar, and Kent Street in Banjul. They have a preference for luxury hotels such as the Novotel, 2 Fevrier in Lomé, Sismande and Quagadougou and fashionable nightclubs.

Senior police officers, government functionaries and social welfare officials in all these countries accept with philosophical fatalism that little can be done to stamp out prostitution.

Says a senior social welfare officer in Accra: "If you drive them away from Le Reve, they may choose to solicit along the Ring Road. We just can't stop prostitution. We've tried several times and failed."

Cameroon health authorities are trying an innovative idea. They have recruited prostitutes to help distribute condoms, interpret anti-Aids campaign policies and sell other education materials on Aids.

The Health Ministry has launched a passionate appeal to bar and hotel owners to help identify prostitutes operating on their premises. A poll conducted by the ministry found prostitutes and their clients were not scared of Aids.

Even when they are asked to use free condoms, there is resistance. It is estimated that under one percent of African men use condoms. Said prostitute Sophie Pokam: "They threaten to pay less if we force them to use the condom. Since we can't afford to lose so much money, we go ahead without."

Intensified educational programmes seem the only option. In Senegal, the Committee for the Prevention of Aids has acquired mobile cinema vans. In Gabon, Aids prevention centres have been set up throughout the country to spread information about the disease. — Gemini.
Farmers seek Aids tests for workers

Staff Reporter

LAINGSBURG farmers have asked the Western Province Agricultural Union to arrange for migrant sheep shearsers to undergo Aids tests.

Mr Gert Bosch, agricultural union general manager, said yesterday that the request had been made at a meeting with the Laingsburg Farmers' Association on Wednesday night.

He said their request would be discussed at the next executive meeting of the union later this month.

He said the workers came from different regions, including Transkei, Ciskei and Lesotho.

Mr Christo Van Zyl, secretary of the Farmers' Association, said “Aids is a very big threat” and the workers “sheared sheep for two weeks on one farm and then went to the next”.

He said the farmers were chiefly concerned about the disease spreading to their own farm workers.

But yesterday the Planned Parenthood Association expressed reservations about the request.

Mrs Erica Greathead, regional director, said the whole idea was “pretty evasive”.

“Testing is not going to prove anything except that some people are infected and then what?” she asked.

“Where are those people who are tested positive then going to go and live?”

“The whole idea is a fear reaction and it’s going to achieve very little for the amount of money and resources spent. One must remember that a person who is tested negative today can be HIV positive in the future.

“If they want to bring in something that’s constructive, then they should spend the same amount of money on an education programme that promotes safer sex.”
LONDON. — Until recently, the countries of central Africa, where AIDS has become horrifically endemic, were playing the deadly denial game now afflicting those British and American newspapers and commentators who pretend that AIDS poses no concern to people whose skins are white and who don't play with drugs, needles or others of the same sex.

In Uganda, a mood of denial helped Slim — the morbidly humorous local nickname for AIDS — to grow from a disturbing upcountry curiosity to the almost certain slayer of hundreds of thousands of young Ugandan adults and children. Africans' initial instincts about disease and denial were very little different from those of many Americans and Europeans. In Britain, health education is again undermined by suggestions that HIV disease is a threat only to gay men. Where huge numbers of heterosexuals are already ill in Africa and US inner cities they, too, are ignored because they are black.

In Africa the complementary view at first took root that AIDS was a disease almost exclusive to the white race. After all, it was well known that homosexuality didn't occur in Africa, this too being a specialty of white men. This is tragically evident in a personal account, in a book by Ed Hooper, Taking a Slim Chance with AIDS in Africa, based on seven years of work in Uganda.

Still negative

Late in the '80s a Nairobi prostitute, then servicing an average of eight clients per day, felt at liberty to claim that “most people affected by AIDS are these homosexuals. But we prostitute only use straight sex, and I don't think there is any problem.”

No problem? Remarkably, after nine months on the job like this, prostitute Anna was still negative when tested for AIDS. Her own account suggests that she had had unprotected sexual intercourse with 1000 men in those months, many more than 10 percent of whom were likely themselves to have been infected.

Almost 90 percent of Anna's colleagues were not so fortunate. The prevalence of HIV infection among Nairobi prostitutes is higher than anywhere else in the world.

Similar anger and denial has confronted any suggestion that the HIV virus first emerged from Africa, even if such suggestions lie in the mouths of scientists. Hooper dared to repeat to African and African-American colleagues the theory that HIV had developed from a virus dormant in the African green monkey population. He was abused, spat upon and ostracised.

He became no less unpopular with the Ugandan government and was twice expelled, more recently in 1987. Early reports on human rights violations in Uganda under Obote, as well as coverage of the Slim epidemic, eventually made him entirely unwelcome. But Slim could not be made to go away as simply as dispatching journalists with one-way tickets on Air Uganda.

Kaunda's son

It took President Kenneth Kaunda of Zambia to break the ice, courageously doing for Africa what actors Rock Hudson and Ian Charleson and many more have done for whites. Kaunda announced that his 22-year-old son had died of AIDS.

Slim then became more real to Africans — easier to see and to be. But the price of delay will continue to be hideous.

By the time of the 1989 World AIDS Day, last December, Uganda's new health minister felt able publicly to release the results of the national HIV infection survey that had found up to 30 percent of adults (in Western urban areas) were infected. In Kampala 17 percent of the population was HIV positive.

Almost a million Ugandans, six percent of the population, may by now be infected. At least 10 000 Ugandans have contracted AIDS. Kenya is only marginally better.

“Slim” is a readable reminder of another world of AIDS. It is not a lesson about the blunders of the past but a warning about the future.

In the West, although hopes of a complete cure for AIDS are still remote, great strides have been made in delaying the disease.

But even the palliative and disease-delaying drugs now introduced to the West are financially out of reach of African countries.

The Observer, London.
Call for task force to fight AIDS

AN INTERNATIONAL health conference in Maputo, attended by the ANC health secretariat and some SA health organisations, has called for an AIDS task force to be set up to co-ordinate the fight against the disease in southern Africa.

The 250 delegates at the week-long conference, which ended on Sunday, concluded in a written declaration released yesterday that state-run programmes were flawed, and it was vital to integrate community organisations in a campaign against the HIV epidemic.

SA organisations, including the National Medical and Dental Association, the National Education and Health Workers' Union and the SA Health Workers' Congress, were joined by delegations from the Frontline states, the US-based Committee for Health in Southern Africa and the Johannes Weir Foundation of the Netherlands.

The conference was billed as the first convention of health and social welfare workers and anti-apartheid campaigners from around southern Africa.

The conference committed itself to devising an appropriate social welfare policy for a future SA, with delegates emphasising the need for applied health and welfare research and training. Delegates affirmed this was best achieved through community-based projects.

Delegates noted the Mozambican government's solidarity with "progressive forces" in SA and committed themselves to analyse which foreign models, private and public, could be best adapted to future southern African health and welfare needs.

Peres focuses on Israeli 'peace govt'

TEL AVIV — Heads could start rolling within days unless Shimon Peres manages to put together a new Israeli Labour-led "peace government" to launch talks with Palestinians, analysts said at the weekend.

The first head to roll could well be Peres's, as discontent mounted within Labour over his deadlocked government-forming efforts, the analysts said.

Political sources said key Labour leaders were pressing to replace Peres with former Defence Minister Yitzhak Rabin to salvage the party's fading chances to regain power for the first time in 13 years.

Rabin was reportedly keen to join an "emergency cabinet" with the right-wing Likud bloc, to work toward electoral reform without destroying chances for some form of a Palestinian-Israeli dialogue.

The sources said both Likud and Labour have already exchanged informal feelers on the issue, and Yitzhak Shamir, caretaker prime minister and Likud leader, could be amenable to such an arrangement.

Labour's leadership bureau was to meet on Thursday to assess the situation, as Likud was convening its party congress to approve a deal that brought four breakaway Liberals back into the fold.

Peres, 66, has until April 26 to present a new government. He won a 15-day extension last week, after his much-touted parliamentary majority crumbled due to defections by two ultra-orthodox supporters.

Sapa-AP reports from Jerusalem that a gang of masked Palestinian youths rampaged along the main shopping street in Arab east Jerusalem yesterday, stoning police vans, breaking car windows and setting tires ablaze.

The incident occurred as Palestinians marked the second anniversary of the slaying of PLO military commander Khalil Wazir in a commando raid in Tunis.

To head off violence yesterday, the army ordered the 700,000 Palestinian residents of the Gaza Strip confined to their homes.

But memorial parades and protests were reported in about half a dozen West Bank towns and refugee camps. — Daily Telegraph.
From Maputo, a first shot in the war on Aids

A NATIONAL Aids task force, rooted in progressive health organisations and led by the African National Congress, will be established within the next four months.

This decision, part of a detailed resolution on Aids, was taken at the Fourth International Conference on Health and Welfare in Southern Africa, held in Maputo last week.

The seven-day conference was the first major consultation on health and welfare to involve the internal health union and political organisations, the external ANC, international support groups and health officials from the Frontline states.

Delegates discussed proposals "for the structure, organisation, financing and development of health and welfare services for a truly democratic South Africa".

Aids and human immunodeficiency virus (HIV) — the virus which causes Aids — infection was identified as one issue "of urgent priority".

The Maputo Statement on HIV and Aids, which the conference adopted, maps out a position which directly challenges the approach adopted by the South African government.

"The HIV campaign waged by the state has been grossly inadequate," it says. "Communities have not been involved, nor have representative organisations been consulted."

"Too little funds have been allocated to HIV prevention and the care of people with HIV disease. The media and education campaigns have promoted fear, stigmatisation and discrimination."

The statement calls for a campaign based on community organisations, which must be given adequate resources by the state, and the involvement of credible political leadership at every level.

It calls for the abolition of discriminatory legislation against "gays, commercial sex workers and foreign migrant workers" and for factors which contribute to the spread of Aids, such as cull-rant labour and homelessness, to be addressed.

The Maputo document is the most comprehensive statement yet of an alternative approach to Aids. But its real significance lies in the proposed task force. The success or failure of that will decide whether these ideas can actually be put into practice.

ANC executive member Steve Tshwete told delegates that progressive efforts against Aids were assured of support from the highest levels of his organisation.

The ANC's backing could make a crucial difference to the organisations represented in Maputo are already over-stretched.

The National Medical and Dental Association, for instance, a conference on Aids last year and 10 months later has not come out with a single policy statement.

The Congress of South African Trade Unions passed a resolution on Aids last year. But apart from the Transport and General Workers Union, which appointed a full-time Aids worker, few affiliates have acted.

The task force's influence will thus depend considerably on the extent to which it draws in organisations outside the progressive fold, something the Maputo statement clearly commits it to doing.

The Gay Organisation of South Africa, for instance, represents the country's oldest and most comprehensive community-based response to Aids. Yet it was not invited to contribute to either the Nunda conference or the Maputo meeting.

The second problem will centre on how the task force decides to relate to the government. Check- ing the Aids epidemic will require a massive commitment of resources — money, facilities, health workers — and in the end only the state can provide that.

This cannot wait for a change in government. At present some of the best Aids work — both education and care — is being done by individuals based in local health facilities. The task force should give clear guidelines on how to extend this.

The third problem, and the thorniest, is reconciling the need for consultation and grassroots support on the one hand, and for urgency on the other.

Aids prevention will not work if it does not have this support and does not recognise and challenge the way apartheid forces people to live.

But the need to build carefully at this level should not prevent the task force from mandating its leadership to move decisively on others.

It is one thing consulting the community on policy, it's another looking to them to develop it. The task force will be hamstrung if it has to move at the speed of organisations who do not yet recognise Aids as urgent.

In many countries that sense of urgency, so crucial to fighting the disease, has come from people with Aids and those who treat them. In South Africa it is estimated that close on 200 000 people may already be infected with HIV.

The task force can only be strengthened by empowering those people. They will be far less tolerant of unnecessary delays. For them, time is an unforgivable luxury.
Women hold talks on Aids

THE Christian Women's Enrichment Programme will this weekend hold a symposium on Aids in response to the World Health Organisation's call on women to help prevent the fatal disease from spreading.

The symposium will be held at the Baragwanath Recreational Hall on Sunday from 8am to 4.30pm.

According to the WHO, the focus of the international campaign against Aids will this year be directed at women, who are considered a crucial factor in achieving health for all.

Vital role

The organisation's director, Dr Hiroshi Hakijima, last week told the 85th session of the executive board in Geneva that the role of women was vital, not only in preventing infection, but caring for HIV-infected people and people with Aids.

He said the programme would be undertaken within the broader framework of women, health and development.

The Christian women's symposium, organised by women of the Sodality of St Anne, will cover topics like the role of church women in helping people with Aids and the social and medical aspects of the disease, according to Fikile Mlotshwa who is head of the organisation.
Aids cyclists barred from Aliwal North

By CLAUDIA KING.

THE mayor of Aliwal North has barred two cyclists on a fund-raising trip from spending the night in the town because they have Aids.

Cyclists Mr Pietro Battiston and Mr Allan Harcombe — who are cycling from Johannesburg to Cape Town to raise funds for an Aids home — have been refused permission to stay in the town's municipal camp site tonight.

The chairman of the St Jude's Cycle Tour committee, Mr Barry Greyvenstein, said Mr Gerardt de Wet, mayor of the small Eastern Cape town, had told him the cyclists would not be allowed to stay there as "it would be bad for the town's tourist industry".

Both the mayor and the assistant town clerk, Mr A M Meiring, have declined to comment on the issue or deny the allegations.

The manager of one of the town's five hotels, Mr Audrey Mc Garry, said he did not think a visit from the cycle tour could damage the town's flourishing tourist industry.

Cape Town Aids expert Professor Deon Knobel, professor of forensic medicine at UCT, said the incident was very unfortunate, but could serve a positive function by illustrating the degree of misunderstanding and disinformation still prevalent in South Africa.

He trusted that the mayor would come to realise that his decision was unscientific and totally unfounded as one could not get the HIV infection from casual contact.
SA warned of Aids epidemic

SOUTH Africa could become a mirror image of Uganda, where there are now more than a million cases of Aids-infected people, a leading authority on the disease has said.

Figures have revealed that about 87,701 positive cases of HIV infection have been picked up by Blood Transfusion Services in South Africa.

It has also been found that there is one HIV-infected person for every 215 black blood donors who are seen by blood transfusion centres.

These figures do not even include the estimated 90,000 infected people in KwaZulu or other cases in South Africa which have not been detected at the centres.

Secretary of Health for KwaZulu Dr Daryl Hackland recently met the medical attaché to the American Embassy, Dr Paul Grundy, who told him of the grave and horrific situation in Uganda which "experts have warned is "not as far removed from South Africa as we would like to think"."

A prognosis of a similar situation in South Africa to that of Uganda follows a warning by Natal's MEC in charge of health, Mr Tino Volker, that Aids infection in Natal and the rest of the country was being underestimated.

He said statistics did not nearly reflect what was really happening.

Hackland warned that "Uganda is ravaged by Aids and we have to take very serious cognisance of this because unless sexual behaviour changes soon, South Africa has the potential to go the same way".

"In 1988 there were 790,000 people in Uganda who were infected with the HIV virus. By 1989 there were one million, which accounted for 12.5 percent of the total population aged over 15 years, and this year there are more than one million HIV-infected people.

"In some areas of Uganda 52 percent of the population are HIV-infected in the age group of 20 to 30 years."

"In some there are virtually no people left in the 20 to 40 age group. Villages are littered with orphans and funerals have become a way of life," Hackland said.

He said education about changing sexual habits, having only one partner and taking precautions was the only way to prevent an Aids catastrophe, like that of Uganda, happening in South Africa.
AIDS TASK FORCE IS VITAL, SAYS CONFERENCE

Own Correspondent 7/4/90

Johannesburg. — An international health conference attended by the ANC health secretariat and South African health organisations has called for an AIDS task force to be set up to co-ordinate the fight against the disease in Southern Africa.

The 250 delegates at the week-long conference in Maputo which ended on Sunday concluded that state-run programmes were flawed and that it was vital to integrate community organisations in a campaign against the HIV epidemic.

SA organisations, including the National Medical and Dental Association, the National Education and Health Workers' Union and the SA Health Workers' Congress, were joined by delegations from the frontline states, the US-based Committee for Health in Southern Africa and the Johannes Weir Foundation of the Netherlands.

The conference was billed as the first convention of health and social welfare workers and anti-apartheid activists from all over Southern Africa.

The conference committed itself to devising an appropriate social welfare policy for a future South Africa, with delegates emphasising the need for applied health and welfare research and training. Delegates affirmed that this was best achieved through community-based projects.

Delegates noted the Mozambican government's solidarity with "progressive forces" in South Africa and committed themselves to analyse which foreign models, private and public, could be best adapted to future Southern African health and welfare needs.
The Minister of National Health and Population Development:

Dear Sir/Madam,

I am writing to express my concern regarding the recent reports of the high number of HIV positive cases in our province. The number of HIV positive cases has increased significantly in recent months and I believe that urgent action is necessary to address this issue.

I have attached a table showing the number of HIV positive cases by district. As you can see, the number of cases in [district name] has increased by [percentage] in the past year.

I would like to request a meeting with you to discuss potential solutions to this crisis. I believe that a multi-disciplinary approach, including health education, treatment, and support services, could be effective in controlling the spread of HIV.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Ministry]

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[Graph showing trend of HIV positive cases by month]
Aids figures denied

DR. Ruben Sher of the Aids Centre in South Africa has heatedly denied a report in London's The Times newspaper which stated that one baby in six born in Soweto had Aids.

"This is absolute nonsense. The figures we have are nowhere near that high," he told Sapa.

He said the reports with the exact figures would be released soon.

The newspaper report said that in South Africa only one out of every 300 or 400 pregnant black women were infected with the Aids virus.
THREE members of staff at Natal provincial hospitals have been directly exposed to the Aids virus during the course of their work and are receiving preventive treatment costing R5 400 a month.

It was confirmed yesterday that a medical technician and a doctor at King Edward VIII Hospi-

tal in Durban and another person "involved with medical work" at RK Khan Hospital in Chatsworth were being treated with AZT.

Natal's executive committee member in charge of health, Mr Val Volker, said yesterday: "We have to realise that these people could become infected with the HIV virus and the province will do everything in its power to prevent this happening."

He said it cost about R1 800 a course a month to administer AZT and the course took "a while".

"There is no golden pot at the end of the rainbow and this money just has to come out of our provincial budget for health," he said.

The chief medical superintendent at King Edward VIII Hospital, Dr Justin Morfopoulos, said a doctor accidentally pricked himself with a needle which had been used on an HIV-infected person. The medical technician injured himself while working with infected tissue from an infected patient.

"These staff members have already been tested for HIV infection and they have been found to be negative, but treatment is being administered."

"They will be retested at a later stage and are under constant observation," said Mor-

fopoulos.
DURBAN — Three members of staff at Natal provincial hospitals have been exposed to the AIDS virus during the course of their work and are presently receiving preventive treatment.

It was confirmed yesterday that a medical technician and a doctor at King Edward VIII Hospital in Durban and another person "involved with medical work" at R K Khan Hospital in Chatsworth were being treated with AZT and were being closely monitored.

Realise

Natal's MEC for health, Mr Val Volker, said: "We have to realise that these people could become infected with the HIV virus and the province will do everything in its power to prevent this happening."

The chief medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos, said the three had been tested for HIV infection and they had been found to be negative. He said they would be tested later. — Own Correspondent.
The doctors are mostly black, as are the patients. The black medical community is also comprised of a large number of doctors who are also black. The black medical community is working hard to combat the AIDS epidemic. According to Professor Richard, the diagnosis of AIDS is now more common in black patients than in white patients. The epidemic is spreading in black communities, and the black medical community is working hard to combat it. The black medical community is also working hard to educate the public about AIDS. The black medical community is also working hard to improve the care of AIDS patients. The black medical community is also working hard to improve the care of AIDS patients.
Unofficial HIV figures top 55,000 — Minister

CAPE TOWN — A total of 3,431 South Africans had been reported HIV-positive by March 9, Health Minister Dr Rina Venter said yesterday.

However, this figure was based only on voluntary anonymous reports received from diagnostic centres.

Venter said the best available estimates based on various data sources suggested that the number of people infected with HIV in SA at the end of last year was about 55,000.

The World Health Organisation has estimated that almost 580,000 people in SA could be infected with HIV by the end of next year.

Venter said in reply to a question from Francois Pauw (CP, nominated) that more than 90% of transmissions of HIV infection took place by sexual contact or were transmitted from the mother to the unborn child.

Less than 10% of HIV infection was preventable through medical technology. "This is already taken care of by rendering a blood transfusion service as safe as possible.

Venter said various disciplines of the health services were already involved in awareness and knowledge dissemination campaigns.

"Motivation towards safer sexual practices is mainly done in small groups or on an individual basis."

To this end the department had established AIDS training and information centres in Cape Town, Port Elizabeth, Durban, Bloemfontein and Johannesburg.

"These centres are to act as sources of information to assist trainers and counsellors to motivate local communities and attain community involvement and participation in anti-AIDS campaigns," she said.
Doctors link Aids gene to cancer

SCIENTISTS have found new evidence that a single gene of the Aids virus promotes an Aids-related cancer called Kaposi’s Sarcoma.

The gene tells cells to produce a particular protein, and the new test-tube study found that this protein spurred the growth of Kaposi’s Sarcoma cells taken from Aids patients.

Scientists also found that the protein was released by cells infected with the virus that causes Acquired Immune Deficiency Syndrome.

Kaposi’s Sarcoma is a generally uncommon cancer that appears unusually often in people with Aids. It can be controlled medically and it rarely kills Aids patients.

The study focused on a gene, TAT, which helps regulate growth of the Aids virus. In previous research, scientists had found that when mice were given a copy of this gene, they developed a skin disease closely resembling Kaposi’s Sarcoma.

Combined with that finding, the new work indicates that once the gene’s protein escapes from an Aids-infected cell, it may promote the development or progression of Kaposi’s Sarcoma elsewhere in the body, researchers wrote this week in the British Journal of Nature.

The work was reported by Dr Robert Gallo and colleagues at the National Cancer Institute and Dr Flossie Wong-Staal of the University of California, San Diego. — Sapa-AP
The Minister of National Health and Population Reformation

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Thursday, 10 May 1990

House of Assembly

Zim tests ‘anti-Aids drug’

HARARE - Kenuron, an “anti-Aids drug” developed in Kenya, is now being used on a trial basis in Zimbabwe, Ziana news agency reported yesterday.

The drug, which Kenyan researchers have claimed not only stems the advance of the deadly disease but reverses its symptoms, has been used for tests in Zimbabwe since March, reportedly with mixed, and as yet inconclusive, results.

While some positive effects have been noted on some patients, doctors are non-committal.
More than one in 10 girls are HIV positive

More than one in 10 girls attending the sexually transmitted disease (STD) clinic at King Edward VIII Hospital in Durban are HIV positive.

Figures released following recent surveillance surveys showed that 11.2 percent of black girls between 15 and 19 years who visited the clinic in December last year were HIV positive.

Earlier in the year, 6.4 percent had been infected. Considering the speed with which the infection has spread, the figure is likely to be higher now.

Most of the girls will develop full blown AIDS within the next few years.

Eleven percent of women between the ages of 20 and 25 years were infected. Among men, the highest figure was recorded in the 25 to 35 age group — 7.5 percent were HIV positive.

"One reason for the higher incidence among young women could be simply because women's anatomy allows them to hold secretions longer," local AIDS expert Dr. Isabel Windsor of the Virology Department at the University of Natal's Medical School said.

Overall, 3.6 percent of people attending the STD clinic were HIV positive.

Surveillance surveys also showed that 2 percent of new tuberculosis patients admitted to King George Hospital, less than 0.9 percent of women attending King Edward's ante-natal clinic and 3.3 percent of black prostitutes were HIV positive.

Surprisingly, and contrary to several estimates, AIDS is extremely rare in people over the age of about 40 in the Natal/KwaZulu region. The sector of the population most threatened from what is essentially a sexually transmitted disease falls below that age.
Hepatitis B virus threatens millions of South Africans

DURBAN — Hepatitis B is now a bigger killer than AIDS in South Africa, and is far more infectious.

Although a vaccine is available, its cost has placed it out of the reach of many people.

According to Dr Isobel Windsor of the Virology Department at the Natal University Medical School, about 2.5 million people in the country are chronically infected with hepatitis B.

About 25 000 will probably die from the disease and a million more will probably die of resultant cirrhosis or liver cancer.

About 50 000 people are infected each year and it is estimated that hepatitis B could have infected three million South Africans by the year 2000 if nothing is done to control it.

Controlling the spread of the extremely infectious disease is no easy task. Like AIDS, hepatitis B is passed more easily during anal intercourse as tissues were damaged. However it can also be passed on during normal vaginal intercourse.

While the average incubation period for AIDS is about eight years, that for hepatitis B ranges from six weeks to six months.
Couple waiting to die
Soweto family is torn apart

Mr and Mrs Thembu Kunene (not their real names) were a happy and contented family with two children, aged 14 and 10. That happiness lasted until AIDS struck.

The Meadowlands, Soweto, couple now spend their days in separate private wards at Baragwanath Hospital, waiting to die. They visit each other occasionally.

They dread the day when the visits will have to end...

Their children live with neighbours, knowing only that their parents are very sick.

Doctors hope the children will never know that their parents had wasted to death. Mr Kunene, who weighed about 67kg in good health, now weighs 45kg. His wife weighed 60kg but now only weighs 43kg.

When the couple were removed from their home in November last year, tears were the only words

By MOKGADI PELA
between mother and children; between father and children; between mother, father and children; and between husband and wife.

As a last token of love for their children, the
196 died of Aids

ONE hundred-and-ninety-six people have died of AIDS in South Africa since the first case was diagnosed in 1982. *Soufplan 11/1/90* (32)

According to the Department of National Health and Population Development and the South African Institute for Medical Research 124 died in the Transvaal, 39 in the Cape, 27 in Natal and six in the Free State.

The latest statistics revealed that there were 200 surviving HIV carriers.
Official SA AIDS death toll reaches 196

By ANDREA WEISS, Medical Reporter

Of the 386 people reported to have developed fully-blown AIDS in South Africa since 1982, 196 were dead by April 24 this year.

According to figures by the Department of National Health and Population Development, 51 percent of AIDS cases have been fatal and most cases are in the 30 to 39 age group.

A spokesman said the department had given its latest AIDS figures to dispel the conception that they were "under-reporting" AIDS and HIV-positive cases.

Only cases of people who had developed fully-blown AIDS were reported to the department and estimates of the number who were HIV-positive were obtained from blood surveillance programmes.

Of the 386 people reported to have developed fully-blown AIDS since 1982, 196 had died by April 24.

The figures show the highest number of deaths have been in the Transvaal where out of 206 reported cases, 124 have died. In the Cape there were 68 reported cases and 39 deaths. The Free State had 13 reported cases and six deaths and Natal 99 reported cases and 27 deaths.

The number of non-South African reported cases in this period were 32, 13 of them from Malawi.

The department's estimate of those infected with HIV by the end of last year was 55,000.

Of the HIV estimation, the spokesman said: "This is only an estimation as no concrete evidence exists. Other countries are in the same position. Projections should only be seen as an indication of the possible order of magnitude of the problem."
Mines dispute over a national Aids policy

THE National Union of Mineworkers has charged the Chamber of Mines with making a long-term solution to the Aids problem "impossible" following its decision that an industry-wide policy on Aids is no longer necessary.

The NUM insists there are issues, such as migrant labour and the hostel system, which contribute to the spread of Aids and cannot be dealt with at a mine level.

"We are horrified by this," said NUM health and safety officer May Hermans. "Dealing with HIV and Aids requires a high level of co-ordination.

"If you are forced to deal with the issue mine by mine, it becomes impossible to deal with the social issues surrounding Aids and its prevention, like migrant labour and the hostels. You can only deal with individual cases," Hermans said.

Dr Daniel Polinow, the chamber's senior general manager for health care services disagrees. "The hostel system and migrant labour are the subject of ongoing discussion. If anything, discussing them in the context of Aids could make them more difficult to resolve."

Polinow said the chamber's decision to rescind its policy, adopted in August 1988, stemmed from the view that Aids "should be treated like any other terminal disease."

"The issue of the continued employment of a man with HIV is no different from the continued employment of a man with cancer. These are not issues that have needed discussion at industry level before."

Hermans said the NUM's intention was to get the chamber "into an industry forum to negotiate an acceptable Aids policy."

The chamber's rescinded policy noted the need to educate and protect workers against the disease and "to treat those with HIV infection or Aids with due compassion and with full regard for the dignity and rights of the individual."

The policy's implementation was, however, "subject to the overriding requirements of legislation". This referred to the Aliens Act, amended in 1987, to make it an offence to employ a foreigner known to have tested positive for HIV.

The policy also specified that people from "a high-incidence area defined by the chamber, whether foreign or South African", would not be employed unless they tested negative for HIV infection.

The NUM put forward counter proposals this year which "disputed the Chamber of Mines right to unilaterally implement a policy on Aids" and said the policy sought "to build into the employment contract a degree of employer licence and caprice."

The NUM listed eight principles which it believed should guide policy on Aids, including:

- HIV infection should not be grounds for discrimination or dismissal;
- HIV screening was only justifiable if the objectives were clear and accepted by the NUM. It should not be used as a basis "for irrational and discriminatory employment policies";
- The hostel system impeded effective Aids containment. The industry should commit itself to family housing, facilities for visiting wives and "humanise hostel management";
- Education and counselling efforts should be jointly developed by management and worker representatives.

Polinow said the chamber would welcome NUM involvement in Aids education. "They know how to talk to workers far better than we do. They know what would have an impact."
196 have died of Aids in S Africa

THE Department of National Health and Population Development this week released its latest Aids figures to dispel the perception that it is "under-reporting" Aids and HIV-positive cases.

Of the 286 people reported to have developed fully blown Aids in South Africa since 1982, 196 were dead by April 24 this year, according to the department.

Surveillance

This means 51 percent of Aids cases have been fatal and the greatest number of cases are in the 30 to 39 age group.

In the Transvaal, out of 206 reported cases 124 people have died.

In the Cape there were 68 reported cases and 39 deaths.

PAT DEVEREUX

The Free State had 13 reported cases and six deaths, and Natal reported 39 cases and 27 deaths.

The number of non-South African cases reported in this period was 32, of which 18 originated in Malawi.

Only cases of people who have developed fully blown Aids are reported to the department. Estimates of the number of people who are HIV-positive are obtained from blood surveillance programmes.

The department's projected number of people infected with HIV by the end of last year is 55 000.

"The figures are an honest attempt to get as accurate a return as possible but they are clearly under-reported, as are figures all over the world," said National Institute of Virology director Professor Barry Schoub.
THE 300 squatters, whose shacks next to the Transvaal Snake Park were due to be demolished by the Midrand Town Council today, have been given a 90-day reprieve.

The move comes amid an outcry from the Black Sash and the Witwatersrand Network for the Homeless, who have called on the council and Stocks and Stocks Construction — owners of the land — to stop the demolitions and help seek alternative accommodation for the 100 families.

The "Snake Squatters" — as they have come to be known — started putting up structures in the area about two years ago when some Stocks and Stocks workers were re-trenched. Since then, people working in the surrounding area have joined in and numbers have swelled.

The council notified the squatters last week that their shacks would be demolished today.

The squatters' lawyer, David Woodhouse, said at the weekend a meeting held on Friday evening by the TPA, landowners Stocks and Stocks and the council decided to suspend the demolition of the shacks for 90 days, and basic sanitary facilities would be supplied to the families. He said the TPA would be looking for alternative accommodation.

In a statement released at the weekend, the council said: "No matter how sympathetic this council is to their plight, we have no option other than to prevent random and illegal occupation of ratepayers' property in Midrand.

"While the council does not want to be seen to be hiding behind the protection of the law, there are numerous legal provisions which prescribe to the council the action that must be taken in these circumstances. To ignore or to attempt to counter these laws is to lay the council open to extremely serious legal action."

The statement said a special committee was liaising with the TPA to acquire land for the provision of basic services, thereby assuring minimum health and living standards for homeless people.

Black AIDS cases go up 'by more than 200% a year'

FULL-BLOWN AIDS cases have increased in the black community at an average rate of 21% annually since the HIV virus was first reported among blacks three years ago.

This was revealed in updated National Health and Population Development Department statistics, based on SA Institute of Medical Research (SAMDR) data.

Among whites, 87% of cases were transmitted through heterosexual or bisexural contact, with 8% of cases affecting men. There were only nine cases of transmission through heterosexual relationships. The others were through blood transfusions, intra-venous drug use, and haemophilia.

In the black community, however, heterosexual relationships transmitted fewer than 2% of cases, while heterosexual relationships accounted for more than 60% of the cases.

Almost equal numbers of males and females were infected, and the second largest group of AIDS victims were paediatric — children who contracted AIDS from infected parents.

There were only a nominal number of cases transmitted through haemophilia or blood transfusions.

The report stated there were 418 cases of full-blown AIDS among all racial groups in SA from its discovery in 1982 until April 24 this year. Of these, 198 people have died. The virus was contracted by 232 whites, 127 blacks, 14 coloureds and three Asians.

Government has denied under-reporting the number of AIDS and HIV-positive cases.

But Maritzburg MEC for hospitals Tino Volker said current HIV positivity is under-estimated and official figures inadequate.

The World Health Organisation estimated 446 300 people could test HIV-positive in SA by next year.

R100 000 for Natal refugees

MARITZBURG — Natal Administration Con Botha yesterday handed cheques of R10 000 and R15 000 to Inka Mars of the SA Red Cross and Maritzburg mayor Mark Cornwall to help refugees in Natal.

The money represents the first payments from R100 000 which the NPA has donated.

The payment to the city council is by way of reimbursement for money already spent in assisting the refugees in the capital.

The R10 000 will reimburse the Midlands Crisis Relief Committee for the purchase of food and blankets, while the remaining R50 000 will be used to buy food rations and blankets for registered welfare organisations.

An NPA spokesman said the money was in addition to the R250 000 pledged by Planning and Provincial Affairs Minister Hermus Kriel last month.

Fears for SA blood stocks

THE threat of an AIDS epidemic with patients requiring long-term transfusion therapy, did not bode well for the future of SA's blood transfusion services.

A spokesman for the SA Blood Transfusion Service (SABTS), said at the weekend services were five years away from disaster.

SABTS senior technician officer Bill Norton said increasingly sophisticated surgical techniques — demanding frequent transfusions — and SA's burgeoning population were outrunning blood donations.

The SABTS operated on a hand-to-mouth basis with, on average, a three-day supply of blood. This was adequate only if no major disaster occurred.

Norton said the only solution was to encourage the public to come forward in greater numbers to donate blood.
Jo'burg has most Aids victims

By MOKGADI PELA

THE city of Johannesburg has more Aids carriers than any province in the country, according to Dr C Evian of the city’s Health Department.

Since 1982 when the first such case was diagnosed, 173 Johannesburgers have been identified as Aids carriers. Natal has 99 cases, the Cape Province 68 and the Free State 13. For the Transvaal as a whole, the figure is 206.

Not only Johannesburg’s theatres are metropolitan Cape Town with 61 cases and Durban with 54. Pretoria has 20, Pietermaritzburg 13 and Bloemfontein 10.

**Sexual partner**

Evian said that unless peopleheeded Aids prevention methods, a holocaust was likely.

"If people have more than one sexual partner, they should check their track records. A safer way would be to maintain monogamous relationships," said Evian.

Evian said these figures, supplied by the Department of National Health and Population Development, were of full-blown Aids sufferers. He said the World Health Organisation had repeatedly stated that there was a gross under-estimation of HIV positives.

Meanwhile Dr Yusuf Abdullah of Besters announced that Aids expert Dr Ruben Sher would deliver a lecture at the Langium Hall next Sunday (May 20). He said the meeting would start at 7.45pm and would also be addressed by a clinical psychologist.