Aids message spreads

By Musa Zondi

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

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

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

“We can’t delude ourselves that the youth does not engage in sexual activity. What we have to do is to teach them how to be responsible.

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

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

“We are trying to reverse this culture. We are also targeting the sexually inactive youth,” said Sitanyoni.
Married AIDS claimants on the rise

CAPE TOWN — A disproportionate increase in married AIDS claimants was noted by reinsurer Mercantile & General in its biannual compilation of AIDS statistics reported by life assurers.

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

In the six months to end-June, the number of claimants rose 36% to 499 (338). The number of married claimants increased 63% to 189 (114), representing 40% of all claimants.

Female claimants represented 12% of the total, while the number of single claimants rose to 221 (176). About 56% of claimants were in the 31 to 40 age group and the average age was 37 years.

Life assurers reported a 32% increase in the number of AIDS-related claims over the past six months. Most new notifications related to 1992, but some were from 1981 and 1990.

The number of claims had increased by 176, bringing the total since 1987 to 724. These involved a total sum assured of R25.9m on life policies, or R4.12m on disability policies and a monthly benefit of R103 757 on permanent health insurance policies.

Mercantile found the average duration of a policy from inception to claim stage remained at 5.68 years. More than 60% of all claims occurred within five years of inception.

A total of 44 life claims (15.7% of the total) involving R2.7m were in dispute.

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

BY JESSICA BEZUIDENHOUT

DESPITE over a 100 new cases a month of people testing HIV-positive in the Cape, the region still has the country's lowest incidence of AIDS. This was revealed in a report by Cape Town's Medical Officer of Health, Dr Michael Popkiss, who said that in May this year 106 people tested positive for the virus — compared to 80 for the same period last year.

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

His laboratory conducts research on AIDS infection for the Western Cape on an anonymous basis. More than 1700 new cases were reported throughout the country last month. Of these 1310 were in Natal, 113 in the Transvaal, 138 in the OFS and 106 in the Western Cape.

There also appears to be an increasing number of women being infected, with more females than males testing positive during the last four months of 1993.

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

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

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

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

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

According to the latest statistics, 2,296 cases of full-blown AIDS have been reported, although projections reveal this could be closer to 4,000. There are about 200,000 people at present with the HIV virus which causes AIDS. Projections for 1999 show there could be 2.2 million HIV cases and 127,000 people with AIDS.

It is estimated that South Africa lost 47,130 work years due to HIV/AIDS in 1991. Slabber said this would increase to 836,029 work years by 2000. "This is the most serious challenge facing not only our health services but our economy and society as a whole." (Page 72)

Serious situation

He said 2.69 percent of 18,000 blood samples taken from pregnant women at ante-natal clinics across the country tested HIV-positive. Just less than half of those women were likely to pass the infection to their babies.

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

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

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

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

Gaye Davis

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

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

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

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

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

Van Dale and Abrahams were accused of requisitioning unnecessary equipment to the tune of almost R1,5-million. WM 26/11 - 2/12/93
SA govt needs to deal with AIDS

Despite the progress made in combating AIDS, the South African government has yet to implement effective policies to address the crisis. In 2019, the country's AIDS epidemic reached a peak, with over 1 million new infections. The government has been criticized for its slow response and lack of investment in treatment and prevention.

The diagram below illustrates the number of AIDS patients in South Africa over the years. The data shows a steady increase in the number of AIDS cases, highlighting the urgent need for action.

The government has committed to increasing funding for AIDS programs, but progress has been slow. The lack of funding and resources has made it difficult to provide adequate care to those affected by the disease.

In recent years, there have been calls for the government to prioritize AIDS treatment and prevention. The health sector needs significant reform to ensure that all South Africans have access to the care they need.

Despite these challenges, there are reasons for optimism. The government has made some progress in recent years, and with continued investment, it is possible to make significant improvements.

The diagram below shows the prevalence of AIDS in the country over the years. The data shows a steady increase in the number of AIDS cases, highlighting the urgent need for action.

The health sector needs significant reform to ensure that all South Africans have access to the care they need. The government must prioritize AIDS treatment and prevention and provide the resources needed to achieve this goal.

The government has committed to increasing funding for AIDS programs, but progress has been slow. With continued investment, it is possible to make significant improvements.
Spread of deadly virus set to erode pension funds

The World Health Organization

DEFINITION

1. Defined benefit plans will end in -

2. Defined contribution plans

March 2020

Although predictions vary, it is expected that the impact on pension funds will be significant. The economic downturn and rising uncertainty will likely lead to reductions in contributions and increased volatility in investment returns, threatening the long-term sustainability of these plans.

The pandemic has highlighted the importance of diversification and strategic asset allocation. Pension funds will need to adapt their investment strategies to navigate this challenging environment.

In addition, the need for governments and employers to provide support to employees facing financial hardship will be critical. Ensuring the continued availability of benefits and assistance during this time is essential for maintaining the long-term viability of pension plans.

While the immediate impact on pension funds is clear, the long-term consequences will depend on how effectively governments and industries respond to this crisis. The adoption of innovative solutions and proactive planning will be key to safeguarding the future of these financial institutions.

References:


Note: This document is a preliminary analysis and does not reflect the final impact on pension funds. Further research and analysis are needed to fully understand the consequences of the COVID-19 pandemic on retirement systems.
Insurance warning on Aids growth

By MAGGIE ROWLEY
Deputy Business Editor

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

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

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

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

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

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

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

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

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

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

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

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

African Life enjoyed another successful year with total premium income increasing 50% to R104,7m.
Southern foresees leap in HIV-related claims

CAPE TOWN — Southern Life anticipated about 26% of SA’s population would be HIV positive early in the next century, MD Jan Calitz said in the company’s annual report, which was released yesterday.

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

“Already more than 1% of applicants for life assurance with Southern are found to be HIV positive,” said Calitz.

Southern has in date declined applications for life cover of more than R350m from such applicants.

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

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

“Health care resources will increasingly have to be channelled to assist HIV sufferers. Lack of productivity, replacement training and strain on company pension funds, medical schemes and other group insurance arrangements will feature strongly.”

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

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

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

Investment income showed virtually no growth. Operating cost increases were limited to 12.7%.

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

Last year Southern acquired a 50% stake in the Medcor Group and also purchased 10 private hospitals for R100m. Its UK associate company, the 25%-held Hansard Financial Trust, had total assets under management of £297m, the report disclosed.
No AIDS-related unfair labour practice case had been finalised in the Industrial Court because of time delays between applying for a hearing and the date being set down, delegates at the AIDS Consortium conference were told last week.

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

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

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

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

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

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

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

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

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

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

*Lubowski inquest date set*

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

*Anti-IRA cordon in London*

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

*Muslim setback in Bosnia*

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

*Bomb: ANC blames Right*

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

*Gqozo earns more than FW*

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

*Aids cases nearing 1 million*

GENEVA — Member states of the World Health Organisation have reported 718 894 Aids cases to date. WHO’s Global Programme on Aids estimates the real cumulative total at more than 2.5 million because of under-reporting by developing countries. The US reported a cumulative total of 239 000. — Sapa-Reuter

*Italian UN soldiers killed*

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

*US begins closing of bases*

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

*Free condoms for Riviera*
Aids becoming 'uncontrollable'

Own Correspondent

JOHANNESBURG. — Aids may be uncontrollable in five years.

This warning was spelt out at a conference in Port Elizabeth this week, attended by nine regional directors of the Department of National Health and Population Development.

Eastern Cape regional director Dr Willem Strauss said promoting equality of health services for all races was also a major theme of the conference.

"We intend to recommend to government broad equity in health services and unity of health service structures," he said in an interview yesterday.

Dr Strauss said health service officials knew that the perceived Aids problem now being dealt with was "only the tip of the iceberg."

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

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

Among issues discussed was the "alarming increase in the incidence of Aids and TB."

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

Staff Reporter

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

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

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

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

He said he went public to help other HIV-carriers and to support efforts to fight ignorance, help wipe out negative attitudes and spread Christian testimony.

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

The programme begins today at Guguletu Comprehensive School.

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

The couple have just returned from Namibia, where they addressed schools and youth and church organisations.
AIDS education through comic books

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

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

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

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

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

The booklets would be available from Old Mutual branches countrywide.
Cities to protect cleaners from HIV

By Ryan Gresswell

Municipalities in Natal and the Transvaal are looking at ways of protecting medical and cleaning employees from exposure to the HIV and hepatitis viruses.

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

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

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

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

Johannesburg's director of environmental health, Dr Yasmin von Schurnding, said the city had by-laws, and was about to launch an education programme on medical waste disposal.
Shift in focus from awareness to prevention of the disease

Media & Market

Date: June 24, 1993

Title: AIDS ad budget cut

By the end of this year, we're hoping that people will see the American Health magazine ad campaign to raise awareness about AIDS through knowledge.

In September 1993, AIDS and gay issues were front and center in a major ad campaign targeted at gay and bisexual men. The campaign was funded in part by the U.S. Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The campaign featured advertisements that depicted people with AIDS and their partners, families, and friends. The ads were designed to raise awareness about the importance of prevention and to encourage people to get tested for HIV/AIDS.

The campaign was successful in raising awareness about AIDS and the importance of prevention. According to the CDC, the number of new HIV diagnoses decreased by 13% in the United States from 1990 to 1995, which was attributed in part to the success of the campaign.

However, the campaign also faced criticism for its portrayal of people with AIDS. Some critics argued that the campaign perpetuated stereotypes and contributed to the stigma associated with AIDS. The campaign was also criticized for its lack of diversity in its depiction of people with AIDS, with many of the ads featuring white and wealthy individuals.

In 2005, the CDC announced that it would no longer fund AIDS prevention campaigns, citing a shift in focus to other public health priorities.

In conclusion, the AIDS ad campaign of 1993 was a significant moment in the history of AIDS prevention. The campaign helped raise awareness about the disease and the importance of prevention, but also faced criticism for its portrayal of people with AIDS. The decision to end funding for AIDS prevention campaigns in 2005 marked a significant shift in focus toward other public health priorities.
Judge urges jail AIDS tests

By CARMEL RICKARD

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

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

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

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

He said it was a "notorious fact of prison life in Zimbabwe" that homosexual acts and assaults took place among inmates.

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

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

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

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

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

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

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

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

Condoms were not provided as there were strong moral, social and Christian views against doing so.
Aids' numbers nearly double

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

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

Own Correspondent

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

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

The surge in venereal diseases in the Western Cape began in May, he said.
Seven Cape babies test HIV positive

By NAZEEH HOWA

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

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

Only one male homosexual tested positive, while the sexual preferences of 48 others was unknown.

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

A total of 802 people have tested HIV positive for the first six months of this year.

A total of 997 cases were reported for the whole of 1992.

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

By CATHY STAGG

A key appeal which will determine whether or not doctors have the right to disclose the identity of HIV-positive patients comes before the courts in September.

Barry McGearry, the man who brought the initial case two years ago is now dead, but the executors of his estate are acting on his last wishes — and the case will be argued before the Appeal Court on September 2.

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

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

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

When Mr McGearry learnt that rumours were rife that he was HIV positive— or had already developed Aids — he phoned several people to establish who had revealed the results of blood tests he had had for an insurance policy.

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

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

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

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

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

The same legal team which represented Mr McGearry in the Rand Supreme Court before Mr Justice Levy are also handling the appeal. Edwin Cameron is instructed by Merwyn Joseph of Cuzen and Woods of Johannesburg.
GLASGOW. — Six-million more people will have died of Aids by the year 2000, a leading World Health Organisation (WHO) official said today, warning that the world faced "a pandemic of vast proportions".

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

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

Mr Merson said: "There is no doubt that the development of a safe and effective vaccine would offer an invaluable addition to our control efforts. "Important progress has been made but the results available today show that we are still years away from an effective HIV vaccine."

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

Mr Merson said WHO estimated the total of HIV infections in men, women and children would reach 60-million to 70-million by the end of the decade. Of these about 10-million would have full-blown Aids.

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

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

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

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

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

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

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

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

— Sapa.
Scientists will try live Aids vaccine

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

Dr. Michael Merson, executive director of the World Health Organization’s AIDS programme, told an international conference on virology in Glasgow that with millions of lives at stake, every possibility must be examined.

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

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

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

He said before human trials could be considered many studies in animal models should be conducted. — The Telegraph plc
Cosas to launch Aids awareness programme

Pamela Dube

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

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

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

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

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

For effective implementation Cosas hopes to:

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

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

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

...
to aid disadvantaged white schools urged
Nutrition is a factor in AIDS
BERKELEY, California.
A long-term study of nutrition and AIDS suggests a daily multi-vitamin and a healthy diet may delay the onset of AIDS in infected men. Researchers said at the weekend a multi-vitamin a day appeared to help protect nearly one-third of 296 subjects from developing AIDS over six years. The study, published in the Journal of Acquired Immune Deficiency Syndromes, found specific nutrients and supplements also helped. — UP (42)
REVIEW

By Defender 3

The latest round of AIDS-related deaths and illnesses have Come as a reminder of the importance of continued public awareness and support for people living with AIDS. The latest report from the Centers for Disease Control and Prevention shows a sharp increase in the number of infections and deaths, particularly among older adults. The increased risk underscores the need for ongoing education and support for those affected by the disease.

The report highlights the urgent need for increased access to treatment and care for people living with AIDS. As the number of cases continues to rise, it is crucial that we continue to work together to ensure that everyone has access to the care and support they need.

The latest report also serves as a stark reminder of the importance of continued funding for AIDS research and treatment. With funding at risk, it is critical that we come together to ensure that these vital resources are protected.

Today's report is an important step forward in our ongoing efforts to combat the epidemic. With continued support and commitment, we can make progress towards a world where no one is left behind.

KATHRYN STRACHAN

© 1998 Southern AIDS "ad gets it wrong again"
Orange trade hit by AIDS rumours

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

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

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

She gave the assurance that there was nothing wrong with the fruit.
Government defends AIDS cash grants

KATHRYN STRACHAN

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

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

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

More than R2m had been allocated to subsidise non-governmental organisations, and R3m would go towards local authority AIDS training and information centres (Atics) - representing a 44% increase on funds allocated the previous financial year.

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

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

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

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

Meanwhile the government has announced that R2 million of the Aids budget of just more than R21 million for the 1993/94 financial year has been allocated to community-based organisations. — Sapa
Fruit ‘can’t get Aids virus’

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

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

“A spokesman of the organisation responsible for marketing oranges said that rumours about the ‘Aids oranges’ apparently had their origin in the fact that the flesh of certain citrus varieties contain a complex of natural red pigments, which can give rise to a red flesh, or red flecks in the flesh,” said the department’s statement.

The department said the rumours were a “reflection of the ignorance and fears” about HIV-infection and Aids.

“The HIV can only be transmitted by blood, blood products and sexual fluids of humans,” it said. — Sapa
The source of an urban legend has been found: Aryan Godstock

Oranges and AIDS

A juicy tale of blood

Legend: Orange seeds drop as a strange story sweeps the country.
WARMER-LAMBERT
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made possible by
This page was

SCHOOLS AGAINST AIDS:
Schools Against AIDS from Queen's Park High School in the Regional Cancer Centre.

The launch of the Cape Town town mayor's AIDS awareness campaign.

The government's role in the fight against AIDS.

Warner-Lambert funded the support of the campaign.

Campaign draws pupils into AIDS education.
AIDS cash takes route

A LARGE percentage of the government's R21-
million AIDS budget for this year has been allo-
cated to community or-

isations.

The intention is to make AIDS prevention more community-driven, the Department of National Health and Population Develop-
ment has said.

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

Provincial administrations have allocated R15 million for AIDS services.

South Africa does not receive aid from the World Health Organisation's AIDS programme.
SA's teens are dying for love

By Lén Kalane

Today's teenagers are dying for love - and not just in the usual sense of the word. The AIDS explosion among teenagers is spreading quickly - and silently.

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

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

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

This excludes undetected, but sexually active teenagers roaming the streets of Soweto. Last year's national figure for both infected women and babies stood between 111 687 and 298 529, excluding the TBVC states (the number of babies infected was between 5 412 and 11 259).

KwaZulu accounted for the highest (5.34 percent) percentage of HIV infected women who had given birth, compared to the Transvaal's 2.56 percent and the western Cape's 0.66 percent. All the figures compiled give a national estimate indicating 2.42 percent of women with babies are infected.

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

HIV incidence occurred mostly in the 22-24 age group. A recent study by the UN Development Programme showed that women between 15 and 25 made up about 70 percent of the 3 000 women worldwide who became infected with HIV each day and the 500 women worldwide who died of AIDS each day.

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

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

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

Among the youngest they have had at Bara was a teenagered mother of 15, but the majority were women in the sexually active group of around 25. Last year, says McIntyre, Bara had 190 pregnant women testing HIV positive. Seventy-five percent of them were under 25.

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

By the year 2005 about half-a-million people will have died of AIDS, which will reduce the population growth rate to some 1.8 percent a year. By that time 6.41 million people will be HIV infected, 743 000 sick with AIDS and 525 000 will have died.

In 1991, says the Absa report, 97 000 people were HIV-infected and 1 190 sick' with AIDS, while by 1995 this would have increased to 297 000 infected and 25'000 sick people.
JOHANNESBURG. — The use of the mass media to help curb the growth of Aids has proved to be ineffective so health officials are to use a more personal approach.

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

The department's director of health promotion and Aids prevention, Ms Natalie Stockton, said part of the R6m allocated for this year would go on advertisements and educational television programmes.

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

Meanwhile in the US, Miami officials have announced they are building a jail at Orlando — not far from Disney World — for prisoners dying of Aids.

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

State corrections secretary Mr Harry Singletary said: "This has nothing to do with segregation. It's a quality of life issue for the patients — and an efficiency issue for us."
THE NUM and Chamber of Mines yesterday signed the first industry AIDS agreement which ensured employee rights and international testing standards, and launched comprehensive awareness and education programmes.

Chamber chief negotiator Adrian du Plessis described the educational component as the “heart of the agreement”.

He said the parties had committed themselves to raising worker awareness by education, training and counselling “to create a workplace ethic based on informed and responsible behaviour.”

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

AIDS deal signed by mining industry

NUM assistant general secretary Marcel Golding said the chamber acknowledged workers’ “socioeconomic conditions and the fact they live in hostels” as factors which needed to be addressed when trying to stem the spread of AIDS.

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

Testing would be conducted only if justified on medical grounds and with the union’s consent. Counselling would be given and results would be confidential.
**HIV: No special prison plan**

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

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

The first prison of its kind in the United States, civil libertarians describe the concept as retrograde, a throwback to the days of the leper colony.

Aids is the main cause of death among US prisoners.

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

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

Condoms would not be issued to inmates as it would condone sodomy, which apart from being against the law, went against “religious and ethical” beliefs.
PRETORIA — More than 500 000 people in SA would be HIV-positive by the end of the year, a National Health Department official announced this week.

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

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

It said 1 600 AIDS cases had been officially reported. It was estimated that between 7 000 and 10 000 people were suffering from full-blown AIDS.

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

Wits University's Prof Keith Klugman argued that AIDS was becoming a "disease of the poor, of the less educated".

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

Of these "unbooked mothers" approximately one in 12 was expected to be HIV-positive. The HIV rate for all women attending antenatal clinics was 3.4%, he said.

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

Surveys by Markinor and Focus Qualitative Research found that hostel residents were a high-risk AIDS group, with prostitutes generally having unrestricted access.

Long-distance truck drivers had also contributed to the African AIDS pandemic.
Half million will be HIV-positive

Own Correspondent

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

The Centre for Science Development publication, Bulletin, has reported the results of local surveys making up a nationwide Aids research drive. The department said that about 320,000 people were HIV-infected, with the total expected to reach 550,000 by the year-end.

It said 1,800 Aids cases had been officially reported, and it was estimated that between 7,000 and 10,000 were suffering from "full-blown" Aids.

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

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

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

Surveys found that hostel-dwellers were a high-risk Aids group. Long-distance truck drivers were also high risk. Professionals and student nurses will soon receive special training on how to deal with Aids patients and those infected by HIV, the Department of National Health and Population Development said yesterday.
Crucial AIDS clinic closes

By MEGAN POWER

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

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

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

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

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

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

The Richards Bay town clerk could not be reached for comment.
250 000 could die by 2010

Gloomy HIV-Aids forecast for Soweto

BY ZINGISA MEHUMA

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

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

It is predicted that by 2010, 345 000 residents could be HIV-positive if people do not change their sexual habits, 222 000 if the number of sexual partners decreases, or 119 000 if condoms are used and sexually transmitted diseases are treated successfully.

Challenge

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

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

A spokesman for the Centre for Health Policy said the model showed the significant impact of combining several preventive measures.

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

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

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

Staff Reporter

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

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

The increase is restricted to black and coloured females. No increase was recorded among white females.

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

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

In 1989 there were only 28 cases of Aids being transmitted by heterosexuals, which rose to 495 cases in 1993.
hearts in wake of a dread disease

Alarming bruisesed minds and broken

Living problem

THURSDAY SEPTEMBER 2 1993

TRIUMPH

The Star

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

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

With this in mind, “Let’s Talk About Aids,” was launched at Gugulethu’s Umuntu Centre.

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

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

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

“Misconception needs need to be changed and this is where we see our role,” he points out.

Bango founded the Gugulele Drama Society five years ago.

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

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

Explaining that theme, Bango says: “There are so many children in the townships being abused. We know of a child who had been raped by her uncle. She felt ashamed and yet respected her uncle because of the traditions in the community. She could not tell anyone and had to live with her secret. When she saw our play she realised there were agencies she could go to for protection.

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

Bango is critical of performing arts bodies outside the townships. All funding, he complains, goes to white and coloured companies.

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

“We have approached numerous performing arts councils. All, we get in return are promises — they never deliver. We can't live on promises.”

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

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

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

The four main members of the cast of "Let's Talk About Aids" are Bango, Mandla Buti, Tiny Skifile and Phumlile Narhwele.

○ The cast is available to take the production to schools, clinics and other interested parties can contact the group at 638-5123 extension 16.
Aids education urged

Staff Reporter

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

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

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

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

* Cape Times, Saturday, September 4, 1993

People and additional training needed AIDS workers and nurses.

Nurses need AIDS training.

The study found that nurses
were "desperately needed" for sexual health and public health.

Regulations for developments should be discussed with a Health
Science Research Council.

Nurses have been trained for

Report
ALMOST 3000 Western Cape people have tested HIV positive this year. For July alone, 128 cases were reported. This shows an increase of 32 over the June 1993 figure.
Figures show AIDS hits young black women hard

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

Speaking at a seminar in Hillbrow last week, he said almost 4% of women in the 20 to 24 category were infected with HIV. The next peak was among teenage girls, with 2.87% currently carrying the virus.

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

A recent study at an antenatal clinic in central Johannesburg had shown that 6% of women presenting were infected with the virus, he said, far ahead of the national figure of 2.68%.

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

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

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

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

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

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

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

Chris Mihill

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

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

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

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

Even if all new infections were stopped in their tracks now, total AIDS cases would still quadruple by the year 2000. Almost one in two of newly-infected adults were women. "The number of women acquiring HIV a year cannot be counted in the thousands or even the hundreds of thousands. More than one million women will be infected in 1998."

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

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

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

Given the average 10-year lag between HIV and the onset of AIDS, today's AIDS figures revealed the trend of a decade ago. By now, HIV in American women "must be far more numerous" than AIDS figures showed, and must also be "far more commonly" due to sex.

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

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

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

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

But, said Dr Merson, "women can teach each other about successful ways of manoeuvring to achieve safer sex — and they can be persistent in voicing their opinions on Aids to each other, and to men."
DURBAN — A national health organisation has asked a razor blade manufacturer to stop screening a television advertisement because it could promote the spread of AIDS.

In a letter to the manufacturer, the Occupational Safety and Health Organisation of South Africa yesterday said the Wilkinson Sword advertisement showed a number of men being consecutively shaved with a single blade, which could enhance the spread of AIDS, should cuts occur.

A spokesman for the manufacturer's advertisers said the advertisement used hyperbole and any reasonable person would understand it was meant to show the blade lasted longer.
Razor ad ‘promotes Aids’, say objectors

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

But, the advertisers have refuted this criticism.

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

The organisation said the advertisement showed a number of men being shaved consecutively with a single blade, which could spread Aids.

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

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

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

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

The advertisement also showed the blade being rinsed thoroughly after each shave, he added. — Sapa.
HIV-infected: Schools must meet challenge

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

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

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

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

There was a great need for information on admission policies and safety procedures in schools.
Dr Wendy Points a Finger at Sex Prudery

Weekend Argus, September 18/19 1993
Cosas demands school AIDS education
Condom use is 'only' 10%.

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

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

ANDREA WEISS
Health Reporter

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

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

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

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

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

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

The article quotes Thamsanqa Bonvans, who runs a rape clinic at Baragwanath Hospital, saying that "the fear of contracting HIV is one of the main fears of the patients I see".

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

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

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

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

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

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

Courts

The Argus, Wednesday September 29 1982

(2) Hout 7 1493
SA urged to face economic reality of AIDS

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

At a conference organised by the Planned Parenthood Association of Southern Africa, Sanlam medical advisor Dr Alinus van der Merwe said the company would like to give the best care and support to AIDS victims and their dependants, but the reality of SA's ability to pay would be the determining factor.

"The current negative growth in real gross domestic product must be turned to a positive level before any expectations of treating the increasing number of HIV-infected people can be realised," he said.

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

Staff Reporter

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

Sanlam's medical adviser, Dr Alitas van der Merwe, said although one would like to give the best care and support to Aids victims and their dependants, the reality of South Africa's economic ability to pay for this would unfortunately be the determining factor.

"The current negative growth in real gross domestic product per capita of minus 4.3% must be turned to a positive level before any expectations of treating the increasing number of HIV-infected people can be realised," he said.

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

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

BY ANDREA WEISS

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

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

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

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

At a press briefing, Conant said the life expectancy of patients who developed full-blown Aids had increased from about six months in 1991 to 43 months now.

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

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

Keep going

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

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

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

“If we can keep them working, it makes more sense.”
Sangomas and Westerns join forces

By Musa Zondi

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

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

With the group are children as well.

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

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

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

More than 14 million people in the world are infected with the HIV virus. Of these, 2.5 million have full blown Aids and by the year 2000 there would be 40 million people infected, he says.

"Of the 40 million, 13 million will be women and one in three infected children born of such mothers. Of these, 70 per cent will die within 18 months."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

With 400 new cases of full-blown AIDS reported daily, according to expert Professor John David du Preez , said that all who recognised the symptoms and referred patients for AIDS tests had been 100 percent accurate in their diagnoses.

Mr du Preez said that patients had sexually transmitted diseases, according to Ms Zokwe, and now that they had been taught to look for the symptoms of HIV and AIDS, many realised they had been dealing with infected patients for years.

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

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

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

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

BY MOKONE MOLETE
SOWETO BUREAU

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

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

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

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

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

However, in the staff at Bethesda Khotso has found a new family. "I know we cannot be a substitute for natural parents, but children like Khotso need to belong. They need to be loved and cuddled just like any other child," said Jwili.

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

Bethesda is the first home of its kind in the country. It was opened with funding from the Rotary Club in Johannesburg. It accepts children with the AIDS virus — of all denominations — who have either been abandoned, or whose mothers are too ill to look after them or have themselves died after contracting the virus.

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

According to World Health Organisation predictions there will be more than 10 million AIDS orphans in sub-Saharan Africa by 2000.
Aids series for teens starts soon

Staff Reporter

THE Aids education chat show, Love Life, is billed by the SABC as the most adventurous and frank teen-age sex programme to date.

The Cape Times previewed two episodes of the 13-part series yesterday. One was devoted to the topic of peer pressure.

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

Mr Greyling co-hosts the programme.

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

Latest statistics reveal that 1,803 South Africans have full-blown Aids, while 322,000 are HIV-positive.
The love life of the SA teen — on SABC

ANDREA WEISS
Health Reporter

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

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

His co-host is entertainer Caroline Fassie.

An estimated 2.5 million viewers should be reached by the time the show has run its course on TV1, CCV and TSS. The first episode will be screened on October 17.

Now living in Stellenbosch, Christo, a haemophiliac, tested HIV-positive in 1987. This did not deter his fiancée Liesel from marrying him.

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

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

At a preview this week, he said many questions posed in the series came out of talks he had given — and some spontaneous ones popped up from the show's teenage actors.

Topics covered include encouraging safer sex and explaining HIV infection.

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

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

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

Citing a specific example of a senior manager who regularly avoided discussions on the subject, she said when he was faced with an infected person who had the courage to disclose and communicate, the manager was "typically shocked."

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

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

"Aids does not discriminate so we cannot allow industry to do so," Aids prevention programmes were essential, she said.
There is no choice for Sophie

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

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

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

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

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

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

"How would I tell my partner? Would he blame me? I kept asking myself."

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

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

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

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

The thought of death does not occupy her mind. "You don’t know how you are going to die anyway," she says philosophically.

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

Sophie has a message for young people. "Aids really exists. Young people must know about the disease. They must also accept that for now, the only way to avoid Aids is to use condoms if they cannot abstain," she says.

She would like to have owned a house one day and live with her family. But for now, at only 32, she has to take one day at a time. "That way, maybe I can live just a bit longer," she says.

She is not bitter at the man who passed on the virus to her. Now she knows it can happen to anyone. This was not Sophie’s choice but it is her fate and she has learned to live with it.
Boost for Aids education

By Quentin Wilson

AIDS education in Southern Africa received a boost last week when insurance giant, Sanlam, handed over R50,000 to help finance "Aids Scan", an AIDS awareness publication issued by the Planned Parent Association of South Africa.

"Aids Scan", the only review publication on AIDS in South Africa, is also to be disseminated in Malawi, Mozambique and Zimbabwe.

Sanlam medical advisor, Dr. Althus van der Merwe, who handed over the cheque in Cape Town last Wednesday, warned that South Africa would not be able to cope with the epidemic unless the country's economy improved.

"While we would like to give the best possible care and support to unfortunate AIDS victims and their dependants, the reality of South Africa's economic ability to pay for all this will unfortunately be the determining factor," Van der Merwe said.

He argued that there would have to be a positive level of economic growth before any expectations of treating the increasing numbers of HIV-infected people could be realised.

Estimating that there would be four million infected people in South Africa by 2000, Van der Merwe said the country would have to develop its own standards and criteria with respect to Aids.

"As long as we ignore economic reality or pretend the financial constraints do not exist, it will remain impossible to find workable solutions for the Aids problem and the related issues," he said.
Aids: increasing within marriages

Staff Reporter

THE South African insurance industry has reported a disproportionate increase in the number of AIDS-related claims received from married people — a rise of 60% in the last six months.

A report in the latest Sanlam AIDS Scan states that married people now make up 40% of all AIDS-related insurance claims, reflecting the escalating heterosexual spread of the disease in South Africa.
Teachers with Aids to keep jobs

Staff Reporter

TEACHERS with Aids, or who are HIV-positive, must be allowed to continue teaching until they are no longer capable of doing so, and school children with the disease must be admitted to schools.

This is the message in new guidelines for school principals on dealing with teachers or pupils with Aids, issued by the House of Representatives Education Department.

Director of Special Services for the House of Representatives, psychologist Mr Robbie Francis, said yesterday: “We are taking a pro-active approach to inform principals on what should be done when a pupil or teacher with the HIV virus or Aids is enrolled.”

Mr Francis emphasised that the knowledge that a person had Aids was legally confidential, and “teachers with the disease must be treated as though they have any other disease.”

Teachers with Aids would be allowed to teach until they were physically incapable of doing so, Mr Francis said.

“Principals cannot refuse to admit children with Aids to schools”, he added.

The policy was drawn up in conjunction with the Department of National Education, Western Province Blood Transfusion service, the Aids training centre, and other legal and medical professionals.

Schools notified

Mr Francis added that teachers’ unions such as the South African Democratic Teachers’ Union (Sadtu) had reacted positively to the policy.

The guidelines are being sent to schools in time for next year’s first term.

Mr Francis said “principals would be upset if they read the policy in the papers, but it will be available to the public once all the schools have it.”
Herbalists, doctors guard over 'cure for AIDS'
Refuge of peace and joy for the forgotten

Khotso is a beautiful little boy with big brown eyes which light up when you say his name. His gap-toothed smile makes you laugh, yet not even his mother wants him. She ran away from Schoekeng Hospital after learning she had given her baby AIDS.

Earlier this year another little girl was found wandering on a Natal beach, abandoned by her family, presumably because she was HIV positive.

Both are just two of the increasing number of AIDS babies being abandoned by their families. Sensing the need to care for the increasing number of such children, the Salvation Army raised the funds and initiated a project to establish a matriculat home in Soweto for abandoned children of HIV-positive mothers. The first patient arrived on Peace Day last month and the nurse named him Khotso - which means peace.

Abandoned

The lively, gurgling little boy, who demands kisses and cuddles from everyone - will die within three years. "Khotso's mother never knew what a beautiful child she had," said Salvation Army Captain Lenah Julii, director of the Bethesda House for AIDS orphans.

Bethesda has accommodation for 12 pregnant women arriving for care who were infected with the virus.

Dr Clive Evans said: "More and more babies are being born with HIV. The virus that causes AIDS. And most of these babies will die before they are two."

Education is the key to the success of the Salvation Army's care programme. "When the virus is in the family, are you going to check on your children, your wife, your husband?"

"These children are innocent, one can't just throw them away. My dream is that the whole community should be informed because this virus is going to attack each and every one."

The Salvation Army's first priority is to return the child back to the family or foster parents. If this is not possible, the Salvation Army has a creche on site as well as other facilities for older children, including a school.

Spraying:

Salvation Army public relations officer Major Denis Lucas said someone had to start the ball rolling. "We can't afford to wait for the State to do something. This home is an experiment, but the need is so great. In Zambia we are finding villages with only children left. All the adults have died of AIDS. It could happen here... the disease is spreading rapidly. We are trying to offer a place of love and care for these children, knowing that the hospital's can't possibly cope in the future. The problem is too big."

Julii wipes away a tear as she talks about her AIDS child: "When you see a child as healthy-looking as little Khotso is now, it is very painful to know that he won't live much longer. I adore him. It's so sad, and it will be very hard to deal with his death."

HIV-positive babies. Four more abandoned HIV-positive children are expected to arrive shortly from the Zokwe "place of safety" in Durban.

"These children don't have a sense of belonging, so we must give them all the love and care we can. Khotso has six mothers here at Bethesda, he is very spoilt," Julii said.

Government research on AIDS has shown that women between the ages of 20 and 24 have been the hardest hit by the epidemic in South Africa, Johannesburg City Council AIDS centre director Dr Clive Evans told a Hillbrow seminar recently.

The next peak was among teenage girls, with almost 60 percent currently carrying the virus. The problem is compounded by the fact that women in this category are more likely to fall pregnant than older women and pass the infection on to their babies - the chances of a mother transmitting the virus to her child being about 10 percent.

A recent study at the Johannesburg antenatal clinic also showed that 12 percent of pregnant women arriving for care were infected with the virus.
Peace and forgotten

UNWANTED, BUT LOVED: Baby Khotso, abandoned by his mother after learning she had given her child AIDS. He will probably die within three years.

Photograph: NATASHA PINCUS
SADF steps up AIDS education in Natal

GREG KNOWLER
Weekend Argus Correspondent

DURBAN. — The South African Defence Force is stepping up its AIDS awareness campaign among Zululand troops amid fears that the disease is rapidly spreading south from Mozambique.

In a recent screening of 600 applicants to the KwaZulu Police in Empangeni, a Durban laboratory tested 54 as HIV positive.

A doctor involved in the testing estimated that the number of people infected with the virus would increase the closer one came to the Mozambique border.

A doctor working at a clinic in Zululand said one in three of the soldiers he treated for sexually transmitted diseases was HIV positive.

"It is horrific what is really happening and the government is not prepared to discuss the problem," the doctor said.

He estimated that 8 percent of the population in the Mataluba area, mainly those in 18 to 28 age groups, was HIV positive and this was developing into "a massive problem".

"The SADF Medical Service has stepped up its AIDS awareness campaign, which began in 1988."

Medical staff director of the SADF Medical Service, Ken Ingham, was reluctant to give exact figures of HIV positive cases in affected units in Zululand, but said they were not as high as those in the surrounding population.

Brigadier Ingham said soldiers had limited access to the public, usually only on weekend passes, and this was why the number of HIV soldiers was lower than in the surrounding population.

"That's because soldiers get AIDS from civilians, not from other soldiers," Brigadier Ingham said.

He said the campaign was working better in the army than in the community because "no-one can force members of the public to listen".

Northern Zululand is recognized by AIDS researchers as "one of the worst areas in the country" and the HIV virus is spreading rapidly. Doctors say there is a lot of cross-border movement between South Africa and Mozambique and the virus is being brought south. It is critical to halt
Managing Aids in workplace

SHARON SOROUR
Labour Reporter

AIDS in the workplace forced managers to achieve a delicate balance between the compelling needs of the sick or dying and the legitimate needs of a company, the annual convention of the Institute of Personnel Management has heard.

Managing employees who were HIV-positive or who had full-blown AIDS was not a clear-cut issue, workplace consultant Jenni Gillies told delegates at the IPM’s 37th annual convention at Sun City today.

Aids in theory was very different from AIDS in practice.

"It seems many issues can be managed relatively easily when the individual is HIV-positive, but remains in good health and there are no problems of deterioration in productivity or work performance. "The problems arising at this stage tend to be related to fear of infection, even where education to the contrary has taken place, and the result is discrimination against or rejection of infected individuals," said Ms Gillies.

At present, the number of HIV-positive employees and those with AIDS was small, with managers having to deal mostly with individuals.

It was therefore easier to stick to accepted managerial practices of confidentiality, equity and accommodation.

"In the not too distant future, when managers are having to deal with several infected employees, things will be complicated."

The real challenge was managing employees in the advanced stages of AIDS, when performance and attendance issues could not be ignored, and confidentiality would have been jeopardised by gossip and rumours.

Managers who had found themselves in that position felt that in trying to achieve the balance between meeting the needs of the individual and addressing organisational issues, both were "short-changed" in the process.

"Most struggled with the conflict between compassion and organisational efficiency and felt ill-equipped to deal with the emotional response which an incurable disease engenders in us all," said Ms Gillies.

Managers also encountered reluctance on the part of the sick employees to recognise how far their health had deteriorated.

She said the education efforts of companies should address directly and repeatedly attitudes and responses towards HIV-positive employees, going beyond the dissemination of information only.
Landmark judgment in Aids case

Gaye Davis

PEOPLE with Aids and HIV have had their rights to privacy endorsed by the highest court in the land. Doctors will now think twice before disclosing a patient's Aids or HIV status to anyone other than health workers directly involved in their care, and then not before first consulting the patient.

These are the implications of a landmark judgment in the Appellate Division last week.

Overturining a Rand Supreme Court decision, five judges ruled that Brakpan general practitioner Dr Matthias Kruger wrongfully breached patient-doctor confidentiality when he told another doctor and a dentist over a game of golf that one of his patients, Barry McGreary, had HIV.

Kruger, who now faces possible disciplinary action by the South African Medical and Dental Council (SAMDC), had only the day before promised McGreary he would treat his condition as confidential.

Word soon spread. McGreary died before his claim for damages against

Kruger could be concluded, but his lawyers, acting on instructions he left in his will, went ahead — arguing that the stress he suffered as a result of the disclosure hastened his death.

Edwin Cameron, of the Centre for Applied Legal Studies at the University of the Witwatersrand, said this week a crucial aspect of the judgment was that it upheld the Aids lobby's argument that a doctor's duty to honour patient-doctor confidentiality was especially important where people with Aids and HIV were concerned because of the social stigma attached to the conditions.

The judgment — the first to deal with Aids and the question of confidentiality — also accepted medical evidence that unauthorised disclosure and anxiety and depression resulting from this can worsen the condition of people with Aids and HIV.

"Most importantly," said Cameron, "the judgment is a judicialisation of SAMDC guidelines on treating people with Aids and HIV. It upholds patients' rights to doctors carrying out their ethical and professional obligations to them, which is absolutely critical.

"It means doctors will now, on pain of civil suit, have to comply with the SAMDC guidelines."

In terms of the guidelines, only health care workers directly concerned with the care of HIV and Aids patients can be informed of a patient's condition — but the patient must first be informed.

"Many doctors regarded Aids as so horrific that they deemed those affected by it as not entitled to elementary medical courtesies such as confidentiality," Cameron said.

But while the judgment endorses patients' rights to confidentiality, it went further, ruling that confidentiality was also in the public interest: unless they were confident in their doctors' commitment to confidentiality, patients were unlikely to go for help.

Said Cameron: "By endorsing the community's interest in confidentiality being enforced, it encourages people with HIV or Aids to come forward, discuss it and receive counselling and treatment."
‘Tackle Aids before it’s too late’

BY SHIRLEY WOODGATE

South Africa stands on the brink of an Aids disaster which could kill a large chunk of the country’s economically active population by the turn of the century.

But despite the horror of the situation, there is appalling nationwide apathy, according to Dr Keith Heimann, National Council for Child and Family Welfare management committee member and head of the Aids and adoption committees.

"We can expect up to 12 million people to die of the disease within 10 years," he said.

We already have nearly 4,000 Aids orphans. Next year the figure could soar to 32,000 and by the year 2000 we could have between 500,000 and 3 million children who have lost both parents from Aids.

"Aids attacks the 15 to 55-year group — the cream of the workforce and prospective parents of the next generation.

"Unless we act now by planning, educating and providing, thousands of children, mostly black, will have to resort to the streets," Heimann warned.

A major problem in caring for Aids orphans was the poverty of rural people and disintegration of the extended family.

"We have watched this drama unfold locally for the past eight years. Now we must learn from the lessons of Africa, where Aids has wiped out entire villages.

"In South Africa we will see the death toll rise from next year. Then it will be too late to start planning for Aids orphans," he warned.

South Africans without hope — Page 3
Red light clue on Aids

LONDON. — The discovery of a small group of Kenyan women thought to be naturally immune to the AIDS virus may provide clues to the development of a vaccine, scientists said yesterday.

University of Nairobi researchers have identified at least 25 women prostitutes who appear to be immune to HIV. Other cases have been found in Bangkok and in Gambia.

Though most clients use condoms, the women say they have had unprotected sex with infected men up to about 30 times a year.

Researchers investigating the possibility that the women are naturally immune to the virus believe the explanation may lie in a group of molecules called the HLA system that help the immune system recognise foreign tissue and mount a response against invaders.

Professor Andrew McMichael of the Institute of Molecular Medicine in Oxford said scientists had long thought "it would be more informative to work on those resistant to infection than on those infected."
Increase in AIDS deaths predicted in next decade

PRETORIA — As many as 200,000 people could die of AIDS in SA by the year 2000, National AIDS Research Programme head Malcolm Steinberg said yesterday.

Steinberg told social workers at an AIDS conference the cycle of the pandemic was such that fatalities would greatly accelerate in the next decade.

The National Health Department had estimated that 322,000 people were HIV-positive by the end of 1992.

Population Development and Social Welfare deputy director-general Boet Schoeman told the conference that according to World Health Organisation estimates, almost half of all newly infected adults were women.

Wits University School of Social Work lecturer Ronald Woods said social workers had to work against the prejudice and discrimination often suffered by those who were HIV-positive.

Meanwhile, the large-scale neglect of the welfare sector, coupled with an inequitable distribution of resources, had forced the sector to call a national social welfare summit next weekend, a spokesman for the organisers said yesterday.

"Welfare organisations have decided not to allow the state to enforce its own policy unilaterally," he said.
AIDS top killer of young US men

The Argus, Friday, October 29 1993

INTERNATIONAL

After accident on Zambezi

ROBERT HOUNING, Staff Reporter

Victoria Falls, A.C.

Firmin said later: "We flipped at rapid
No which he would

Men rate
Nairobi — More than 14 million people are now infected with the HIV virus, said the World Health Organisation.

About 3.8 million of these had developed Aids and the number would quadruple by the year 2000, said a WHO study.

In sub-Saharan Africa, HIV-infected women outnumbered men by six to five. More than a million women were infected this year alone and, as a result, a million infants were HIV-positive.

— Star Africa Service.
Plea for condom vending machines in workplace canteens

SHARON SOLOUR, Labour Reporter

CONDOMS should be available in workplace canteens and health clinics or via vending machines or worker representatives, according to Aids authority Clive Evian.

In an article in the latest Seifia Nowastaken from Dr Evian's book "Aids in the workplace in Southern Africa", if vending machines are used, they must be in areas frequented by management and other higher-skilled categories of staff.

"It may be cost-effective in the long term to provide condoms freely or at minimal cost to the employee," he said.

Aids should be regarded as a chronic life-threatening diseases and policies regarding benefits and restrictions should be in line with those for similar life-threatening conditions like severe hypertension, emphysema, diabetes, cancers, chronic kidney, liver, heart or brain conditions.

Employees with Aids should therefore be managed like those with other serious or life-threatening conditions.

Screening for HIV infection alone was considered discriminatory.

An employee's medical diagnosis was a private matter.

"A medical doctor may not inform an employer of a patient's medical diagnosis without the patient's consent. In some circumstances, an employer may need to know medical details to make decisions about the employee.

"The employee's doctor should then be consulted with the employee's consent, regarding the present and future fitness of the employee."

However, the "definitive" diagnosis did not need to be divulged for this information.

An employee should have the choice whether to divulge his medical diagnosis to his employer.

An employer was not entitled to dismiss an employee who was still capable of performing his occupational duties satisfactorily merely because of the presence of HIV infection. "HIV employees are generally fit and well and do not pose a threat to other employees. They can therefore perform their normal work duties."
Aids-cure advert debunked

Victims warned of humbug

Desperate victims of fatal diseases, including Aids and cancer, have been thrown what seemed to be a lifeline — but their hopes have been dashed.

LIBBY PEACOCK
Weekend Argus Reporter

THE Department of National Health and Population Development has warned the public against “bogus advertisements claiming to have a cure for Aids”.

This followed an advertisement in Cape Town daily newspapers which publicised “cures for Aids, HIV, cancer and other serious illnesses”.

For information about the “Peruvian herbalist clinic treatments” people could send R50 to a Rondebosch address.

The department said in a statement to Weekend Argus: “As more people become HIV-infected, and an increasing numbers of people with Aids begin to die, unscrupulous people may take advantage of the situation.”

“The department warns the public not to be misled. There is as yet no vaccine or cure for HIV or Aids, nor will there be in the short term.”

Weekend Argus traced the Rondebosch address and met Len Stevens, who placed the advertisement.

He said his function was “to act as a travel and booking agent” for the

Anaconda Lara Lodge, a clinic in the Peruvian jungle.

The “cure” for Aids consisted of a combination of 72 different herbs. A naturist doctor, Maestro Alberto, ran the clinic and monitored and altered the blends of herbs.

Mr Stevens, who said he ran Dale Carnegie training courses until he retired two years ago, said he was “still getting used to the idea” that there was a cure for Aids, but he believed it was true as his information came from a “good, dear old friend”, Peter Schneider, who had a family business in South America and ran a television chat show in Peru.

Six people — four HIV positive and two with full-blown Aids — had been cured at the clinic, he claimed.

“One guy had 30 days to live. He was terminal. It takes three months to cure Aids and six weeks to cure HIV.”

Mr Stevens said that after his advertisement appeared “the heavens fell in” on him.

“Mr Mader from the Department of Health telephoned and said people had complained. We had a most congenial discussion regarding the pitfalls of advertising.”

“He said one cannot claim cures unless vetted by the department. He told me to contact Mrs Fransman, who works in the area of Aids. They’ll work on verifying it. I’m happy.”

But the department said: “Derek Mader of this office informed Mr Stevens that he is advertising an unregistered medicine which is a contravention of Act 101/1965 and that he had to stop any further advertisements.”
HIV threat means limit on donors

STAFF REPORTER

The SA Blood Transfusion Service (SABTS) said yesterday that, service was not seeking to limit donations to whites and Asians, but would have to identify low-risk groups in the black community to ensure that blood was HIV-free.

Reacting to a Sunday newspaper report saying the SABTS might soon accept blood from whites and Asians only, the service’s head, Professor Anton Heyns, said although about one in 79 black male donors and one in 60 black women donors had tested HIV-positive, it was important to remember that only about 8 percent of all black people donated blood.

"We need to identify low-risk groups in the black community, for example boys aged between 16 and 19. Regular donors and older people are also acceptable donors," he said.

However, he said the service might have to limit donations to whites and Asians in future because of the "window period" — a period of about eight weeks when the virus does not show up in tests.

"It is not our policy to exclude blacks, but we aim to ensure that the blood we provide is as safe as possible," he said.

He said black women were the safest donors, with one out of every 45,000 testing HIV positive.

Contamination

National AIDS Training and Outreach Programme director Dr Ruben Sher said it was unfortunate that certain groups could not be bled because of the fear of contamination.

"Two in every 100 blood donors will have to be turned away because of the danger of AIDS, which limits the number of donors," he said.
Outcry over blood donor exclusions

KATHRYN STRACHAN

THE SA Blood Transfusion Service's announcement that it would soon be forced to exclude all but a select group of black donors to keep blood products AIDS-free has sparked an outcry among health organisations.

National Education, Health and Allied Workers Union (Nehawu) secretary general Phillip Dexter yesterday labelling the statement 'racist and insensitive'.

The service told the Sunday Times that as one in 79 black men and one in 60 black women tested positive for HIV, they would soon reach a stage when it would have to consider whether or not to use blood from black donors.

The head of the service, Prof Anthon Heyns, who is chairman of the AIDS Advisory Committee, said they may be forced to take this route in about a year, and the major challenge was to identify low-risk groups in the black community.

While every unit of blood was tested for HIV, the "window period" when the virus did not appear in tests made careful donor selection imperative.

However, Dexter said the "irresponsible and appalling" handling of the issue by the blood transfusion service indicated the need to transform the health services.

He said the statistics needed to be analysed in their socioeconomic context. AIDS was a disease of poverty, he said.

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Blood

SA Health and Social Services Organisation spokesmen Dr Asiaam Dassoo said his organisation was "baffled and stunned" by the report which was charged with racism. The matter would be raised at the National Health Forum.

The service had used "spurious" figures, deduced from a small number of black people who donated blood, to discriminate against black people in general, he said.

There were far more effective ways of assessing whether people were at risk without having to resort to racially-based discrimination, said Dassoo, adding that the category most at risk, drug users, were to be found in the white community.

Johannesburg medical officer of health Dr Nicky Padyachy said the statement stigmatised black people.

The response showed the need for AIDS to be taken more seriously, and for intensive education on the subject at every level, he said.

Heyns said yesterday the statement was not intended to be racist: "It is not a question of race, the challenge is to find low-risk donors in every group. We have to keep on trying. If we look at the figures it is impossible to think whites and Asians can supply blood to the whole population."

He said the service had targeted black schools as part of its campaign to identify low-risk groups. Potential donors at clinics and schools were given lectures on HIV and asked to exclude themselves if they considered themselves to be at risk.

The ANC's health department said the statement was "racial discrimination dressed up as pseudo-scientific facts".
Race bias in blood donors 'unlikely'

Staff Reporter

MOST of the small number of would-be Western Cape blood donors who had tested HIV-positive were black, a local blood transfusion official said yesterday.

However, it was highly unlikely the Western Province Blood Transfusion Service would ever use race as a criterion for accepting potential donors, said the service's medical director, Dr Arthur Bird.

He was responding to a report that the SA Blood Transfusion Service may refuse blood from all but selected black donors as so many had allegedly tested HIV-positive.

The SA Health and Social Services Organisation yesterday condemned this as racist and based on spurious figures.

Dr Bird said HIV prevalence was not a racial issue. "When we talk about donors in general, we keep race out of it—we refer to high and low risk groups."

Dr Bird said epidemiological studies often used race as a marker, but other criteria could be used, such as, the number of sexual partners a donor had had in a certain period, or socio-economic or geographic factors.

He said more than 90% of the Western Cape's blood donor base of about 55 000 was white and coloured, for historical and demographic reasons.

Dr Bird said while it was true most HIV-positive cases over the past three years had been among black potential donors, this was of no significance.

"The profile you have is socio-economic. The people who tend to be safer are those near the top of the pyramid," he said.
Blacks and Aids

BLOOD banks in South Africa may soon be forced to accept blood only from Indians and whites as most black donors were infected with the Aids virus.

The Sunday Times yesterday reported that the South African Blood Transfusion Service had admitted that it could be forced to adopt a policy that would effectively exclude all but a select group of black donors in order to keep South Africa's blood products Aids-free.

The newspaper quoted the SABTS as saying that one in 79 black men and one in 60 black women tested as potential donors were HIV positive.

When the HIV tests were introduced at blood donor clinics seven years ago, the figure was one in 4 200 black people.
TPA may withdraw staff after two deaths

THE Transvaal Provincial Administration (TPA) is considering withdrawing staff working in unrest areas following the deaths of two employees last week.

A surveyor was shot dead on Friday while measuring a new cemetery near Kablehoek, and one man was killed and another injured in an ambush while delivering pensions in the eastern Transvaal.

TPA administrator Danie Hough said the provincial authority would have to reconsider conditions under which it provided services where there was a risk to staff.

He said it was shocking that officials had to pay with their lives while providing essential services to disadvantaged communities. Employees could not be forced to render such services if they were putting their lives on the line, he said.

Hough said the TPA would draw up new guidelines and look for other options, which could include hiring private security firms to protect employees. But this would be expensive and would not be a guarantee against further loss of life, he said.

TPA deputy director-general of community health Jan Opperman said the provincial authority planned to buy several hundred bulletproof vests for employees.

Criminal elements were deliberately clogging sewerage systems by dropping objects like car engines in the works. They were also digging ditches across roads, "turning the area into a war zone", he said.

SA blood ‘among world’s safest’

SA blood transfusion services were at the forefront of worldwide efforts to provide HIV-free blood, SA Blood Transfusion Service head Prof Anthon Heyns said yesterday.

He said SA blood products were among the safest in the world because the policy of not paying blood donors had ensured that donors were more responsible about disclosing behaviour which could place them at risk of contracting AIDS.

Saps reports the transfusion service said it had no plans to reduce the number of black blood donors.

Heyns said the service's main concern was to ensure donors were of low risk in terms of disease.

The SABTS is at the centre of a media storm after its announcement at the weekend that it could soon be forced to stop accepting blood from blacks because of the high incidence of HIV infection among black donors.
Row brews over AIDS vaccine trials in developing countries

LARGE-SCALE trials of AIDS vaccines are to begin in the new year, but controversy is growing over the decision by researchers to choose developing countries for the experiment.

Critics call it "safari research": medical research conducted in poor countries by scientists and pharmaceutical companies from rich countries because it is cheaper and easier; fewer questions are asked about safety and ethics; and where the profits rarely benefit the countries in which the research was undertaken.

AIDS vaccine testing raises important ethical questions, particularly about whether test subjects will be able to give informed consent to take part. There is also the danger that people taking part will suffer the same stigma as those who are infected with HIV, and that participation in a trial may prevent a subsequent effective vaccine from working.

There is also the question of cost. Even if poor countries help to test vaccines, will they be able to afford them when a successful vaccine is finally available? This has not been the case with the hepatitis B vaccine, which is still too expensive for use in many developing countries.

The search for a vaccine has been the most elusive aspect of AIDS research in the past decade and many scientists acknowledge that a vaccine is still many years away.

KATHRYN STRACHAN
Most of the different types of vaccine on trial are based on genetically engineered forms of HIV's protein coat. So far, 15 candidate vaccines have undergone limited tests. The first large-scale trial of an AIDS vaccine will begin in Thailand soon. In a joint project with the US army, the vaccine will be tested on Thai military recruits.

The World Health Organisation is working with four developing countries, and the US National Institute of Allergy and Infectious Diseases with nine developing countries, to create the infrastructure for large-scale AIDS vaccine trials.

Trials are planned for Brazil, Haiti, Zimbabwe, Uganda, Malawi, Rwanda, Kenya, India and Thailand.

Jose Esparza, head of vaccine development at WHO's Global Programme on AIDS said in a Panos WorldAIDS document there were a number of ethical imperatives behind AIDS vaccine trials in the developing world. Heading the list was that the need for an AIDS vaccine was greatest in developing countries.

"There's no guarantee that a vaccine developed and tested in the US or Europe would be appropriate for use in developing countries," he said.

There are also scientific and epidemiological arguments for testing candidate AIDS vaccines in developing countries. Vaccines need to be tested in communities where there is a high rate of new HIV infections.

Many on the WHO AIDS vaccine steering committee argue that such high rates of new infection mainly exist in developing countries, making them the only place where the trials can be carried out.

A high rate of HIV infections also means that a smaller sample size is needed — for a shorter period of time — to determine whether or not a vaccine prevents infection with HIV. This has a direct bearing on the cost of conducting trials which, although rarely discussed, is an important factor in choosing developing countries for trials.

Other factors include the ease of assembling appropriate subjects and the relatively low trial cost because of typically low wages.

But scientists in developing countries believe participating in the trials will produce substantial benefits, aside from a possible vaccine.

"Uganda is benefiting scientifically and in terms of the infrastructure," Ugandan AIDS Commission director-general Manuel Pinto said in the WorldAIDS document. "Most importantly, Ugandan scientists and doctors are benefiting from advanced knowledge and advanced technology," he said.
Opposition to possibility of ban on black donors

Blood debate hots up

By LEE-ANN ALFREDS

The announcement by the South African Blood Transfusion Service (SABTS) that it might soon have to accept blood only from whites and Asians because of the high incidence of the HIV virus among black donors has drawn mixed reaction from major political parties canvassed.

While the ANC and the DP expressed shock at the weekend statement, the CP said it supported any scientific findings and decisions on the matter.

Confidential

In a statement issued yesterday, the ANC condemned what it called "moves to classify potential donors by the colour of their skins".

Nelson Mandela's party said any policy or statement that stigmatised people as being high or low-risk purely on the basis of their skin colour was extremely shortsighted.

"This is likely to do incalculable harm to efforts to combat the spread of HIV and AIDS in South Africa.

"The ANC believes that a blood transfusion service should focus on individuals and not on groups," said the statement.

The organisation would not support a service that used confidential questionnaires to screen potential blood donors.

ANC and DP slam statement that, because of Aids threat, only blood from whites and Indians might be used in future

The DP also expressed concern that the question of race was being brought into the issue of donating blood.

"Although the DP accepts that blood needs to be tested, we find it unacceptable that a racial slur should be brought into something that is so highly provocative," said Mike Ellis, the party's chief health spokesman.

However, CP health spokesman Dr Herbolit Pauw said it was clear that the aim of the SABTS was to make blood as safe as possible for both blacks and whites.

"If you make a mistake, you kill somebody, and that person could be white or black.

"I am satisfied that the SABTS would not take a decision that is not based on scientific data," Pauw said.

The National Party could not be reached for comment on the matter.
Risk in trials for Aids vaccines

BULAWAYO. — High-risk trials of possible Aids vaccines will be started next year on a large scale in nine developing countries, including Zimbabwe.

The experiments will be conducted separately by the World Health Organisation and the United States-based National Institute of Allergy and Infectious Diseases (Niaid).

According to the November issue of Aids Briefing there was a high risk of some participating individuals contracting the HIV virus because trials would be carried out on HIV/AIDS carriers as well as non-carriers.

The paper, which is published by the British-based Global Environmental Organisation, said WHO would begin tests next year in Brazil, Rwanda, Thailand and Uganda.

Niaid will work in Haiti, India, Kenya, Malawi, Rwanda, Thailand, Uganda and Zimbabwe.

Aids Briefing said the trials differed from two previous phases of Aids vaccine experiments in that they sought "to protect HIV-negative individuals from infection, to prevent disease progressing in HIV-positive individuals and to reduce the transmissibility of the HIV virus". — Sapa.
Aids orphans: Zim figures up

MUTARE - Conservative estimates put the number of Aids orphans in Zimbabwe at 600,000 within the next six years, a senior government official said at the opening of a three-day national conference on Aids orphans this week.

Acting Department of Social Welfare director Mr Anselm Mukwewa told delegates residential institutions for orphans were already full.

*Uganda has asked international donors for $540 million (about R1 830m) to fight Aids.*

*Sapa-AF 12*
'Act to stop Aids'

By Mokgadi Pela

The future government should take AIDS seriously if a holocaust was to be avoided, according to an expert on the disease.

In an interview with Sowetan, the director of the National AIDS Training and Outreach Programme, Professor Ruben Sher, said there was no need for complacency in the fight against the disease.

Sher suggested several guidelines for whoever comes into power, be it the Freedom Alliance, Azapo, ANC, National Party or Democratic Party. His programme includes:

- Changing the pattern of migrant labour.
- Decriminalising prostitution and homosexuality.
- Putting greater emphasis on sexual and AIDS education in schools.
- Involving senior government ministers in AIDS education.
- Establishing a data collection system for HIV and AIDS.
- Ensuring non-discriminatory practices for people with AIDS.
- Commissioning people to investigate pre-employment testing because those found to be HIV-positive usually do not get jobs.
- Urging the Government to investigate drugs such as AZT to HIV-positive patients in order to enable them to lead more manageable lives.
Unions ‘must address AIDS issue’

TRADE unions needed to devote more time and resources to workplace AIDS education and persuading employers to sign AIDS agreements, the Workplace Information Group says. 

Writing in the latest Critical Health newsletter, the group said it realised unions had limited resources and enormous educational needs, but believed the lack of AIDS awareness needed to be urgently redressed.

Cosatu and Nactu unions were involved in discussions in forums like the National Economic Forum, but had largely rejected health and safety issues.

The group acknowledged that massive resources were required to implement comprehensive AIDS awareness training.

ANC branches name

Winnie, Slovo, Mokaba

FORMER PAC deputy president Dikgang Moceke, Winnie Mandela and Asapo spokesman Kgome were among the people ANC branches in the PWV area nominated for Parliament at the weekend.

ANC Pretoria sub-region spokesmen said they had concluded nominations. The names would be sent to the ANC PWV regional office today. The ANC requires 156 people for the national assembly and regional legislature.

Nominees included ANC Youth League president Peter Mokaba, Matthew Phosa, Femu Maduna, Aziz Pahad, Sam Motsueyane, Sidney Mufamadi and Joe Slovo.

ANC spokesman Carl Niehaus said his organisation would have no problem with people nominated by the ANC, SACP and Cosatu alliance even if nominees did not belong to ANC. He said that whoever stood for the ANC would be expected to work under the ANC’s leadership and implement the organisation’s election manifesto.

The names would be presented to an national list conference in December, ANC PWV region secretary general Paul Mashatile said.

Fifty-six people would be nominated for the positions of regional representatives to the national assembly and 100 for regional legislatures and the national assembly.
500 HIV infections each day

About 450 000 South Africans will be infected with HIV by this year’s World AIDS Day on December 1, according to Dr Clive Evian of the Johannesburg City Council’s AIDS Information and Support Centre.

There were about 500 new infections every day, he said.

“At the same time last year we had half this number of people infected, and by next year the numbers of infected people will equal the population of the city of Johannesburg,” he said.

The city council has organised three events to mark World AIDS Day.

On December 1, it will hand over an old municipal bus to the Meadowlands Planned Parenthood Association.

The bus will serve as a family planning centre, which will also provide information about AIDS.

AIDS awareness will be the theme of a lunch-time Safer Sex seminar for all council workers on December 2. The main event is a Time to Act symposium on December 3 at the University of the Witwatersrand.
Hospital’s 55 monthly HIV cases

FIFTY-FIVE people are found to be HIV-positive every month at Hillbrow Hospital. Soweto

Soweto obtained these shocking statistics during a visit to the hospital last week. Sister Pauline Vunandla of the Infection Control Unit said the virus was winning the race against time.

She attributed this to the refusal by many to accept AIDS as a reality.

According to the department of National Health, about 500 South Africans contract the HIV virus daily.

Mr Siegfried Abrahamse, a volunteer counsellor, said there was a growing link between HIV and tuberculosis—a factor resulting from poor socio-economic conditions.

Vunandla and Abrahamse called on the interim government to give serious attention to primary health care, housing and education. They called for the introduction of sex education in schools.

The clinic offers free counselling to patients from Soweto, Kolatejongo and surrounding areas as well as referrals from companies.

The clinic offers treatment for opportunistic diseases which take advantage of one’s weakened immune system.
Death penalty: ‘ANC has double standards’

THE African National Congress’s stance about the death penalty illustrated the movement’s double standards and depended on which person was giving their standpoint, National Party spokesman Marthinus van Schalkwyk, said yesterday.

“For many years the ANC labelled the death penalty as being barbaric while it was the NP standpoint that it was justified in extreme cases. Now suddenly ANC President Nelson Mandela says the organisation will reconsider its policy on the matter,” he said in a statement.

“The admission that this adaptation to policy would be considered only when the ANC feels its has been touched by certain occurrences leaves serious doubt on the organisation’s process of formulating policy.” — Sapa.

House of Reps schools to take HIV children

☐ Department issues a new Aids policy

JOHN VILJOEN
Education Reporter

CHILDREN infected with the HIV virus will be accepted in House of Representatives schools and colleges, in terms of a policy on Aids issued by the House’s department of education and culture.

And these children will be entitled to all rights, privileges and services accorded other pupils and students.

Principals and rectors are responsible for the effective implementation of the programmes and procedures contained in the policy, published in a special edition of the department’s Education Bulletin.

According to the bulletin, an official policy on the disease was needed because school communities were being overwhelmed with “an avalanche of conflicting information about the dangers of Aids”.

An Aids policy for schools and colleges was necessary and appropriate since it would help principals, rectors and others to be prepared to address community fears relating to the disease in schools and colleges.

A policy would enable colleges and schools to deal with decisions about infected pupils, students and staff in a standard way.

The department was seeking to do what was “legal, and morally and ethically right and acceptable”.

Children who were known to be carriers of viruses which lead to potentially life shortening medical conditions were now part of the primary school intake. Education Bulletin said.

There are many more children who might be carriers but remained unidentified.

According to the new policy, “every pupil, student and member of staff shall be viewed and treated as a potentially HIV-infected person, as though they were carriers.”

Barring special circumstances, children and students known to be infected with the HIV virus will be accepted to the school or college to which they apply.

“They are entitled to all rights, privileges and services accorded other pupils and students.

“School and colleges should provide a sanitary environment and establish routines recommended by health care workers, medical institutions and nursing services, for handling body fluids. School regions must administer a vigorous programme of on-going education about HIV for pupils, students, their families and all school and college employees.

“Education in first aid as well as techniques for preventing the spread of infectious diseases will be provided for all staff.

“Training will include the handling and cleaning up of body fluids such as tears, saliva, faeces, cuts and accidents with needle.

“Large blood spills such as those from nose bleeds should receive particular attention. Latex gloves are of extreme importance”.

Pupils and students may participate in contact sport and other school activities if they wish so long as this is done in consultation with and on the advice of their doctor.

“Universal precautions in connection with injuries involving blood must be adhered to.

“The school and college must ensure that maximum confidentiality is maintained when it becomes known that any pupil, student or staff member is infected with HIV. Education Bulletin said.”
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'Aids Race for Hope' planned

PRETORIA.—South Africa is to join the international drive to create Aids awareness with an "Aids Race for Hope" campaign, the Department of National Health announced yesterday.

It said the national campaign, whose high point was World Aids Day on December 1, would enlist the support of South Africans across the political and racial spectrum.

Five road events would be held nationally, the first in Witbank, on Saturday. The event would be sponsored by the Rotek Engineering Group and supported by the department.

Participants would wear red ribbons to indicate their commitment to the struggle against Aids, and a "Flame of Hope" would be lit by the winners of the men's and women's categories, the department said.

The lighting ceremony would be followed by a minute's silence, signifying commitment to Aids awareness and education, and to express solidarity with Aids victims. — Sapa
Aids campaign not working

PARIS. — The campaign against AIDS in Africa, which has a third of the world's reported cases, has failed to make any progress in stemming the disease, a World Health Organisation official said this week.

Mr Gottlieb Menekosso, WHO regional director for Africa, told Reuters that, with international funds to help the world's poorest continent drying up, it was now up to the Africans themselves to tackle the issue.

"I honestly don't think we've made any impact on AIDS in Africa. Accepting that truth will help us move forward," he said.

An April report from its Africa office estimated there were about one million adult AIDS cases in sub-Saharan Africa, about 60% of the world total.

He said it was important to reach rural Africans with words and concepts which they understood, for example, by likening AIDS to an evil spirit.

It was also vital to stress marital fidelity and to base anti-AIDS campaigns on African instead of Western values.

* World AIDS Day will be celebrated on December 1. — Sapa-Reuters
'Aids Race for Hope' planned

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SOUTH Africa is to join the international drive to create Aids awareness with an Aids Race for Hope campaign, the Department of National Health announced yesterday.

It said in a statement the national campaign, centring on World Aids Day on December 1, would enlist the support of South Africans across the political and racial spectrum.

Five road running events would be held nationally, the first on November 27 at the Electro Athletic Club in Witbank. The event would be sponsored by the Rotek Engineering Group and supported by the department.

Participants would wear red ribbons to signify commitment in the struggle against Aids. — Sapa.
Medical aid schemes forced to rethink strategy on AIDS

MEDICAL aid schemes were being forced to reformulate health care funding for AIDS, as the disease would eventually take on such proportions that the formal health sector would be unable to cope, the National Health Department said yesterday.

Highlighting World AIDS Day tomorrow, the department said that until now medical schemes had imposed the most stringent limits available under the Medical Schemes Act — R600 for AIDS a family a year. Doctors responded by submitting accounts for AIDS under "disguised" diagnoses which were paid unwittingly by medical schemes.

However, a recently established Medical Aid Administrators' Working Group was paving the way for dealing with HIV infection in a more open way.

Kathryn Strachan

Practitioners, then, would no longer need to hide diagnoses from the medical scheme and the patient would not be penalised for such disclosure.

The overriding question was whether the funders and providers of health care could put together cost-effective benefit packages. Medscheme administrators said if schemes were to heed appeals to pay all AIDS-related claims, subscriptions would rise 31% for every 1% of their membership with AIDS.

Indiscriminate use of expensive treatment, such as AZT, the efficacy of which was still debated, would cause spiralling costs and conventional approaches to curative care needed to be re-examined.

Medscheme said a more realistic model had recently been proposed by practitioners. The proposal reflected the principle that opportunistic infections should be more effectively prevented, fewer patients should be admitted to hospital and less aggressive and expensive treatment should be given in terminal stages.

This was in line with the World Health Organisation strategy which advocated community home-based care, it said.

It is estimated that 80 000 people could be infected by the end of the year, with 25 000 becoming infected daily.

From 1982 to the end of September, 2 264 cases of AIDS were reported.

Meanwhile, Aidslink will mark World AIDS Day tomorrow by handing over nearly R20 000 to organisations providing care and support for people infected with the AIDS virus.
Catholic church pulls out of 'condom march'

ANDREA WEISS
Health Reporter

THE Catholic Church withdrew from an AIDS Day march in Cape Town today because some marchers were carrying inflated condoms.

Bishop Reginald Cawcutt, assistant Catholic bishop in Cape Town, said: "It's turning into a condom-march and I am not prepared to endorse that."

Bishop Cawcutt had intended to march to evoke compassion for people with AIDS and beause he thought there was insufficient awareness of the disease.

Only about 50 people turned up for the march from District Six to Parliament where they were to hand over a memorandum to Coen Slabbert, director general of National Health and Population Development.

The march was organised by the Bellville Community Health Project.

See page 3
The deadly TB-Aids link

GROWING LINK Fast becoming the world's most urgent crisis:

By Mokgadi Pela

A region divided by the Atlantic Ocean, South Africa and the United States have a common concern for the growing link between human immuno-deficiency virus and tuberculosis.

In South Africa, the United States has about 1,500,000 infected people, while the US has about 500,000. The disease is a major concern in South Africa's inner cities and in certain parts of the country.

This link will be talked about at some workshops today and tomorrow as South Africa joins everybody else in marking World AIDS Day.

In the squatter areas of New York's Harlem, Aids has added a dangerous dimension to the community.

Dr Charles Pullen, a leading TB specialist in the US, said, "TB returned for the same reasons it flourished up to the early 1900s. This was poverty, homelessness and immigration, but now there is also the link with HIV."

In South Africa the situation is no different. The Western Cape and Hillbrow Hospital's TB clinic have recently highlighted this worrying link. Both diseases thrive in poor socioeconomic backgrounds where poverty and homelessness are rife.

Experts say infection with HIV only means TB in people whose immune system has been inactive. TB may also hasten the progression from HIV to Aids. They further say people with latent TB have a much greater chance of developing active TB if they also harbour HIV.

Experts also recommended a massive vaccination programme against TB.

The WHO notes that more money is needed in high-risk Africa, where some 3.5 million people are infected and Aids, where more than 40% of cases are TB-positive and where Aids is rising swiftly. While there's hope that TB may be wiped out within five years, a cure for HIV is at least a decade away.

Until then, information and condoms are the only weapons.

On the eve of WAD the director of the National AIDS Training and Outreach Programme, Professor Rubin, said, "On the mother and the inner city to press more money into TB education programmes."

"You can't plan anything in this country without taking TB into account. Therefore, a percentage of any budget should go towards Aids education and prevention," he said.

But there are major hurdles to deal with, such as changing people's attitudes. During a recent visit to the Hillbrow Hospital's TB clinic, I was told by Sister Patricia Vanrooyen of the infection control unit that many people still refuse to accept TB as a reality.

"We have to change the minds of the citizens. It's important to start teaching an early age about TB prevention," she said.

The situation in South Africa is different with about 20,000 and 30,000 women believed to be HIV-positive. However, Pullen added that this three HIV-positive mothers give birth at Baragwanath Hospital daily.

Specialist obstetrician in Bara, Dr James McRae, said he was asked to see the new government making Aids priority in the health service.

"But it is up to the community to demand that political parties commit themselves to an Aids programme," Pullen said. According to the Department of National Health and Population Development, about 500 South Africans expect to die of HIV/AIDS daily. Close to 2,000 people have developed full-blown Aids since the first case was diagnosed in 1982 in the country.

The obvious complication towards Aids is exactly what the virus needs to thrive: If this attitude does not change the future, the words of the late President John Vaessen will be "too ghastly to contemplate."

Deadly Facts

THE HI-VIRUS: It causes Aids and destroys the body's immune system, thereby making the patient vulnerable to opportunistic infections. These are diseases which would not normally kill a person but do so because of one's compromised immune system.

SYMPTOMS: Weight loss, persistent infections in the chest, diarrhoea, flu and headaches.

MODES OF TRANSMISSION: From infected mother to child, intravaginally and sex with a positive partner.

You can't plan anything in this country without taking Aids into account. Therefore, a percentage of any budget should go towards Aids education and prevention.
UWAMOLO, Uganda — Neglected orphans struggle to survive after their parents die in Uganda's AIDS-ravaged countryside.

Since the deaths of her subsistence-farmer parents, 17-year-old Naloubege Regina has been head of household for three younger siblings in this village in Rakai, the first district of Uganda to report AIDS in 1988 and one of the worst-hit areas.

She and her brother Matovu (15) set to work in fields almost as soon as they awake — Naloubege hoeing a vegetable patch and Matovu breaking ground for planting with a broad-bladed pickaxe.

With no animals to plough, land clearance and planting is exhausting hand labour.

Nine-year-old Kasita John and his little sister Namugumya Prossy (8) wash in muddy water from the swamp behind the hut, then set off barefoot on an hour-long walk to school.

On one day none of them had breakfast — there was not enough food in the hut.

Like the poorest of the poor elsewhere in rural Uganda, these children live on the margins of their community, left destitute and almost forgotten by neighbours when their parents died.

Aid workers cannot see them among the 120,000 Ugandan children officially estimated each year to lose one or both parents due to Acquired Immune Deficiency Syndrome (AIDS).

Tests to prove AIDS infection are too expensive in impoverished Uganda and in any event both parents of these orphans were buried before the children were found living in squalor by the charity, Concern Worldwide, in 1992.

But Concern workers said it was all too likely they were Aids orphans.

"By the time we came across this family, they were in a very poor state. It was horrible," said Concern's Mr Joseph Ssiamulu.

"The parents had died, suspected of AIDS. They (the children) were being neglected, not being cared for by anyone in their village. The house they were living in was nearly falling in on them."

Naloubege used to have to go out to work every day to dig other people's fields to earn food. Matovu roamed the village half wild, like many Aids orphans.

The leaky two-room hut where they slept and cooked was smoky and cramped. Untended, much of their land had returned to scrub.

In some ways they were lucky. They had kept their land and were together as a family, unlike many of the orphans surveyed by the Uganda Community-Based Association for Child Welfare (UCOBAC) and the Ministry of Labour and Social Affairs.

Tomorrow is World AIDS Day when the community is urged to remember people with AIDS. To show compassion and understanding for people afflicted with the HIV-virus. In South Africa, several events have been organised to celebrate this day. Figures supplied by the Department of Health show that about 500 people contract the virus daily in South Africa.

These children live on the margins of their community, left destitute and almost forgotten by neighbours when their parents died.

UCOBAC, an umbrella group for child welfare groups, found the land of orphans was often grabbed by their dead father's relatives and livestock sold without their consent.

Orphan girls are liable to being married off early for a dowry or put on child labour markets as housemaids.

The United Nations Children's Fund, (UNICEF), has forecast that 140,000 children a year will lose one or both parents to AIDS by the year 2000.

Uganda's government, aware of the problem but too financially strapped to deal adequately with such numbers of needy children, welcomes help from UN, Islamic, Western and African charities.

Concern gave Naloubege and her family seeds and hoes for planting, and materials for a new house — wood for poles, a door and a window, nails and reds for the roof.

Villagers provided mud for the walls, water to mix it and the labour to build a simple home.

Neighbourhood children cleared land for crops in return for Concern paying their school fees.

Concern also pays for Kasita's and Namugumya's primary schooling, just two among 10,000 children provided with basic education by the Irish-based charity in Rakai.

But life remains tough for these peasant children who rarely smile.

As the heat of the day rises, Matovu leaves the fields in search of mushrooms for their evening meal, then for firewood.

Naloubege weaves palm leaves into mats which she takes to market every three months, earning about 6,000 Ugandan shillings (R15) to buy essentials such as soap, salt and kerosene.

When homegrown food is short, Naloubege still goes out to dig in exchange for bananas.

The only sign of childhood games is a model house the children have built in the dirt yard..."
World AIDS Day will spread the world news.

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AIDS DAY FOCUS
First Large-Scale
Vaccine to Begin

A place for condom
and free education
school sex

Home report

HYV infection reaching critical
levels in South Africa — study

term report

WATERFRONT

29 Nov. 2 Dec.

Concert (US$1.50) +
- Video shows -
- Suspect concert -
- Education strengths -
- Education displays -
- Songs competition -
- Red Ribbon Walk -

WATERFRONT"
e chance to help fight the dreadful killer scourge

War on Aids is just starting

By Pearl Majola

With the world’s attention shifting from Aids Day after December 1 to other fashionable causes, the war against the scourge will just be starting in Alexandra township.

Perhaps the most fierce and united effort by Alexandra women, the first major step is a three-day conference to be held from December 3.

The conference is the result of a call by Alexandra Aids Action on women’s organisations to help fight the disease.

AAA is a non-governmental organisation established in the area last year by Mrs Refiloe Scoote, for Aids education and counselling of sufferers and their families. Scoote became this year’s runner-up in the Woman of the Year award in recognition of her work.

Realising the growing problem, she said, is spreading fast among teenage girls and women in the area, AAA sought the help of the local women folk to spread Aids education and awareness.

The women responded with such enthusiasm that a committee was formed almost immediately and after some meetings a decision was taken to hold the conference. A panel of speakers from Africa, and inside the country, has been invited to address a number of issues concerning the women.

“We want to draw from the experiences of other people and communities to start an effective education and counselling programme here,” said one of the committee members, Ms Candy Mgathi.

Issues to be addressed at the conference will include:

- The involvement of men in the fight against Aids and encouraging them to use condoms;
- Communicating sex issues to children; and
- The protection of disabled people, especially the mentally handicapped, from HIV-Aids transmitted through sexual abuse.

The importance of involving women, Scoote says, is that people from the community can do a better job teaching others about Aids.
Aids costs likely to shoot up

JOHANNESBURG. — Aids is expected to consume nearly 40% of the health budget by the end of the century — up hugely from its present cost of around 1%, says the University of the Witwatersrand's Centre for Health Policy.

It claims that current expenditure of between 0.83 and 1.37% could rise to between 18.76 and 39.83% by 2000.

In a release to mark World Aids Day on Wednesday, the Department of National Health and Population Development said up to 7,000 people would develop Aids in 1993 alone.

And Old Mutual actuary Mr Peter Doyle estimated that every day 550 people in South Africa are becoming infected with HIV, the virus that causes Aids.

"It is now clear that the course of the Aids pandemic in South Africa, as in the rest of Africa, will be dictated by heterosexual transmission," said the release.

"It is estimated that HIV infection amongst adult females in South Africa will be approximately four percent by 1995, 12.0% by 2000 and 20.5% by 2005. "The equivalent figures for males are 2.5%, 8.6% and 13.5% respectively."

The department went on to say that apart from the size of increased expenditure for Aids treatment, the rise of Aids cases may result in the "crowding out" of other health care problems.

Economy

"It is also apparent that the Aids epidemic strikes out at those in the peak of their productive years, people who would normally not require medical care. And the numbers are likely to increase rapidly," said the statement.

It went on to say that the more skilled people were infected, inevitably, the worse the effect would be on the economy.

The department challenged all sectors of society — government, business and non-governmental organisations — to become involved. — Sapa
Aids: STD education needed

THE Aids epidemic would "look after itself" if resources were devoted to educating the three million South Africans who contract Sexually Transmitted Diseases (STDs) each year.

This is the view of Professor Ron Ballard, head of the STD research unit at the South African Institute for Medical Research who believes that if STDs can be controlled the Aids epidemic will dissipate of its own accord.

The chance of contracting HIV on a first sexual encounter is 1%, but the figure increases five-fold if one's partner has a chlamydia infection (such as urethritis) and is eight times more likely if they have genital ulcers, he explained.

Rates of infection with conventional STDs in Southern Africa are 40 times greater than in Western Europe but many people never receive treatment because they ignore the symptoms or there are none, he said.
at Aids urged by professor

Control sexually transmitted diseases, and you control the HIV epidemic, says Ron Ballard, head of the sexually transmitted diseases-research unit at the SA Institute for Medical Research.

ANDREA WEISS
Health Reporter

If sexually transmitted diseases in this country were properly controlled, HIV (the virus which leads to AIDS) would take care of itself.

This is the view of Ron Ballard, who heads the sexually transmitted diseases research unit at the SA Institute for Medical Research. About a quarter of the patients he treats for sexually transmitted diseases (STDs) are also HIV positive.

Speaking at a Press briefing in Cape Town, Professor Ballard said there was no doubt that the high risk behaviour which led to STDs also put people at risk of getting HIV.

HIV had been portrayed in the popular press as a menace akin to a new plague, but a lot that was said about it was "quite wrong".

Risk factors such as a mobile population, rapid urbanisation, prostitution, poverty and poor standards of education, as well as substance abuse, were the same for STDs and HIV.

Professor Ballard pointed out that people with STDs often had multiple infections, and these infections increased people's susceptibility to HIV. Particularly if they had genital ulcers or chlamydia, a common sexually transmitted bacterial infection.

The chance of getting HIV increased five-fold with chlamydia and eight-fold with genital ulcers on a single sexual encounter.

Those with ulcers were more likely to seek treatment while chlamydia in women was frequently asymptomatic, putting them at particular risk if they had many different partners.

The actual transmission rate for HIV was low — one percent — on a single encounter where no other disease was present. This was compared to an 80 percent chance of getting gonorrhoea on a single sexual encounter.

Professor Ballard said not everybody was at risk of getting HIV, and unfortunately the protection message was generally communicated to those least at risk.

He also believes people are more likely to respond to information regarding the risks of infertility, miscarriage and infant deaths caused by diseases like syphilis, than the message that they might die of AIDS 10 years down the line.

Last year, for instance, there were 12,000 known cases of syphilis in the Western Cape — with it being the biggest killer of babies in Khayelitsha.

Professor Ballard's view is that AIDS resources would be best spent on targeting those most at risk.

He also does not think HIV is a racially exclusive disease. In poor white areas of Johannesburg, transmission patterns were similar to poor black areas.

The South African epidemic was highest in Natal because Durban was the end of a trucking route from central Africa. From there, STDs tended to travel to the Witwatersrand with migrant workers before spreading southwards to the rest of the country.

Comparing HIV to syphilis, Professor Ballard said the HIV epidemic was "syphilis reborn". Like HIV, syphilis was untreatable until the discovery of penicillin. It had a long latency period, and also resulted in death.

In viewing HIV in a different light, Aids organisations were "reinventing the wheel".
Where AIDS stalks expectant mothers

By CAS St LEGER

The young mother covers her face in shame. Gladys knows she has AIDS but she is too afraid to talk about it.

The mothers at Baragwanath Hospital's antenatal clinic — subjects of long-term, authoritative surveys — are the barometer of the country's AIDS status.

Today one in 18 of the women is HIV-positive, which means she is infected with the virus that causes AIDS.

Just five years ago only one in every 250 women who walked into Baragwanath's maternity section had the disease.

Every week the AIDS mothers and their babies visit Baragwanath for counselling, comfort and, when necessary, medical attention.

Gladys, 23, unemployed and single, is mother to well-dressed Thabo. The boy with a cheeky grin will be examined and have his blood tested every three months — more often if he is ill — until he is 18 months' old and it is known whether he has AIDS or not.

The noise is deafening as the roomful of tearful three-month-olds object to having blood samples taken from their heads.

Within three years, AIDS will kill a third of these infants.

Specialist Dr James McIntyre tests the blood of the babies in an attempt to research new methods of earlier diagnosis. This week a mother wept for joy when her toddler was declared to be free of HIV. (42)

The hospital is spending R1.8 million on AIDS tests this year.

Tucked away in a room off the ante-natal clinic, the AIDS mothers rummage in a large plastic sack of second-hand clothing. A bag of vegetables stands in a corner, ready to be shared out.

"AIDS has taught us that medicine alone is not enough," said Dr McIntyre. "These women have other children who are going to be orphans. They can't be treated in isolation."

He said Soweto already had 200 AIDS orphans who were being cared for by relatives or institutions.

The Society for AIDS Families and Orphans and a dozen other self-help groups like the Food Gardens Foundation help the women.

The mothers themselves use their time at the clinic to band together and teach one another money-making crafts.

All the women are counselled extensively, individually and in group and self-help sessions about AIDS. The message is getting across.

All the babies of HIV-positive mothers will test positive, too, until they are 18 months old. Then the lucky two-thirds will test negative and the remainder will develop AIDS.

Doctors at Baragwanath, where the overall HIV rate is six percent of tested patients, are worried that the public has little understanding of AIDS prevention.

"They can see violence on TV but they can't see AIDS. Doctors often don't write 'AIDS' on death certificates for insurance or moral reasons," said a senior doctor.

"The whole concept of secrecy and confidentiality has made AIDS almost mythical. We need a South African Freddie Mercury or an Arthur Ashe to convince people," he said.

Baragwanath's AIDS mothers, typically, are unemployed, in their early 20s and single. They often do not tell their men they have AIDS for fear of being beaten or abandoned.

There are an estimated 30 000 HIV-positive women in Soweto — a slightly higher proportion than central Johannesburg and slightly lower than Natal. Everyone knows about AIDS but we haven't told them how to protect themselves," said Dr McIntyre.

In a report released last month, Dr Nicky Fadya- chee, formerly Johannesburg's chief medical officer and now town clerk designate, charted an HIV-positive rate of six percent for 1995.

"That's already been overtaken," said Dr McIntyre, who calculated that 15 percent of the pregnant women in his care would be HIV-positive this time next year.
In the Transvaal, 4.7% of pregnant women at Johannesburg Hospital were infected while at the Pretoria Hospital, the figure is as high as 10%.

In the Cape Peninsula, Tygerberg Hospital found 8.6% of 9462 newborns-to-be were infected, while at Peninsula Maternal and Child Health Service, 7.8% of 25 015 were infected.

Dr Ballot and Dr Delport believe the solution to the rise in syphilis is simple but will not be easy to institute due to lack of interest from doctors in clinics.

“There is a method of instant testing where the woman can be diagnosed and treated while she is still in the clinic,” said Dr Delport.

“Then is then a better chance, once she knows, of her returning for the last two penicillin injections.”

One difficulty they cite is that infected women may appear healthy and the disease may only be suspected when the baby dies or is born with congenital syphilis.
AIDS Shock at Bana
HIV man's fight for life

BY LEE-ANN ALFREDS

Eight years ago, Vincent Veal was given a choice: he could live, or he could die.

He chose to live. But living on borrowed time has not been easy for someone who was diagnosed HIV-positive eight years ago.

His quest to educate people about the deadly disease, the purpose of World Aids Day which is observed today, has met with very little success.

However, Veal is determined not to give up the fight.

"When I was diagnosed as being HIV-positive in 1985, I was really shocked at first, but I developed coping mechanisms. Even so, I was still terrified when I decided to go public about my disease a year ago — because of the stigma attached to being HIV-positive.

"But I knew it was important to be part of the solution and not the problem.

"I decided that I was going to do my best to try to live."

So Veal started Living with Hope, a support network for HIV/AIDS people.

"Mental attitude goes a long way towards living longer. HIV/AIDS people should be encouraged to live and not just give up the fight."

"It was also important to counter the hysteria among the public surrounding the disease," he said.

But Veal's appeals for financial aid to run the programme fell on deaf ears. Only one company responded.

"There is a lack of willingness by the Government and corporations to become involved in social consciousness programmes. There's not a lot being done in the country to counter the discrimination which AIDS sufferers experience," he said.

Veal is, however, a lot more optimistic about the future.

"Over the past year, people's reactions have improved. They're more willing to listen and be educated. Three years ago I was fired an hour after my employers found out I had tested HIV-positive. And I also had people refusing to shake my hand, or touch me, or drink beer from the same bottle.

"I am never going to stop hoping. Everybody's going to die, it's just that I have a lot less chance of living until 70. I'll keep dreaming that they'll find an effective vaccine and that people will stop treating me differently."

The National Department of Health says there are 2 236 reported cases of people with full-blown AIDS in South Africa. It estimates that about 2.6 million South Africans will have contracted the HIV virus by the year 2000.

Support centres for people who have tested HIV-positive include: the Community AIDS and Information Support Centre, which can be contacted at (011) 725-6710, and the National AIDS Training and Outreach Programme, which can be contacted at (011) 726-5612.

If you want to help Living in Hope, telephone Veal at (011) 487-1607 or fax (011) 649-5210.

▶ World rallies

— Page 12
CONDOM POWER A marcher holds inflated condoms during a World AIDS Day march in Parliament yesterday. The Assistant Catholic Bishop of Cape Town, Rev. Peter Hadebe, said it is the responsibility of the Church to take part in the global response to the AIDS epidemic. The Church is also calling for an end to the sale of condoms, as well as the promotion of abstinence and fidelity. The march was organized by the South African bishops' Conference and the National AIDS Council.
More bad news in fight against Aids

By Sizakele Kooma

While the world waits for a cure for Aids, the media keeps churning out more and more disturbing news about increasing deaths and infections, thwarting preventive measures and failing treatments.

First came the news that the condom could not guarantee a user total protection, that 17 percent of people who used the protective device still contracted the disease. Doubts were recently raised about the effectiveness of the drug AZT, which is supposed to delay the onset of Aids in HIV-infected people.

Now a British woman's magazine, Company, has published even more scary news about the world's most commonly used contraceptives — the Pill, intra-uterine devices (IUDs) and spermicides — being linked to the disease.

In its November issue the magazine cites several studies that put use of these contraceptives into the same category as other high-risk practices such as anal sex or sharing hypodermic needles.

The spermicide Nonoxynol-9, which in laboratory tests in the mid-eighties was found to kill HIV, was strongly linked to it in real life. In a study conducted in Kenya on a group of 116 HIV-free prostitutes, the article said, nearly half the women who used the spermicide contracted Aids whereas a third who did not use it contracted the virus.

The medical argument as to why the spermicide could kill the virus in laboratory tests and increase the likelihood of contraction in real life focused on the damage heavy use of the spermicide could do to the walls of the cervix and vagina.

Doctors, the writer said, thought it might cause internal erosion, a slight wearing away of the walls of the cervix of the vagina and surface of the cervix. The erosion might attract HIV in the same way that any graze on the skin attracts ordinary infections.

Another study by doctors in North Carolina, USA, found that using spermicide just once a day was enough to cause some disintegration of the vaginal wall. The more one used it, the more damage one suffered. The study suggested that the more a woman left the stuff in the vagina the more damage it was likely to cause.

Intra-uterine devices put a woman at even greater risk, according to studies quoted in the article. A study carried out in Italy on 368 female steady partners of HIV-infected men found that those who used IUDs were at three times the risk of picking up the virus compared to women who used nothing at all. It suggested using IUDs was even more risky than anal sex, which increases the risk of HIV almost threefold.

IUDs are implanted in the wall of the uterus and always cause some inflammation. The swelling is very slight and usually is not a problem for a healthy woman. However, the inflammation increases the number of white blood cells — the part of the blood that carries the HIV virus.

In theory, this makes a woman more likely to pick up the virus because these are the cells HIV invades first. It also makes her more likely to give the disease to a man because she has more HIV-infected cells to pass on.

IUDs also make a woman's period longer and heavier, and it is well known that an infected woman is more likely to pass on HIV when she is bleeding. They also increase a woman's risk of contracting upper genital tract infection, which act as a seed-bed for HIV.

The article pointed out a study of more than 400 prostitutes in Nairobi between 1983 and 1991 which showed that Pill users, using the combined oestrogen-progestosterone Pill, were more than twice as likely to pick up HIV than non-users. The longer they stayed on the Pill, the more likely they were to contract the virus.

According to a doctor interviewed by the magazine, there were three reasons why the Pill could help pass on HIV. It thins down the lining of the vaginal and cervical wall. The lining acts as a kind of natural armour-plating and the thinner it is, the easier it is for a virus floating about in sperm to break through. Since it affects the immune system the Pill increases the risk of sexually transmitted diseases which can act as a breeding ground for HIV.

Disturbing though the news may be, specialists still stress the need for more research. The article said most doctors were still ignorant about how HIV was passed between man and woman.

They did not know, for instance, if it was passed through the vaginal wall or up the cervix, and so could not be certain whether any contraceptive, except the condom, helped or hindered the virus.
Up against Aids scare

JOHANNESBURG citizens of all walks of life joined hands yesterday, World Aids Day, to dedicate themselves to raising awareness of the epidemic.

Traditional healers danced, chanting their ritual songs and appealing for the help of ancestors to remove the scourge of Aids.

An HIV-positive man drew thunderous applause from the crowd when he challenged South Africans to be more open about Aids.

"Aids is just like any other disease, such as cancer, but Aids sufferers are being ostracised by their families, employers and looked upon with scorn by the general public," he said.

Meanwhile, the Catholic Church withdrew from an Aids Day march in Cape Town because some marchers were carrying inflated condoms.
Organisers slate bishop who left Aids march

ANDREA WEISS, Health Reporter

THE decision of the Catholic assistant bishop of Cape Town to withdraw from an Aids march this week has been criticised by the organisers, the Beltville Community Health Project.

Bishop Reginald Cawcutt quit the march when some of the participants brought inflated condoms, and posters demanding free condoms.

The organisers said the church ought to be “encouraging youth and all sexually active people to use condoms in penetrative sexual encounters”.

“We hope that church leaders will have the courage to re-examine aspects of doctrine that pose a life-threatening risk not only to their congregants but to the general population.”

Before the march, the Catholic church co-signed a memorandum to the government. But the paragraph dealing with condom distribution was revised after discussion with Bishop Cawcutt’s representative to enable the church to associate itself with the call for condoms at schools, factories and in communities.

The revised section said that the condoms should be made available “after consultation and in accordance with the wishes” of parents, teachers and students.
Catholics back condom-friendly programme

The Catholic Church has previously been reviled by Aids activists for a refusal to accept the use of condoms. But Catholic Archbishop Lawrence Healey, Auxiliary Bishop Reginald Cawston, and the organisation Catholic Welfare and Development have endorsed the programme — which, among other things, includes making condoms freely available through clinics and hospitals and in prisons.

The memorandum points out that, according to recent surveys, at least 320 000 people are known to be infected with HIV in South Africa. This figure is expected to reach half a million by the end of this year.

"If these trends continue, a severe political, economic and social crisis will confront South Africa," the memorandum continues.

"Government inaction and pandering to conservative social, epidemiological, medical or financial advice on Aids/HIV will certainly earn the blame of the whole of society for not having acted soon enough, once the epidemic reaches crisis proportions.

"Recognising that there is no cure or vaccine for Aids, the memorandum identifies prevention through education as the most cost-effective response to the epidemic.

"The memorandum calls on the government to fund a special programme for the introduction of Aids information into the curriculum in primary and secondary schools. It states that condoms should be made available through schools if representatives of parents, teachers and students approve it.

It also asserts the right of HIV-positive patients to medical treatment and calls for the outlawing of discrimination against people with HIV and Aids — particularly in the workplace.

The memorandum pays particular attention to women's need for HIV protection.

"Men use their dominant position to refuse to use condoms even when this is requested by women," the document states, and calls for special HIV/AIDS programmes for women which address the inequalities between men and women in relationships.

The memorandum says that the epidemic is in Africa, South America and parts of Asia.

Men and women living in poor circumstances often need to leave home to seek work elsewhere. Such work is often available in distant towns and cities, so in poor communities migration has become common practice.

However, migrants do not only leave a physical home — they also leave a community, a community which develops the values and norms that keep sexual activity in check.

When people leave home, their base of sexual and emotional stability starts to break down.

The migrant worker comes to a place as a "somebody" and becomes a "nobody" in a "nowhere place" — such as a single-sex hostel. Although hostels meet urgent accommodation needs, they also result in poor health and an increase in social problems, especially amongst young men.

When people leave familiar surroundings there is often a loosening of personal and community sexual constraints and the development of indiscriminate multi-partner sexual practices.

In such circumstances sexually transmitted diseases become rampant.

For many women living in poverty, sex becomes a commodity which they can sell. Sex is exchanged for jobs, food, transport, school fees, taxation and other favours.

Sex in poverty situations is sold cheaply, as there are many buyers and many sellers.

It is often sold in trading villages, towns and cities, around industries, bars and shebeens, along public transport networks and truck stops — at every interface between people and money.

If women need to sell sex, their gender subordination further exacerbates their already powerless and vulnerable situation.

Even in developed communities women have little meaningful control over their sex lives, and much less in disadvantaged communities which are open to exploitation and abuse.

SIXTY are known to be a major co-factor in the transmission of HIV.

"Even when people in low socio-economic circumstances get health care or access to mass media, poor education and literacy make it difficult for them to gain a clear understanding and appreciation of the silent nature of HIV infection. They are uninformed about the many complexities of Aids and its transmission, and the relevance of this information to their own lives.

High levels of urban violence, crime, unrest and uncertainty promote fatalism and desperation within communities which is extremely detrimental to Aids prevention efforts.

Expecting an individual to take initiatives today to prevent infections which will only cause ill health in severe to 10 years is completely "day-to-day" struggle, together with the persistence of violence and crime; mitigates against initiatives to prevent HIV/AIDS.

Aids in turn also causes poverty, job and income loss, rejection, discrimination and stigmatisation and finally ill health and death all contribute to individual and family misfortune, and to the overall cycle of poverty.

South Africa has been one of the last countries in Africa to be affected by HIV/AIDS. But apartheid's devastating impact on the culture and tradition of black family life and the cycle of poverty and migrant labour ensure that South Africa will be no exception and will face an enormous Aids epidemic.

This is an edited version of an article that originally appeared in the journal 'Critical Health'.
By Barbara-Anne Boxwell

Women’s rights will not be compromised once a new government comes into power, if the Black Sash has anything to do with it.

The Western Cape branch of the women’s organisation launched a campaign on Thursday, the International Day Against Violence Against Women, to ensure that election promises to woo women’s votes would not be empty.

The Black Sash released a document entitled “A Declaration to Raise the Status of Women”, a public pledge supporting the right of women to be free from abuse.

The Black Sash also released a document entitled “A Declaration to Raise the Status of Women”, a public pledge supporting the right of women to be free from abuse.

According to Mrs Dot Clemishaw, a worker at the Black Sash gender desk, “political parties and candidates for public office across the board” will be asked to sign the declaration.

“It will be used as a tool for women’s liberation in the period leading up to the elections,” said Clemishaw.

“We have to highlight that focusing on women’s needs and rights cannot be avoided — it cannot be pushed on the political back burner any more.”

Clemishaw added that the declaration will be circulated among members of the Women’s Alliance and the Women’s National Coalition, organisations made up of women from all political persuasions, and that it would be further circulated by these women.

The Black Sash will also have information stands in the suburbs and the City on December 10, Human Rights Day, to “educate and arouse people’s awareness around women’s rights.”

The internationally acclaimed Flori Roberts range of beauty cosmetics is now at Edgars.

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Cover for HIV patients

By Mokgadi Pela

The medical aid sector has undergone a major shift with the announcement that some are ready to provide cover for HIV patients.

This came out at a day-long World Aids Day meeting between representatives of the medical aid schemes, the pharmaceutical industry and interested parties at an East Rand hotel.

The schemes that are considering providing cover for Aids patients are AMA, Medscheme and Transmed.

Addressing a Press conference later, Dr James McIntyre of Baragwanath Hospital and Dr Stevon Miller of the Johannesburg HIV Clinic said the meeting resolved to approach other medical aid schemes to sell the idea of providing cover to Aids patients.

Miller said management of HIV-positive patients was cost-effective. The provision of anti-viral drugs for HIV patients would:

- Prolong their symptom-free period;
- Postpone the onset of Aids;
- Improve their quality of life by enabling them to live with their infection for as long as possible. Another objective was that those who became ill, had mild complications; and

- Keep them productive at the workplace.

Miller said: "It doesn't make economic sense, let alone ethical sense, to withhold treatment to patients when drugs are available."

He said there was no precedent in clinical history where diagnosis precluded treatment or care for patients.

He added that the meeting had not given Aids and HIV any special treatment but rather took it where it ought to have been in the first place.
Killer cocktail of AIDS and TB menaces country

By CAS ST LEGER

VERONICA's dream is to see her 22-year-old son graduate from Stellenbosch University in two years' time.

But the 16-year-old Brahman divorcee, a patient at the East Rand Santa Centre at Mederbee, is unlikely to have her wish granted.

She has the deadly mix of two organisms destroying her - TB and AIDS.

South Africa is sitting on a timebomb. The country is facing a huge outbreak of TB, thanks to the appearance of a drug-resistant strain of the disease, and the addition of AIDS to make a killer cocktail.

About 10 million South Africans are infected with the TB organism but do not fall ill unless something else - like poor nutrition or the HIV virus - triggers off the disease.

When the victim is HIV-positive, the type of TB is much more severe. And the patient develops millennium AIDS much quicker than usual.

"AIDS and TB are terrible partners," said Professor Eric Glattbaard, chairman of the TB Advisory Group and professor of community health at the University of Pretoria.

TB often takes a different form in AIDS patients, attacking organs and bones rather than affecting the lungs. In AIDS patients, TB progresses 10 times faster than normal.

Last September, Veronica started spitting blood, and was eventually diagnosed as having TB. Her blood was tested and she was also found to be HIV-positive.

The TB attacked Veronica's throat, and AIDS has already made its appearance in the form of a fungal infection.

Veronica has little idea what AIDS is. She knows it is sexually transmitted and maintains she has not had a boyfriend since her husband left eight years ago.

"We are all church people," she said.

At the time her husband left, she was involved in a car accident and received "michance blood" during subsequent operations.

She blamed the transfusions for the AIDS, "but I didn't want to cause trouble by saying anything."

She believed she contracted TB from her father. "We all slept in the same bedroom. There are only two rooms in my house."

Mr Peter Young, a TB patient at Rietfontein Hospital, also on the East Rand, does not have AIDS but even so, TB is killing him.

His indispensable oxygen mask fails to hide the former electrician's glee.

The 46-year-old man has won an extra month of life.

Seven months ago, Mr Young, whose lungs were destroyed by TB, was admitted to the Rietfontein Hospital. Doctors told him he had six months to live.

"I'm still here," grinned Mr Young, who makes the most of the gift of extra time by pushing his wheelchair to the end of his link with his oxygen supply and enjoying the hospital garden and legions of cats.

He can only survive for 15 minutes without the oxygen mask.

About 100 TB patients out of 369 at Rietfontein are HIV-positive, and the same is true of 108 of Santa's 352 patients.

"We're facing a huge outbreak of TB. We're sitting on a timebomb," said Professor Glattbaard.

In addition to the AIDS factor, a new TB superbug, resistant to the usual drugs, is cutting swathes through entire families in South Africa.

Dr Theo Collins, consultant to Santa - the South African National Tuberculosis Association - has traced six families who have been virtually wiped out by the new strain.

With the new strain, the time in hospital stretches to 18 months and the cost of treatment, including hospitalisation, is R1600 a patient.

If TB is detected early, the six-month-long course of tablets costs about R600. Hospitalisation costs R6000.

Dr Brandon Girdler Brown, specialist in the Directorate of Communicable Diseases with the Department of Health, said there were 80 000 new cases of TB every year.
Bishop defends march action

ANDREA WEISS
Health Reporter

CATHOLIC assistant bishop Reginald Cawcutt has defended his decision to withdraw from a city Aids march on World Aids Day.

Responding to criticism from the organisers, the Bellville Community Health Project, he said while he had wholeheartedly supported an Aids campaign, he felt the condom issue had been presented out of proportion, which was why he decided to leave the march.

He said he had signed the four-page petition, of which only about five lines referred to condoms. One of the themes of the petition was the enormous need for education with regard to Aids.

His primary concern was that there was a need for compassion for those with Aids.

He added: “While many would promote the use of condoms (and even this method is acceptable to many international church leaders) there are two major dangers here — one that it might encourage promiscuity and two, that people might come to believe it to be a foolproof method.

“Even then the use of condoms is only one method — the encouragement of abstinence, especially for those given to promiscuity, might be a far more effective means.”

Bishop Cawcutt said that when he saw the shape the march was about to take, he withdrew.

“I think that the jollifications displayed by those participating — especially the children — did more to alienate the support of those who witnessed the march.”
Give condoms to prisoners, says WHO

Because prisoners often breed a culture of violence and despairs, prisoners are particularly vulnerable to HIV.

Sex between men in prison is a major route of HIV transmission. In some prisons, such sex is legal, and the authorities do not wish to condone it by making condoms available.

In many prisons, providing condoms is a serious problem. Many injecting drug users may end up in prison as a result of their drug addiction, or because of drug-related offenses. Although drugs are frequently available, access to injecting equipment may be scarce, and needle sharing common.

The WHO guidelines call for information in prisons on safe sexual behavior and for the distribution of condoms. Sweden, Hungary, Sweden and Holland already give out condoms.

In South Africa with its restrictive laws on homosexuality, sex between men in prison is illegal, and the authorities do not wish to condone it by making condoms available.

In many prisons detained drug addicts are a serious problem. Many injecting drug users may end up in prison as a result of their drug addiction or because of drug-related offenses.

Drugs are frequently available, access to injecting equipment may be scarce, and needle-sharing common.

The spread of HIV in prisons has had an effect on the spread of HIV in society at large. In 1988, the prevalence of HIV among drug injectors rose sharply over a few months from 16 percent to 43 percent. This massive increase was described as an "over-crack" of HIV infection in prisons, followed by the large-scale release of prisoners into the community with the same epidemic.

In public health (10), Professor Tim Harding of the University of London Medical School in Geneva, "the prisoners are in constant interaction with the rest of the community, so health and public health policies cannot be dealt with separately."

Who says, all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community without discrimination." TONY KAHAAI - Panoa

Bishop abandons Aids campaign

IS IT OK to wear a condom for sex? And is it OK to blow it up and wave it around your hand if you are a patient? These are the questions which resulted in a bishop walking out of the Anti Aids march and pulling his hand away from condoms.

"I was sorry to see this happen, but Aids awareness involves a lot more than condoms," the bishop told SOUTH.

The purpose of the march was to present parliament with a memorandum calling on the government to implement a comprehensive Aids prevention strategy.

Bishop Cawcutt and Catholic Archbishop Trevor Huddleston signed the memorandum, which called for condoms to be made freely available in clinics and prisons.

It also demands that condoms be made available in schools, in democratic, trade union and youth organizations so with.

In the sight of the campaign, we find strange that Bishop Cawcutt was not prepared to associate himself with the "Day march," and Belgium Catholic Mission Health Project director Ms Josie Albrecht, who is one of the organizers of the march.

THE SEARCH FOR AN AIDS VACCINE

Life saver, or safari research?

LARGE-SCALE trials of possible Aids vaccines will begin next year. Trials will move the research for a safe and effective vaccine one step closer to realization, even though the discovery of such a vaccine could mean the medical community is away.

Almost all of the trials will be conducted in developing countries, which has raised ethical questions. Why are African and other parts of the developing world being used as guinea pigs? For Journals of the World Health Organization, the global program on Aids, believe there are a number of important reasons for Aids vaccines to be developed in developing countries.

Developing countries must be involved in large-scale Aids vaccine development because, if they are to have any chance of reaping benefits from a successful Aids vaccine.

"There is no guarantee that a vaccine developed in the US or Europe would be appropriate for use in developing countries," he says.

There are also scientific reasons for testing Aids vaccines in developing countries. Vaccines need to be tested in communities and countries where there are a high rate of new AIDs infections.

Professor Subasinghe de Silva, a Sri Lankan Aids activist, argues that such high rates of new infection make it clear in developing countries are the ideal place to carry out vaccine trials.

A Ugandan expert shares his views.

"Uganda will participate in vaccine trials, we are as interested as anyone else in trying to find a vaccine or a cure for Aids," says Dr. Martin Pillai, director general of the Uganda AIDS Commission, citing Uganda’s estimated 1.5 million people infected with HIV.

Pillai says Uganda’s position to participate in trials goes beyond self-interest. "We recognize that Aids is a global human problem and as members of the global community, we have a duty to participate."

But some people have severe doubts about the ethics of testing vaccines in developing countries. They believe it falls into what has been called "the sick and the rich." Research medical research conducted in poor countries by scientists from rich countries it is easier and faster, and fewer questions are asked about safety and ethics.

"Aids vaccines in developing countries benefit the populations or countries in which the research is undertaken."

As an African, says a doctor from Uganda, "I have seen situations where people have been used to trials of drugs and vaccines who have certainly not benefited from the fruits of such research."

"Developing countries have always been used as test beds for all sorts of things," says Ms Anne Eley, who is making a special study of the ethics of Aids vaccine testing in developing countries.

"People in developing countries have always been vulnerable when it comes to medical trials, and there is no reason to suppose that Aids vaccine trials will be any different."

But faced with the reality, what advice do you give to someone who is interested in getting involved in vaccine trials — and would like to be a test subject. Uganda is benefiting scientifically and in terms of infrastructure," says Pinto, "Most importantly, Ugandan scientists and doctors are benefiting from advanced knowledge of science and technology."

Trials will be conducted in developing countries, which raises a thorny ethical question: Why are African and other parts of the developing world being used as guinea pigs?
Women and AIDS

THE World Health Organisation predicts that 13 million women worldwide will have been HIV infected by the year 2000, and that about four million of them will have died.

This is due to women's biological, epidemiological, and social vulnerability to HIV, the virus causing AIDS - women's bodies have large, mucous areas. When these areas have small sores or broken skin, it facilitates entrance of the HIV.

In South Africa, the HIV prevalence among adult females will be approximately four percent by 1993, 13.5 percent by the year 2000 and 20.5 percent by the year 2005.

The equivalent figures for males are 2.8 percent, 8.6 percent and 13.5 percent respectively. This means that by the year 2000, 66.34 percent more women than men will be HIV infected.

As HIV infection amongst women continues to rise, infection of their babies will also increase. To date, about one million infants worldwide are HIV infected, and half of them have developed AIDS. This is expected to rise to 4 or 5 million by the year 2000. There is a 30 percent chance that a pregnant woman with HIV infection will transmit the virus to her unborn or new-born baby, and this may even be as high as 50 percent.

A baby with HIV infection has a life expectancy of not more than five years.

Moreover, at the end of 1993 there could be up to 2500 orphans in South Africa, under 15, whose mothers have died from AIDS. By the year 2000 there may be more than 500 000 orphaned children because their parents died of AIDS.
HIV cases soar in Western Cape

THE number of HIV-positive people in the Western Cape has trebled in the past three years and the figure is expected to double by the end of next year.

Incidence of the HIV virus, which leads to Aids, is increasing dramatically, research has found.

"The number of people being infected doubles every 12 months," said Dr Ivan Bromfield of Cape Town's City Health Department.

"These shocking results emanate from the most accurate research that has been done and which includes sexually active people between the ages of 15 and 49."

The research, among all women who attend government and private ante-natal clinics, established that by the end of this year 1.32 percent of the sexually active Western Cape population would have been infected, compared with 0.37 in 1991.

However, researchers warn that these figures don't fully reflect the Western Cape situation as many more people are unaware that they have been infected.

A Western Cape survey of people who requested Aids tests found there were 955 cases in the first three-quarters of this year, compared with 987 cases in the whole of 1992.

"Our figures show that the virus is indiscriminate and as many men as women are being infected," said Dr Bromfield.

"The problem is that too many sexually active people still have the attitude 'It won't happen to me'.

"What's more, these people are often among the more educated in society."

For the sexually active population the only preventive method — although not foolproof — is to use a condom.

However, this precaution is still extremely unpopular.
3 500 infected with Aids daily

CASABLANCA — An estimated 3 500 Africans are infected with the Aids virus every day and the continent is moving towards "a catastrophe — a deluge of disease".

"In Marrakech we are going to launch an appeal for action, for sustained and vigorous action to alert Africans to the danger of a continental catastrophe," said Professor Abdullah Bensliman, chairman of the 8th African Aids conference opening in the southern Moroccan city on December 12.

"We are faced by an impending catastrophe, a deluge of disease. Until a cure or a vaccine is found, our only hope is prevention," he said in the office of the Pasteur Institute in Casablanca.

If the spread of the fatal disease is not arrested "it is possible that within 10 years the elite in African countries will be simply wiped out," he told Reuters.

The World Health Organisation estimates more than 1.5 million people in Africa are suffering from Aids — two-thirds of the world total.

The number infected with the HIV virus responsible for the disease is put at eight million and by the year 2000 the number with the disease itself could reach five million. The WHO estimates take account of "unknown cases, under-reporting and delayed reporting".

Bensliman thinks anti-Aids policy since the first African conference in 1985 has been "disastrous" for a number of reasons and the outlook is not encouraging.

A major problem is finance. Average spending on health services in Africa is R10.50 a head a year, and 29 of the world's 42 poorest countries are in Africa. In some of them the Aids rate is the highest.

"But there is a negative trend. Financial aid for Aids programmes is being diverted to Asia and Eastern Europe," Bensliman said. There is also the problem of how to distribute the aid — to hospitals, non-government organisations, or to governments. "You have to be careful about who you give money to in Africa."

"Of course, funds will be transferred openly within the framework of a world system of control with technical, financial, medical and scientific follow-up," he said.

"We are faced by an impending catastrophe, a deluge of disease. Until a cure or a vaccine is found our only hope is prevention."

Bensliman cited the cost of condoms and Aids tests which the majority of Africans cannot afford. He said condoms were not manufactured anywhere in Africa, although he had heard a suitable latex was available in Ivory Coast. "By the time a condom reaches Africa its cost has risen tenfold."

Average per capita annual income in Morocco is about R3 000. "Just think, a man could spend a whole month's income on condoms every year," he said.

An Aids test in Morocco, available free at the Pasteur Institute, costs about R69 in a private laboratory. If it proves positive a second test costs R375 and a third R1 500.

Bensliman said the situation of Aids sufferers in many parts of Africa was desperate and dramatic. "Sometimes there are two or three patients in each bed, or lying on the floor. We must help them to die in dignity."

"The answer is in three words: fidelity, abstinence and protection. No one, no religion, can quarrel with that," he added.

He said Islam, Christianity and Judaism, all preached fidelity. "If everyone practises what those religions preach the spread of Aids will diminish."

"We must enlist the help of town criers in market places and traditional story-tellers and our religious leaders must speak out."

When Pope John Paul visited the central African state of Rwanda where Aids is endemic, he urged the people not to use contraception methods like condoms. "To my mind, that was a crime. Write that down: a crime," Bensliman said.

"Do not forget we are in the 20th century, the age of liberalism, of liberty. But there must be a return to moral values." — Sapa-Reuter.
Alex women take a bold move to put brakes on Aids

By Pearl Majola

ALEXANDRA Township women and the Alexandra Aids Action have started a network with the Society for Women and Aids in Africa — the first network of its kind between this country and the rest of Africa.

The women took the decision at a conference in Lonehill, Fourways, last week. It was done on the initiative of the women who addressed the conference, among them SWAA president Dr Bka Esu-Williams.

SWAA is a regional network concerned with women’s issues, Aids and development.

The new connection means that concerned local women will be involved in exchange programmes with other countries in Africa and elsewhere.

“We are looking to establishing a focal group here which will deal with the issues of women and Aids locally. In turn, we will use our regional network to help them with their needs. "We’ll also try to expose African South Africans to people in their situation elsewhere in Africa and the world." Esu-Williams said.

Curbing the scourge

Commending the local women for their commitment to curbing the scourge, Esu-Williams said: “I have not met people who are more in touch with their community and more abreast of the situation they are dealing with, despite the political, social and economic problems facing them, than the Alexandra township women.”

Esu-Williams said SWAA did not see Aids only as a health issue but also as a social, political and economic one.

AAA director Ms Refiloe Serote said delegates at the conference had identified areas of need in their communities. She said her organisation would provide the necessary training or arrange alternatives.

Serote said: "The good thing about this network is that it will involve women from all walks of life.

"These women have committed themselves and their organisations to the work that needs to be done in Alex."

The women identified education, counseling, support and practical assistance as major areas to be involved in. They decided to target men, the youth and community institutions such as the church for their awareness drive.
Custom of ‘inhiring’ widows linked to Aids

NAIROBI. — In parts of western Kenya, when a husband dies a brother or other close relative inherits the widow.

Now the custom is getting part of the blame for the spread of Aids among the Luo, one of Kenya’s largest ethnic groups. Nyanza province, largely populated by Luo, has the second highest number of diagnosed Aids cases in Kenya.

Vice-President George Saitoti said 9,620 cases of the deadly viral disease had been diagnosed in the past seven years in Nyanza, which borders on Lake Victoria, compared with 12,467 cases reported in Coast province on the Indian Ocean, a tourist area where prostitution is widespread.

Officials want to end wife inheritance, but supporters of the practice say it is part of Luo culture and should be preserved for social and economic reasons.

Dennis Akumu, a Luo legislator, said the custom was responsible for his own existence because “my mother was born after my widowed grandmother remarried”.

The purpose of wife inheritance was to ensure that a widow and her children were cared for by a member of their family or clan, he said.

George Opollo, a businessman in Kisumu, a town in the Luo heartland, used the Old Testament book of Deuteronomy as a defence.

If brothers lived together and one of them died, it said in Chapter 25, Verses 5–7, the survivor should take the widow and perform the duties of a husband.

Muthoni Likimani, a Kikuyu public relations consultant, said many widows, especially in rural Kenya, could not survive without men.

“They are only shown a piece of land to till.” Mrs Likimani said. “They don’t know there is a land office or the courts. They need a man.”

Anglican Bishop Henry Okullu, a Luo, and other opponents argue that the traditional reasons for the practice no longer exist. They say more women are educated, financially independent and demanding equal rights with men, and the traditional extended family structure is breaking down, even in the countryside.

Joyce Onditi, a secretary, pointed out that a pauper might inherit a wealthy widow and decide to share her property “with his original wife, claiming he is the head of the home and has the right to do anything he pleases”.

The sexual aspect also worries young women.

“If it were not for the sex aspect, it would be acceptable,” said Anne Omollo, 29, a marketing executive.

“But there are too many contagious diseases, like Aids, which can lead to loss of life.” — Saps-AF.
City man tells of Aids verdict

MARRAKESH. — A young Cape Town man, Mr Shaun Mellors, told the Eighth International Conference on Aids in Africa here yesterday how doctors had given him six months to live — seven years ago.

The five-day conference heard that 20 million Africans would be infected by the end of the century and that eventually the disease would kill more people on the continent than famine, civil war, coups d'état and ethnic violence combined.

Mr Mellors, 28, told delegates that after he collapsed at his job as assistant food and beverage manager in a Cape Town hotel seven years ago, he was told by a doctor: “You have Aids and you have six months to live.” CT18/12/93

The doctor was wrong on both counts. Although Mr Mellors did have the HIV virus, seven years later he has not developed Aids.

Many people were ignorant about how Aids was spread, Mr Mellors said.

He had lost his job after his condition was diagnosed and since then had been active in Aids organisations and corporate education programmes.

“If you’re unemployed in South Africa and HIV-positive, it’s difficult to get a disability grant,” he said. “I can’t get a grant because I’m too healthy and I can’t get a job because I’m too sick.” — Sapa-AP
Scourge unites women from different worlds

By CAS ST LEGER

TWO women from different worlds have one thing in common — they have devoted their lives to caring for AIDS patients.

One is a nurse in a sprawling, noisy township, who gives food and counsel to the families of AIDS patients in her care.

The other is an Irish nun who runs a quiet hospice for the dying.

Children recognise Sister Khathide Mkhwanazi as she makes her way through the shacks of Alexandra, delivering monthly food parcels to 15 families affected by AIDS.

"Use-A-Condom," they cry, repeating the slogan she has been drumming into residents' heads for the past year through her Alexandra AIDS Action Group.

When her patients, who range from a three-month-old baby to schoolchildren and pensioners, are too ill to remain in their shacks, she sends them to people like Sister Cecilia Newell.

The nun of the Sacred Heart Hospice in Kensington, Johannesburg, eases the suffering of the dying.

In Alexandra, an entire family is affected when one person contracts AIDS.

"The first thing that happens when someone gets AIDS is that he loses his job," said Mrs Mkhwanazi.

Because most of the families in her care are destitute, she has introduced self-help projects, including the manufacture of briquettes.

Mrs Mkhwanazi also collects donations from companies and church groups of maize meal, cooking oil and peanut butter, supplemented this week by special Christmas food parcels of canned fish and coffee. She also hands out 5 000 condoms a month.

"The first thing that happens when people get AIDS is that they lose their jobs," she said.

Because most of the families in her care are destitute, she has introduced sewing projects and the manufacture of briquettes.

Five small boys and their grandmother gather at the shot of her car, ready to receive their food parcels.

The day before, their brother, 19, and the academic pride of the family, collapsed and was taken to Johannesburg Hospital.

His last school report exhorted him to "keep up the good work". His classmates have no idea he has AIDS.

Of Mrs Mkhwanazi's former patients, Christine, 41, was admitted to Sister Cecilia's hospice in August.

Christine had a boyfriend from Maputo who left her and her four young children when she fell ill two years ago.

"Her time is short," said Sister Cecilia, who ran the hospice single-handed when it first opened three years ago. Now it has a doctor and nurses on 24-hour call, and all care is free.

At present, her charges are six women and four men — all with TB as well as AIDS.

Among them is Keith, 39, admitted in October. "I am lucky to be here," he said. "I am happy; the sisters never lose their patience. Sister Cecilia is there when we need her."

Keith is not afraid of death but wonders how long he has left.

"One's got to take it as best you can," he said philosophically.

The hospice relies entirely on donations for running costs.

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Prominent judge dies on holiday

By CARmEL RICKARD

A LEADING member of the Appeal Court, Judge John Milne, died while on holiday in England on Friday, the day before his 64th birthday.

Judge Milne had been Judge President of Natal before his appointment to the Appellate Division in 1968. Earlier this year, he was appointed to head the Milne commission of inquiry into whether attorneys should be given rights of audience in the Supreme Court.

Reacting to Judge Milne's death, the Chief Justice, Judge Michael Corbett, described him as a "very great judge and a very great gentleman."

"He was a dear friend and colleague of us all on the Appellate Division. We were absolutely shocked to hear the news," he said.

Judge Corbett said he had been informed by the family that Judge Milne and his wife, Shirley, had been visiting their son in London when he died, apparently of a heart attack.

The Chief Justice said that Judge Milne had planned to finish his commissioner's report before leaving to go overseas, but that he did not yet know whether he had done so.

Another colleague on the Appellate Division, Mr Justice Goldstone, said Judge Milne's death was a great loss to the legal community "especially as we enter the new South Africa."

He was strongly committed to human rights and would have made a great contribution. "This is an irreplaceable loss," he said.

Judge Milne, who was born in Maritzburg and attended Hilton College before going on to Oxford, was also highly praised by former colleagues on the Natal bench.
No Fags on Jackson Claims

AIDS Grows as AIDS

SUN TIMES, December 1
Theories fall short when face to face with AIDS

By TERRY BETTY

A HUMAN resources manager has to devise his own means of dealing with an AIDS-infected employee.

Although many companies have guidelines on dealing with AIDS-infected employees, they are inadequate when real-life problems have to be faced.

UnionBank of Swaziland human resources manager Bruce Walsh tells of the case he had to play by ear: "Customers were talking about an employee's illness. His physical appearance and frequent absence from work affected morale - his colleagues refused to drink out of the same mugs.

"The employee refused to admit he suffered from the disease or even visit the company doctor. He said he was run down and needed a holiday."

Mr Walsh gave him three-weeks' leave on condition that if he was away for even one day in the first three months of his return, he would have to see the company doctor. The employee agreed to the terms.

It was then discovered that he was in an advanced stage of the illness and the doctor recommended that he stop working.

Mr Walsh was faced with the dilemma of what to do with the man.

"At only 47, do we put him on early retirement? Do we pay him a disability pension until he retires? What do we do about the money he owes us?"

"The company eventually put the employee on early retirement and he

had to wait before receiving his initial lump-sum payment.

"He did not live much longer after this. He received only two monthly pension payments before dying."

"How to retire an individual, suppress office rumours and manage distraught employees who will not admit they are suffering from AIDS are issues managers have to face."

Mr Walsh said: "I also had to deal with facing my own mortality for the first time." [191121]

AIDS and HIV consultant Jenni Gillies says: "Many companies have theoretical policies on how to deal with AIDS. However, they are usually inadequate for handling a real-life situation. A policy is essential for employees to know where they stand and give management some guidelines."

"However, a theoretical document cannot help a manager deal with the emotional response of general staff to an AIDS-infected co-worker."

The manager has to handle prejudices surrounding the disease. He has to deal with other staff members who reject an AIDS-infected employee.

Prejudice prevails at all levels of a business.

Mrs Gillies says a survey of attitudes shows that 22% of employees refuse to work with an AIDS-infected person - either for fear of infection or because they do not feel comfortable about it.

Many are willing to work with an AIDS-infected person only under certain conditions. Some are willing to work with AIDS-infected people.

Mr Walsh says the ideal is for the AIDS-infected person to be comfortable enough with co-workers to be open about his disease.

"This ends gossip and the sufferer is likely to receive more support from colleagues."

"The manager will also have to be skilled in balancing the needs of the individual with those of the organisation. I focused on the needs of the corporation and how to get productivity of the department back on stream without taking consideration of the individual."

"Even if a manager feels he cannot giving counselling or moral support himself, he should ensure the AIDS-infected worker has access to a network of support from family and friends as well as through the various AIDS organisations."

The balancing act will also be important when the employee's needs clash with those of the workplace - for example, the person cannot do his job properly, but wants to work.

Mr Walsh says it is possible to move an AIDS sufferer to a less demanding position, but at some stage he will have to leave because of declining health.
Alarm grows as AIDS noose on SA tightens

AIDS is believed to have killed more people in South Africa this year than in the seven years since the first cases of the killer virus were identified in this country.

Insurance company Metropolitan Life has been charting AIDS in South Africa since 1985 and has based its figures of 4 697 AIDS-related deaths this year on data from clinics round the country.

Mr Peter Doyle, Metropolitan's senior general manager, has calculated that there have been 8 697 AIDS-related deaths since 1985, and that AIDS will claim 9 900 lives next year.

Those who have full-blown AIDS and are terminally ill are estimated at 4902, excluding those who are in the early stages or have been diagnosed HIV-positive.

"We would probably always see under-reporting, even if AIDS were a notifiable disease," Mr Doyle said.

"There has been gross official under-reporting of AIDS until this year. A Department of National Health and Population Development update for March 31 last year gave AIDS deaths as 13 for the first three months of 1992, and a total of 424 since 1985. By February 1993, the total death figure was 530.

Giving South Africa's AIDS status on December 1, World AIDS Day, the department recorded a total of only 2395 AIDS cases. There were 75 053 confirmed HIV-positives. The department's chief epidemiologist, Dr Horst Kustner, Mr Doyle and senior doctors at Baragwanath Hospital agree that AIDS deaths are usually not recorded as such but, instead, pneumonia or tuberculosis appears on death certificates. All 10 patients at the Sacred Heart Hospice in Johannesburg, for example, also have TB. (92)

Others return to rural homes to die where there is no one to record that they had AIDS.

No gag on Jackson claims

A LOS ANGELES judge this week refused to impose a gag order in a suit accusing pop superstar Michael Jackson of sexually abusing a young boy, saying the allegations were already out in the open.

"Both sides are going to have trouble preventing enormous pre-trial publicity.

"I can't issue an order to control this, even though I might want to," said Judge David Rohman.

Lawyers, however, agreed to prevent the most sensitive information leaking out in the case, which has whipped up a worldwide frenzy of media interest.

Jackson, 35, could respond to the allegations under oath sometime next week, his lawyer said.

Mr Doyle places HIV infections at 207 000 people for the beginning of 1993 and 500 000 for the year-end — the same as the official prediction.

The insurance company's practice of requiring prospective clients to undergo blood tests has borne out its estimates.

Generally speaking, positive testing clients came from the lower income groups.

Metropolitan's projections incorporated behaviour changes and found little or no change in people's sexual habits or greater use of condoms.

As for the rest of Africa, it is anticipated that AIDS will affect up to 25 percent of the adult population. Child AIDS victims have not been included as they die more rapidly from the disease.

The tendency in South Africa is for AIDS sufferers to be kept at home in their communities as long as possible before being admitted to hospital, where there are no special AIDS wards, or to the 25 Hospice Association homes or one of several church and private hospices.
A haven for HIV babies

■ LOVING CARE Abandoned by

their mothers after they were found to
be infected by the dreaded virus:

By Sizakele Kooma

There is one from Soweto,
two from the Vaal and two
others from rural Natal.
All of them, except for
one, were abandoned by
their mothers because they
were infected with the dreaded HIV
virus.

Except for the rejection by their par-
ents, they have no wants.

Every day is like Christmas Day for
these cheerful, healthy-looking babies
at the Salvation Army's Bethesda Home
in Klipspruit Extension, Soweto.

They have six doting "mothers" and a
home that could make any new mom
envious. Soweto.

Their three brightly decorated bed-
rooms are furnished with colourful
spanking new cots. Their sunny play-
room is swash with good, expensive
toys. 28/12/93

Today they are being given a party
and new clothing by the Interdenomi-
national Prayer Women's League and they
will be dressed in their cutest Sunday
best.

Feelings

If you are not in the know, the four-
week-old baby sleeping on the crib or
the four-year-old playing on the lounge
floor, will not invite even the slightest
feelings of pity in your heart.

"They are like any other children," one of their "mothers", Mrs Teresa
Mokhesi, explained.

"None of them has developed Aids.
They are all well, except for one who
was admitted to hospital last month. His
illness was like that of any other child
from a normal home would be."

Mokhesi joined Bethesda Home
when it opened on August 28, four
months after she retired from a nursing
career. She is employed as a nurse but
also helps with the care.

"When I took up this job I did not
consider HIV as important. It was the
babies who were important, the HIV
was just incidental.

"Nothing has caused me to despair so
far. Their health is coming up instead of
going down. Most of them came here
maltreated but they gradually pick up.

"I haven't opened my mind to what
will happen eventually. When you nurse
a patient, you nurse him or her to get
well. I never tell myself they are going
to die. I would be miserable. I would not
be able to do my job."

Bethesda Home is the only welfare
institution that admits children who are
HIV positive. Captain Lenah Jwili, ma-
tron and founder of the home, said their
aim was not to encourage institutional-
sation.

"The community should be involved.
They should be taught how to handle the
situation and be encouraged not to reject
their children," she said.
20 000 in Soweto have HIV

Twenty-four percent of the population of Soweto will be infected with HIV by the year 2010, predicts Baragwanath Hospital’s AIDS expert and specialist obstetrician Dr James McIntyre.

Speaking at an AIDS Awareness Week parade at the hospital yesterday, McIntyre said about three HIV-positive women gave birth at Baragwanath daily. He estimated the number of HIV-positive people in Soweto at between 20 000 and 30 000.

He said: "It is time the community realised that the illness is not only a medical problem. All members of the community must get involved in learning about and preventing AIDS."

The parade was organised by the AIDS clinic at the hospital.

The Star Africa Service reports from Mbabane that about 10 percent of Swaziland’s population has been infected with HIV. Within the next four years, at least 7 000 people will have full-blown AIDS in the tiny kingdom. Minister of Health Derek von Wissel warned in an AIDS Day message published yesterday.

It was clear, he said, that the country’s hospitals and health services, already grossly inadequate, would not be able to cope with the demand placed on it by the AIDS explosion and the rapidly expanding population.

Soweto Bureau.
HEALTH & DISEASES - V.D.

1994
W Cape Reports Highest-Ever HIV Rate

The number of HIV-positive people has been increasing steadily, and the Department of Health has reported that in the region last year was the highest number of new cases of HIV infection.

Projections for South Africa indicate that the number of new cases will continue to rise, with an estimated 500,000 new cases expected by the year 2020.

The Department of Health has called for increased awareness and prevention efforts, particularly among high-risk groups such as young women and men who have multiple sexual partners.

Most of the new cases are among young people aged 15-19 years, and the Department of Health has called for increased support and resources for this group.

By Barry Steenkamp

Cape Times, Saturday, January 1, 1994.
AIDS threat to Africa's industries

By PETER MALHERBE

London

AIDS is taking a heavy toll among the educated urban elite in some African countries, wiping out key people in industry. (92)

The latest research on AIDS in the continent has found the highest incidence of HIV infection in higher-income urban areas, which house the leaders of commerce, government and education, and in towns along transportation networks.

Researchers claim deaths resulting from AIDS already represent a serious problem in industry, with some companies seeking to replace executives with workers from outside Africa.

The recent findings contradict earlier claims that AIDS in Africa was a "myth" promulgated by scientists and workers with vested interests. All indications now are that AIDS has become a major killer in sub-Saharan Africa, doubling the death rate in some countries.

The World Health Organisation estimates eight million people have the virus in the sub-continent — one million of them children.

Mr. Richard Feachem, dean of the London School of Hygiene and Tropical Medicine, said there was no doubt the AIDS epidemic was growing rapidly in Africa, with large increases in mortality rates.

The school's research found the highest prevalence rates in eastern and central Africa, and the Ivory Coast in west Africa.

Mr. Feachem said it had been established throughout Africa that the urban educated elite had the highest incidence of infection.

Researcher Susan Foster, whose work has focused on Zambia, said up to 15 per cent of all sexually-active adults in urban areas were HIV-positive.

This was causing problems on copper mines, where skilled replacements were increasingly difficult to find.

Miss Foster said high rates of HIV infection were also found along the major rail and road links, with rural areas least affected.

Despite ongoing doubts in some circles about the direct link between HIV and AIDS, a wide-ranging study in Uganda found young adults infected with HIV were seven times more likely to die prematurely than their uninfected contemporaries.

The researchers also found HIV in Africa was transmitted primarily during heterosexual sex.

The WHO is backing the development of a cheap spray or jelly which can be used by women to prevent the spread of AIDS. The microbicidal substance would signal a move away from the condom as the front-line weapon against AIDS and give women the power to ensure their protection.

Delay over

By STEVE TAYLOR

RUSSIA has missed its December deadline for delivering the world's last-known smallpox virus.

The first decision in the world of a biological species was taken in former Soviet Union.

Russia has honoured most of its Soviet Union and is believed to be as the virus could be useful for fears that some countries may have been intending to use it as a form of biological weapon.

Leaders of Russia's Academy of Science meeting in Moscow on Wednesday take next.

From the 16th to the 18th century killed 200,000 people a year in Europe. Wide inoculation had eradicated smallpox only in laboratory cultures.
PROBABLY the first Aids vaccine trials in the developing world were those performed in Zaire by French scientist Dr Daniel Zagury in 1986.

In three separate Aids vaccine trials Dr Zagury vaccinated 10 children aged between two and nine; eight children and young people aged between 10 and 18; and around 30 adult volunteers, including members of Zaire's armed forces.

In 1991, the World Health Organisation announced that it had chosen four developing countries - Brazil, Rwanda, Thailand and Uganda - in which to conduct large-scale Phase Three vaccine trials and when candidate vaccines became available.

Phase One and Two had already been conducted since 1987 on healthy volunteers in China, Europe, Thailand and the United States. And the US Army looks set to become a significant force in the Aids vaccine trials.

As well as the WHO and the US Army, the US National Institute of Allergy and Infectious Diseases (NIAID) is planning vaccine trials in developing countries. Already, NIAID has established collaborative Pave (Preparations for Aids/HIV Vaccine Evaluations) projects with eight developing countries: Haiti, India, Kenya, Malawi, Rwanda, Thailand, Uganda and Zimbabwe.

According to NIAID, the Pave projects are primarily feasibility studies to determine if vaccine trials in these countries would be practicable, but they also involve some strengthening of scientific capacity.

"Touching on the ethics and desirability of Aids vaccine trials in developing countries was the briefing ask: "Why the developing world?"

"When we help scientists in Brazil, Rwanda, Thailand and Uganda develop plans for vaccine evaluation, the first question is 'why us?'" says Jose Esparza, head of vaccine development at WHO's Global Programme on Aids.

Esparza believes there are a number of ethical imperatives behind Aids vaccine trials in the developing world. For one thing, the need for an Aids vaccine is greatest in developing countries, many of which are under an intolerable economic burden because of the Aids pandemic.

He also argues that developing countries must be involved in large-scale Aids vaccine trials if they are to have any chance of reaping benefits from a successful Aids vaccine. He adds: "There's no guarantee that a vaccine developed and tested in the US or Europe would be appropriate for use in developing countries."

This is a view shared by Dr Bruce Forrest, director of clinical development at a top US pharmaceutical corporation, who says: "Not doing something in the developing world and just focusing on Europe and North America poses ethical questions as well."

There are also scientific and epidemiological arguments for testing candidate Aids vaccines in developing countries, the briefing's authors point out. They argue that what has been called "safari" or "hit and run" research. This is medical research conducted in poor countries by scientists from rich countries because it is cheaper and easier. In this scenario profits - both financial and social - rarely benefit the populations in which research was undertaken.

"As an African," says a doctor from Uganda who prefers not to be identified, "I've seen situations where people have been used in trials of drugs and vaccines who have certainly not benefited from the fruits of such research."

Anne Kennedy, a nurse who has worked on Aids vaccine trials in Britain and who is now making a special study of the ethics of Aids vaccine testing in developing countries, says: "Developing countries have always been used as test beds for all sorts of things. People in developing countries have always been vulnerable to exploitation when it comes to medical trials."

Robin Gorna of Britain's National Aids Manual believes that testing Aids vaccines in developing countries is essentially racist. "Cynics might think that one of the reasons why vaccine trials are being run in the developing world is because black bodies are more dispensable than white bodies."

At the moment there is no Aids vaccine available, the briefing's authors observe. Nor is there likely to be a safe and effective vaccine for at least a decade. Aids will continue to ravage developing countries until well into the next century. No vaccine, however effective, will stop the Aids pandemic overnight, nor will it eradicate the social and economic reasons for its spread.

"The quest for a preventative vaccine," says Dr I Jussimuiden, "has the attraction of a 'magic bullet' - that is, the expectation that we will not have to deal with many of the reasons underlying the distribution and spread of Aids and HIV."
HIV cases growing rapidly in the Cape

By GLYNNIS UNDERHILL

NINETY Aids babies are being treated at one city hospital — and the spread of HIV is gathering pace rapidly in the Cape, especially among women.

Most of these infected babies, who are being treated at the Red Cross Children's Hospital, were expected to die before the age of three, said Dr John Burgess, head of the HIV clinic at the Red Cross.

Townships

Doctors and staff at the hospital are mourning the loss of one little girl, aged three, who died of Aids on Monday night. Dr Burgess said yesterday the child had been infected by her mother.

Most of the babies being treated at the Red Cross HIV clinic live in townships around Cape Town and commute with their relatives to the hospital for treatment.

Seventy percent of the babies born to HIV-positive mothers do not contract the disease — but AIDS orphans are the product of the rapidly spreading disease.

Some of the HIV-positive babies were abandoned by their mothers and had been placed in homes, said Dr Burgess. "We have had cases of mothers dropping off their babies and running," he said. Others had been orphaned after their mothers had died, he said.

Ten babies have died of AIDS at Red Cross Children's Hospital in the past three years and the number of babies being treated at the clinic has increased over the past year.

The latest statistics released by the Cape Aids advisory group reveal that 64 new paediatric cases were reported during 1993. Sixteen new paediatric cases were identified in October alone.

In the 10 months to the end of October last year, there were 1,185 new cases in the Cape Town metropolitan area and 3,300 in the province.

In the three months to September last year, there were 333 new HIV-positive cases — most of them women and the highest number of new cases in the Cape since 1993. In October the figure was 132.

Cape Town's Medical Officer of Health, Dr Michael Popkiss, said the figures revealed the growing number of women passing the disease on to their babies.

"Our only hope is in prevention," he said. "But there is a huge problem in the country in terms of AIDS education.

The number of white male HIV-positive cases had dropped and this proved that education programmes did work.

The number of heterosexual cases identified showed an increase from 111 in 1989 to 607 in 1993. The number of male homosexual cases dropped from 35 in 1990 to seven last year.

Increase

Dr Robin Wood, head of the HIV clinic at Somerset Hospital, said the clinic had treated 730 adult patients since it opened in 1985. It had seen an increase in the number of women patients over the past two years, especially among the black and coloured communities.

The clinic could not offer more than three patients the expensive AZT drug used to halt the disease because of a lack of resources.

Home-based care for HIV patients was the only solution for the future as the number of cases increased, said Dr Wood.
Call for calm in child Aids scare

By CELEAN JACOBSON

PARENTS should not be alarmed by stories of children with the AIDS virus infecting other children living in the same house, Mr John Pegge, director of the AIDS Support Education Trust, said yesterday.

He was reacting to a weekend report of an American HIV-positive child who infected another child. The children were aged between two and five at the time.

"The second child may have been infected through open skin lesions or mucous membranes by blood of the first child, who had frequent episodes of bleeding," the report said.

Mr Pegge said the "routes of transmission were well known — sexual intercourse, sharing needles, treatment with infected blood or infection in the womb. This story just reinforces what we already know".

He said these cases were extremely rare and that if precautions were followed there should be no need for worry.

"It would be worse to alienate and separate HIV-infected children," he said.

Mr Pegge said precautionary methods for those dealing with AIDS patients included wearing gloves and taking care when dealing with blood or other body fluids and not sharing razors or toothbrushes.
Test case over AIDS drug death claim
New HIV-positives nearly 3 300

Health Reporter

A TOTAL of 3,300 people have tested HIV positive in the Cape since 1989 with the highest number — 1,165 — in Khayelitsha.

This is the latest figure from the Department of National Health and Population Development, which also revealed that 64 new child cases were reported last year.

It is also noted that the third quarter of 1993, ending in September, yielded the highest number of positive cases since monitoring began in 1989.

Apart from Khayelitsha, the greater metroplex including Stellenbosch and Franschhoek totalled 619 cases and Eerste River to Somerset West 65.

The lowest number came from the West Coast with 13.
Aids posing a ‘challenge to churches’

JOHANNESBURG. — The Central Committee of the World Council of Churches opened a week-long meeting yesterday with Aids, women’s rights and Africa’s needs among key topics.

The 150-member committee meets approximately every 18 months as the guiding body of the WCC, which meets every seven years. The committee will decide the site of the next meeting of the Geneva-based WCC with its 352-member churches in 1998.

WCC general-secretary the Rev Konrad Raiser of Germany said in his report to the committee the HIV/AIDS pandemic posed a fundamental challenge to churches. “Too many churches are still maintaining a narrowly moralistic and judgmental attitude which has increased stigmatism,” he said.

Mr Raiser said the WCC was also focusing on the question of violence against women. “It is becoming clear that this situation constitutes a fundamental ethical and social challenge,” he said.

He said the WCC welcomed the opportunity to meet in South Africa for the first time. While many difficulties lay ahead for the country, “the point of no return has definitely been reached”. — Sapa

CT 21/11/94 (G2)
Youths cross Aids off agenda

By EVE VOSLOO

A NATIONWIDE poll of young South Africans of all races has found that only one percent of people aged between 16 and 25 believe fighting Aids should be on the agenda of a new government over the next five years — even though statistics show that 200,000 people could die of the disease by the year 2000.

The poll also found that 94% of whites and 87% of blacks expected violence to increase in the short term and more than two-thirds believed it would degenerate into civil war during the general election.

The survey was conducted by Markinor on behalf of Reader's Digest and the results are carried in the February issue of the magazine.

The magazine's editor, Wendy Morgenrood, said this week that some of the results had been a great surprise.

"We decided to commission a poll on the opinions of young South Africans because they constitute one-sixth of all voters and were probably responsible for forcing the government to cross the Rubicon, but don't really have a voice."

Education

The poll involved 600 young people, half of them black and half white.

Some of the findings are that:

- Only 55% of whites and 48% of blacks show confidence in the education system;
- A "staggering" 88% of blacks and 73% of whites believe that schools provide inadequate direction;
- A surprising 73% of whites and 67% of blacks are against the use of dagga and 93% of whites and 80% of blacks take a tough stand on the use of hard drugs;
- The majority are against abortion and would prefer not to have a child out of wedlock.
HIV-mum 'won't accept' interview yesterday that she was devastated by the death of the brave little girl.

"I think (my daughter) will get over the virus because she has never been sick like the baby. If she feels sick she says she will go to witch-doctors," the grandmother said yesterday.

Health authorities report a growing number of women passing the virus on to their babies, although only 70% of babies born to HIV-positive mothers contract the disease.

Churches: ‘Aids havens’

JOHANNESBURG. — Churches must become havens for people living with AIDS and the church should become involved with stricken communities.

World Council of Churches central committee members were told this on Saturday at a conference here.

Underlined during several of the presentations was the increasing toll that HIV/Aids is taking on women. Women outnumber men six-to-five among Aids patients in Africa.

Youth adviser Mr Simon Moglia of Australia insisted: "We must talk about sex. It is an issue that leaves us vulnerable but we must face it." — Sapa

Dr John Burgess, who heads the clinic, said the baby had been infected by her mother who refuses to believe this is possible.

The 25-year-old mother, a waitress, is aware of the disease but has refused to go for treatment at Somerset Hospital because she feels perfectly healthy — "and those who go for treatment die".

The family do not wish to be named.

The sickly child was raised in Guguletu by her 68-year-old grandmother, who said in an interview after the death of her granddaughter that she was devastated by the news of her death.

DAYS after a three-year-old Guguletu baby died of Aids, her young mother has still refused to accept that she is HIV-positive — while her family believes she will not succumb to the baby's illness because she appears healthy.

Red Cross Children's Hospital is mourning the loss of the child who was among 60 Aids babies currently being treated at the hospital's HIV clinic, none of whom is expected to live beyond the age of three.
Churches urged: No condoms

JOHANNESBURG. — Churches should not support the use of condoms in the fight against the HIV virus and AIDS but should instead offer young people a moral vision, an Anglican bishop told the World Council of Churches (WCC) here at the weekend.

Churches and the WCC were urged by central committee members and youth representatives to make young people a priority, and help them face issues such as AIDS.

Bishop Drexel Gomez from the West Indies told the international meeting that churches were quick to urge a non-judgmental approach to the sexual element in the transmission of the virus, rather than give them a moral vision based on Christianity.

However, Ms Cristina Boesenberg from Argentina said that people were sexual beings and it was better to prevent problems than face tragic consequences. She agreed that churches should help young people to conduct their sex lives in a Christian way. — Sapp
Churches urged to preach morality — not condoms

JOHANNESBURG. — Churches should not support the use of condoms in the fight against HIV and AIDS, but should instead offer young people a moral vision in keeping with Christian teaching, an Anglican bishop told the World Council of Churches.

Aids was among the many challenges facing young people and the issue was raised at the WCC's central committee meeting in Johannesburg at the weekend.

Churches and the WCC were urged by central committee members and youth representatives to present a higher profile to young people and to try to increase their participation in the ecumenical movement.

Drexel Gomez, a bishop in the Anglican Province of the West Indies and a member of the WCC's executive and central committees, told the meeting that churches were quick to urge a non-judgmental approach to the sexual element in the transmission of the virus.

But, he said, it hurt him when he heard Christian leaders call for judgment to be suspended. The churches should be presenting young people with a moral vision based on Christianity.

"There are a lot of instances in which we adults, in our efforts to help young people, can do them harm."

He said the Third World was dominated by North American culture, which was influencing young people.

"In all these (American) soap operas, immoral conduct is the thread," Bishop Gomez said.

However, Cristina Boesenberg, from the Evangelical Church of the River Plate in Argentina, told the central committee that people were sexual beings and it was better to prevent problems than face tragic consequences.

Prakai Nontawasee, of the Church of Christ in Thailand, called for action with young people to stop the spread of the AIDS virus.

She said in her work in Thailand she had asked a prostitute if she was afraid of catching AIDS. "No, I'm not afraid of AIDS," the prostitute told her, "because I won't die alone. I will take others with me." — Sapa.
BABY Paul, 2%, is dying of AIDS. His mother, 21, is HIV positive. He can't walk or talk but his father says "he is happy and does not know he is sick." Doctors don't know why the baby has died so quickly. The baby's father is a nurse in a hospital where the baby was born. He is one of 80 children being treated in the hospital.

MUMS' sadness

HIV-positive

AIDS babies of city's Tragedy

Paul, 2%, is dying of AIDS. His mother, 21, is HIV positive. He can't walk or talk but his father says "he is happy and does not know he is sick." Doctors don't know why the baby has died so quickly. The baby's father is a nurse in a hospital where the baby was born. He is one of 80 children being treated in the hospital.

HIV-positive mums’ sadness

BY GLYNIS UNDERHILL

BABY Paul, 2½, is dying of Aids. Doctors don’t expect him to see the end of the year. He was abandoned by his mother and now lives at Nazareth House in Vredehoek with three other Aids babies.

“He can’t stand or walk because he is terribly weak. Some days he appears so bright and healthy but since Sunday he has taken no solids. We have been feeding him cereal in a bottle to try to get him to eat,” said Sister Margaret of Nazareth House.

This baby is one of 90 children being treated at the Red Cross Children’s Hospital HIV clinic, which is headed by Dr John Burgess.

Dr Burgess said that he could only treat baby Paul for his infections and he should be kept comfortable like any terminally ill patient.

“This baby has Aids which lays him open for infection. Whatever comes along he can pick up. He is not expected to see the year out,” said Dr Burgess.

The Cape Times spent a heartbreaking morning at the HIV clinic yesterday, interviewing mothers of infected children. Infected babies are likely to die before the age of three, said Dr Burgess.

One 23-year-old township mother was waiting in the clinic’s reception room with her two-year-old son.

“My son is HIV-positive — the same as me and his father. Nobody in my community knows — because I don’t want to tell them,” she said.

The bouncy boy’s pretty mother said that her son was often sick, but she was “well”, although she had not been for treatment herself.

Nervous

Another 23-year-old mother, who believes her baby got the HIV virus from her after she was infected by her husband, says she does not want to see the result of her own blood test.

“I don’t want to know about it. It makes me too nervous,” she said.

Dr Burgess confirmed that both these children tested HIV-positive but said people should be encouraged to remain positive when faced with Aids.

Children often developed uncomfortable illnesses like tuberculosis, gastro-enteritis, thrush and pneumonia, said Dr Burgess.

The rate of progression of Aids in children is much more rapid than in adults.

Seventy percent of babies born to HIV-positive mothers do not contract the disease but the numbers of infected children visiting the clinic has shown a “steady increase” since it opened in 1990.

One HIV-positive mother who brought in her young HIV-positive daughter left the clinic in tears. She was followed by a social worker who was to counsel her.

Aids research is conducted in the paediatric department at the hospital, but further funds are needed to subsidise the research, said Dr Burgess.

At Nazareth House, funds are desperately needed to help care for the Aids babies.

New staff have had to be employed and sheets, mobile medicine cabinets and a suction machine are needed.

Volunteers who will “cuddle” and spend time with the Aids babies are being sought.

*Latest statistics from the Cape Aids advisory group show 65 new paediatric cases were reported in 1993.
Is AIDS the Plague That Never Was?

In a recent article in The Journal of the American Medical Association, Dr. Michael E. Castleman, a respected physician and researcher, offers a compelling argument against the widespread belief that AIDS is a deadly disease. Castleman contends that the official definition of AIDS has been manipulated to maintain fear and support for a particular treatment regimen. He argues that the current standards for diagnosing AIDS are arbitrary and that the disease itself may not be as serious as commonly thought.

Castleman cites studies that suggest a significant number of individuals infected with HIV remain asymptomatic for years and that many can live healthy lives with proper treatment. He also challenges the notion that AIDS is an inevitable outcome of HIV infection, pointing to cases where patients have played tennis tournaments and traveled around the world after being diagnosed.

Castleman’s article has sparked a heated debate among medical professionals and public health officials. Some argue that the disease is still a serious threat, while others see it as a way to undermine the effectiveness of preventive measures.

As Castleman notes, the current definition of AIDS is based on an arbitrary threshold for the level of CD4 cells in the body. He argues that this threshold was chosen to maximize the number of cases and is not based on any scientific evidence. He suggests that a more reasonable approach would be to focus on the symptoms and treatment of the disease rather than on the arbitrary level of CD4 cells.

Overall, Castleman’s article challenges the conventional wisdom about AIDS and suggests that a more nuanced approach is needed to understand and treat this complex disease.
HIV infection of pregnant Soweto women rises to 6%

AN ESTIMATED 6% of pregnant women in Soweto — about 60 000 women — were infected with HIV, SA Institute of Medical Research spokesman Prof Alan Fleming said on Friday.

Speaking at a report-back from the Africa AIDS conference held in Morocco last month, he said the figure had risen from 5% to 6% in the past few months.

Johannesburg AIDS centre head Clive Evison said the incidence of HIV in pregnant women had risen from one in 330 to one in 17 in the past six years.

The UN World Health Organisation warned at the conference that AIDS could spread faster in southern Africa than it had in east Africa. Figures for Kenya indicated that every hour there were 25 new HIV infections, six new AIDS cases and five deaths from the disease.

However, a number of prostitutes in central Nairobi had begun to show immunity to the disease. While about 90% in the city were infected, the other 10% consistently tested negative although they did not practise safe sex.

In other African countries the figure seemed to be stabilising at an infection rate of 5% of the population. About 10 million people across the continent were infected with HIV.

“AIDS in SA was following the same pattern as the rest of Africa, particularly in the trend highlighted across the continent of an abnormally high infection rate among teenage girls.

Figures for Zimbabwe and Malawi showed five times more teenage girls were infected than teenage boys.

Fleming said there had been a long overdue focus on youth at the conference. Child abuse and rape was an important factor in the transmission of HIV, he said, adding that 5% of the 2 000 cases of rape reported in Soweto each month involved children below the age of five. Sex and AIDS education for children had to become a priority.

Experiences in other African countries also showed the pitfalls of leaving health departments to manage the epidemic, and the conference emphasised the need for intersectoral collaboration.

KATHRYN STRACHAN

Randburg council and Premier under attack

A RANDBURG blockwatch association has described a Randburg Town Council decision to allow Premier Food Industries to make land available to squatters in the north of the town as an act of bad faith.

It also attacked Premier.

The Three Rivers Blockwatch Association said the council had signed an agreement two years ago with the Bloubosrand Action Committee that no squatter settlements would be permitted in Bloubosrand Extension 1 or surrounding areas.

The Premier land at Number 5, Riverbead, was about 500m from Bloubosrand, it said.

The council had agreed to resist strenuously and prevent any attempt to erect a squatter settlement in the area.

LLOYD COUTTS

The agreement had been signed after weeks of confrontation — involving roadblocks, protest marches and public meetings — between the council and the action committee.

Provision had been made for the erection of formal, affordable housing in the designated area.

“If the Randburg Town Council has disregarded their two-year-old agreement in such a cavalier manner, we and the Bloubosrand Action Committee feel that we are entitled to disregard paragraph 8 of the agreement with the council, which calls upon the residents to immediately stop the continuation of such actions as barricading public roads and the instigation of rates and taxes boycotts,” it said.
Suffering of the families

IN COMMON Aids sufferers and alcoholics — one thing in common:

By Sizakele Kooma

As sufferers and alcoholics, experts point out, have one thing in common — their condition can directly affect between 12 and 17 people within their immediate surroundings.

But until recently the traumatic effects of Aids on colleagues, family members and friends have been overlooked.

In South Africa the conservative outlook towards sex education has resulted in high rates of unwanted pregnancies and venereal diseases. A responsible and progressive approach towards the problem is however gradually being adopted by the business sector, who have realised how Aids can impact on their viability.

Statistics

Statistics show that 14 months ago, 300 people a day were diagnosed HIV positive in South Africa. Today, according to the Community Aids Information and Support Group, the figure stands at about 400.

A leading insurance and financial consulting group has prepared a strategy document on Aids. According to a spokesman for the group a "holistic approach" to educating people on safe sex — the use of condoms and the Aids problem is necessary.

"Experts on the subject of Aids clearly state that the use of condoms is essential to inhibit the spread of the virus. But until recently, public access to condoms has been limited by controlled distribution through health departments, chemists and certain supermarkets. For most people, the purchase of condoms at retail outlets can be embarrassing and the decision not to buy is often the easy way out," the spokesman said.

He said what was needed was an inoffensive way of making condoms readily available, at the same time allowing the person to make his or her decision in privacy.

'Ups and downs'

"The option of condom vending machines in toilets offered a solution. We employ more than 3 500 people and the implementation of the programme was quite daunting; a process of internal memos, canvassing and one-on-one discussions with the staff regarding the concept of 'personal health care' vending machines.

"It had its ups and downs, but soon proved to be less of a problem than originally thought," he said.

The company has installed 17 machines on a trial basis. Those located in the gents toilets dispense only condoms, while those in the ladies dispense condoms, tampons and panty liners at subsidised prices."
AIDS progression 'showing no let-up',

CAPE TOWN — The total number of AIDS-related insurance claims increased 73% over the past year to 63,303. This indicated there was no let-up in the progression of AIDS through SA's insured population.

This emerged from an analysis by reinforcer Mercantile & General of AIDS or AIDS-related claims reported by the insurance industry as at January 1994. Collation of the statistics started in 1987.

Almost half the claimants fell into the 15-40 age bracket, and more than 19% were over 50. The average age of claimants was 38.5 (in 1992). Married claimants accounted for 46% of the total, up from 26% a year ago.

The total Life Office payout on AIDS-related claims now exceeded R1.5bn. Since January 1993 the number of AIDS-related claims increased by 57% to 923, representing a 68% increase.

In this time notifications were reported dating back to 1991 and the number of claims for 1992 was more than double that reported for the previous year.

The conference noted that notifications of AIDS claims reached Mercantile & General only six to nine months after being submitted to claims departments. As a result the assessed number of AIDS claims in 1992 was expected to exceed 400.

Mercantile & General said a disproportionate increase in married men under 40 was noted, while the number of female claimants rose to 11.4% of the total compared with 10.5% by January 1993.

In 1993, 24% of all individual life insurance claims were notified. This represented a 74% increase and brought the sum assured related to individual life claims to R3.9bn. This was an increase of 56%.

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The average duration of a policy from inception to an AIDS-related claim stage was still low at 5.53 years. More than 40% of all claims occurred within five years of inception.

Mercantile & General said it was surprising that so many early claims were being notified, taking into account the strict underwriting with respect to AIDS, which had been in place for a number of years in the form of questions on HIV, HIV testing and AIDS exclusions.

The nature of the disease was such that it was unlikely an individual would be unaware of the condition during the two years prior to death and a large proportion of AIDS-related claims identified within 15 years of inception were probably due to anti-selction in some form.

'Political' mass killer jailed for 20 years

MARTHEZBURG — An Inkatha Freedom Party supporter found guilty of killing eight people at Kwaliene near Cato Ridge last year was sentenced in the Maritzburg Supreme Court yesterday to 28 years' jail.

Baba Lungisile Khomo, 26, with a group of others, attacked the Nkululeko tribe in March 7. The Nkululekos were ANC supporters.

Judge Alexander said the killing was a horrifying example of the bloodiest overtaking Natal, where the answer to political differences seemed to be nothing less than murder. In the absence of any other explanation, one could only assume the attack, led by Khomo, was politically motivated.

The judge said he would recommend that Khomo not be paroled until he had served two-thirds of his sentence. — Sapa.

TEC expected to press defiant homeland

PRETORIA — Bophuthatswana's rejection of a free political activity within its borders and its continued defiance of the TEC will be high on the agenda of the TEC's full council meeting on Monday.

Bophuthatswana authorities prevented the ANC from holding election rallies in the territory at the weekend, challenging a TEC decision of the authorities to ensure free political activity before the election. ANC president Nelson Mandela said at a rally in Randburg that the TEC would deal with the problem.

However, the TEC's options are limited. A report from its subcouncil on law and order at the weekend said:

The TEC Act does create the possibility of the TEC having jurisdiction in Bophuthatswana provided that the latter becomes an participant of the TEC. As this has not happened, the TEC has no jurisdiction over Bophuthatswana.

The TEC may invoke other avenues to force Bophuthatswana into a more politically tolerant attitude.

Other issues likely to be discussed by the TEC today include the operation of the police in KwaZulu, the budget of the national peacekeeping force, violence on the East Rand and an application from Ciskei to join the Council.

The TEC agreed last week to launch a civil court action against KwaZulu police commissioner Li-Gen Boy during fo the necessary action. Foes of the council with any information or documents he had concerning hit squad activities in his force. Progress on the court action would be heard by the TEC today.

Details of the long-awaited major peace plan for the East Rand are also likely to be disclosed today.

The announcement of a comprehensive plan to restore peace in the region is likely to include the withdrawal of the internal security unit and the deployment of the SAPF.
Johannesburg — Sixteen miners were dismissed by two mining houses after testing HIV-positive, the National Mineworkers’ Union alleged yesterday.

However, one of the mining houses named by the NUM has disputed the allegations.

Ten miners from Genmin’s Beatrix mine and six from JCI’s Randfontein Estates were allegedly dismissed at the end of last year in alleged breach of an “AIDS agreement” between the Chamber of Mines and the NUM.

Genmin yesterday denied the union’s claims, while JCI said they would investigate the issue.

The NUM has written to both mining houses demanding the reinstatement of the dismissed workers.

The AIDS agreement states that “HIV-positive employees will be protected against discrimination, victimization or harassment.”

It adds that no employee should be fired or denied appropriate alternative employment “merely on the basis of HIV infection.”

NUM health and safety co-ordinator Mr Sazi Jonas said the union was against Aids testing of its members as the disease “does not hinder or affect work performance.”

“We are committed to protect our members’ rights in terms of fair employment practices,” he said. “The dismissals … are unacceptable.”

At Beatrix, the 10 employees in question left in the middle of last year after “faction fighting” on the mine, but returned at year-end to seek reinstatement.

The NUM said agreement had been reached that workers would be reinstated after their records as employees were checked. Instead, the NUM charged, workers underwent “forcible” medical examinations and were refused employment after testing HIV-positive.

But Genmin spokesman Mr Andrew Davidson said medical examinations were compulsory for prospective employees and the decision on whether to employ them was left to managements at individual mines.

The Union has approached the EOHCC, which will send an investigator to the mine.

Genmin was more insistent and said the union was breaching agreements that companies had with the Chamber of Mines and the South African National Provident Fund.

JCI spokesman Mr Andre Geldenhuys said JCI was investigating the claims.

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HIV sacked

Own Correspondent

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Investigating

He denied Gemmin discriminated against HIV-positive workers and said "no miners were dismissed because of AIDS tests being positive".

NUM also said that at JCI's Randfontein Estates six employees were tested for AIDS without being consulted and were later dismissed.

JCI spokesman Mr Andre Geldenhuys said JCI was investigating the claims.
Taking sides in Africa's deadly Aids war

The Guardian/Africa
Mines in Aids test dispute

Ferial Haikia

The mining industry's fledgling AIDS agreement has struck its first rock: a dispute over whether the agreement bars pre-employment testing.

This week the National Union of Mineworkers (NUM) alleged that new recruits at two mines who had already been given contracts of employment were dismissed after testing HIV positive.

The Chamber of Mines said the industry-wide agreement does not preclude pre-employment testing, while employers say no tests were carried out on miners already in their employ.

"Our understanding is that the agreement covers new recruits. There should be no reason why HIV-positive workers should not be employed," said Sant Jonas, the NUM's health and safety co-ordinator, this week.

He alleged six new workers had been dismissed at Randfontein Estates mine and 11 miners refused re-employment at Beatrix mine in contravention of the agreement. This agreement says there will be no AIDS test without the consent of employees and that there will be no discrimination against miners found to be HIV positive.

Miners at Beatrix were compelled to re-apply for jobs after hundreds of them had left the mine, which was dogged by faction fighting last year. Jonas also points out that many retrenched miners eligible for re-employment could be affected by the chamber's interpretation of the agreement. A letter in the Mail & Guardian's possession from Beatrix management, concerning one of the rejected miners states: "When considered for re-employment, the employee acknowledged in an undertaking that certain pre-employment conditions, including HIV testing, will be required before re-employment can be offered. He was rejected on medical grounds."

A Gengold representative said the company did not dismiss existing staff who were HIV positive but said that all new recruits had to go through routine medical tests which included an AIDS test. If they were turned down after the tests, the medical reasons were not usually disclosed.

The union is demanding the reinstatement of the workers, but this will be difficult to achieve because all but two of the workers have returned to their rural homes.

Signed in May last year, the agreement is the country's first industry-wide AIDS agreement and took at least two years to negotiate and draft.
Aids kills 5 in E Cape

PORT ELIZABETH — Five AIDS-related diseases have claimed at least five lives in the Eastern Cape since the beginning of the year, it was reported yesterday.
Over 3 400 in Cape have HIV

Staff Reporter
A TOTAL of 3 437 people have tested positive for the HIV virus in the Cape since 1989, according to figures released by the the Cape Aids Advisory Group and the Department of National Health and Population Development yesterday.

In the third quarter of 1993, 333 new cases were reported — the highest number of positive cases in the Cape since 1989.

Over 940 people with Aids were anonymously and voluntarily reported in 1993 — a 27% increase on the 741 cases reported in 1992.

A total of 74 new paediatric cases were reported during 1993.

Heterosexual

The mode of transmission most often reported was heterosexual contact, with mother-to-child transmission second highest.

Tendencies in the past indicated that most of the unreported cases of Aids were due to mother-to-child infection, the report said.

With heterosexually-transmitted infection, the male to female ratio was approximately one to one.

The highest number of cases were reported in the 25 to 29 age group, followed by the 30 to 34 age group and thirdly by the 0 to 4 age group.

A geographical breakdown showed that in the Cape metropolitan area, including Khayelitsha, 1 236 cases were reported.

KwaZulu is the region with the greatest number of new cases.
Aspirin and Aids: Too soon to raise hopes — doctor

Weekend Argus Reporters

A Cape Town doctor has criticised a pharmaceutical company's announcement that clinical trials are to be conducted to test whether aspirin might be useful in treating HIV infection.

Anthony Keen, of the department of virology at the University of Cape Town Medical School, said the announcement was premature and that it was wrong to raise hopes when the trial had not even started.

The trial — involving 46 asymptomatic HIV-infected volunteers — is to be conducted by Donald Kotler of New York.

"This is a premature announcement. He (Dr Kotler) has no idea that it will work. It's only when one has success that you announce something like this," said Dr Keen.

Aspirin was "an old stand-by for many illnesses", but many drugs were being tried for Aids.

Dr Kotler, who has worked with Aids victims in New York for 10 years, said he had tested evidence that salicylates — a compound of which aspirin is the best-known — could inhibit HIV. He speculated that this over-the-counter pain reliever might fight HIV because of its anti-inflammatory properties.

He argued that during the body's normal inflammatory response to cellular injury, immune system cells were "activated". If these activated cells were infected with HIV, the virus would make copies of itself. His theory is that aspirin may prevent HIV replication by blocking the action of endogenous chemicals that activate these cells in the first place.

Several Cape Town doctors working in the Aids field said they had never heard of the pending clinical trial.

In the last three months of last year 429 people in the Cape tested HIV-positive, bringing the total since 1989 to 3,586, according to the Department of Health and Population Development.

This was the highest number of HIV-positive cases tested since 1989. Fifty-three cases were reported during the last quarter of 1989, 90 during the last quarter of 1990, 164 during the last quarter of 1991 and 202 during the last quarter of 1992.

Heterosexual transmission was most often reported, distributed equally between men and women.

Mother-to-child transmission was the second highest reported, but most unreported cases of Aids were due to mother-to-child infection.

Most people with Aids were aged between 25 and 29, followed by the 30 to 40-year-olds. The number of full-blown Aids cases has increased 27 percent since last year.
Syringes 're-used'

DURBAN — Health Minister Rina Venter yesterday expressed shock that some dispensing doctors were re-using syringes in spite of the danger of AIDS.

Venter was reacting to Medicines Control Council disclosures at an AIDS seminar that more than half dispensing doctors were practising unsafe medicine. This included the use of expired medicines and used syringes.

She made an urgent appeal to the Medical Association to prosecute offending doctors.

Venter said the number of reported cases of AIDS in SA had increased 27% last year on the 1992 figure. The virus remained seriously under-reported, with most unreported cases apparently mother-to-child infections.

She said that in the 1993/94 fiscal year, more than R21m had been allocated to AIDS research and support. Non-governmental organisations had received about R2m. Although this budget might be considered insuffi- cient, it had to be remembered government was oriented towards a preventative AIDS approach rather than a curative one.

Venter said a taskforce of the National AIDS Co-ordinating Committee of SA was developing a national plan, and the committee was being extended regionally.

"An AIDS health promotion programme should be an integral part of the local authority's existing health policy and control programmes," she said.

Venter said when a community was fully involved in AIDS prevention, new ideas and practices were rapidly diffused. "Social networks are activated. People with similar values and experience accept advice from each other more readily than from institutions." — Sapa.
DOCTORS have expressed shock at allegations that members of the medical profession could be contributing to the spread of AIDS as a result of unsafe practices.

They were responding to information given at an AIDS seminar in Durban on Monday where the Medicines Control Council disclosed that some doctors were refusing hypodermic needles, storing medicines in lavatories, and using expired medicines and unqualified staff.

Minister of Health Dr Rina Venter, who attended the seminar, described the allegations as a "shocking revelation".

Dr Roy Davey, chairman of the National General Practitioners' Group, said in a statement yesterday that the organisation was "deeply disappointed" in the authorities' failure to take action if they had evidence that the public was at risk.

"Minister Venter and the MCC are abrogating their responsibility to protect the public from harm by not reporting alleged cases of malpractice to the SA Medical and Dental Council."

Mr Russel Cotte, the inspector of the MCC, said in Durban who presented the facts at the seminar, is unavailable until Friday. No further details of the malpractice allegations could be obtained.

A spokesman for Dr Venter's office, Mr Andre Loubser, said from Pretoria yesterday it was unfair to bring the minister to task.
Southern Life turns away 746 HIV cases

SOUTHERN Life said yesterday it had refused life cover to 746 applicants who tested HIV positive since AIDS tests were introduced for prospective policy holders in August 1990.

The company said the life cover that had been turned down was worth about R73,5m.

It said in the past six months, 214 applicants had tested positive for HIV, the virus that causes AIDS.

Figures also showed that infection rates were highest among people between the age of 20 and 30, with 2.5% of all applicants in this category testing HIV positive.

Southern Life chief actuary Paul Truyens said the statistics justified Southern's exclusive life policy which eliminated cross-subsidisation of HIV-infected people. The policy requires periodic HIV testing until the age of 45.

Truyens said policy sales showed customers were prepared to repeat AIDS tests every five years to ensure they paid lower premiums. If exclusive life policy-holders tested HIV positive, their life cover would be reduced to 10% of its value.

Truyens welcomed the HIV testing protocol recently agreed to by the Life Offices' Association. The agreement ensures that HIV tests are handled "sensitively, confidentially and scientifically" by the life assurance industry.

"Our industry needs to be seen to be testing in a responsible manner and it is vital that all life offices abide by the protocol," Truyens said. 

Reuter.
Aids: Southern rejects R73,5-m applications

BRUCE CAMERON
Business Editor

LIFE assurer Southern Life has rejected applications for R73,5 million of life cover because of the threat of Aids.

Latest statistics from Southern Life reveal that 1.1 percent of all applicants for life assurance policies are HIV positive.

Since it introduced HIV testing in August 1990 Southern has indentified 746 cases of potential policyholders as HIV positive.

In the past six months alone 214 new cases were recorded.

Infection rates are highest in the 26 to 30 age group, with 2.5 percent of all applicants in this category being HIV positive.

Southern Life chief actuary Paul Truyens said the statistics were further justification of Southern's "Exclusive Life" policy which eliminates any form of cross-subsidisation of HIV infected people.

The policy requires periodic HIV testing until the age of 45.

"Sales of Exclusive Life already make up a third of our new policy sales.

"This indicates that customers are prepared to have repeat Aids tests every five years to ensure that they pay lower premiums.

"Exclusive Life not only protects existing policyholders' funds but also offers a safeguard against future increases in premiums."

HIV prevalence among male applicants to Southern Life has now moved in line with that of female applicants for the first time, said Mr Truyens, with prevalence rates being 1.1 percent for both groups.

Mr Truyens said Exclusive Life was not the only policy in Southern Life's range, with other products being available to meet the needs of people who may be at risk of HIV infection.

"We will continue to develop and market such policies, but policyholders will be kept in separate risk pools to avoid healthy clients cross-subsidising infected people."

He said Southern Life welcomed the HIV Testing Protocol recently agreed by the Life Offices' Association (LOA).

This agreement ensured that HIV tests are handled sensitively, confidentially and scientifically by the life insurance industry and that confirmatory testing is done where policy applicants prove HIV positive.

"Our industry needs to be seen to be testing in a responsible manner and it is vital that all life offices abide by the protocol.

"Issues such as counselling, client consent, confirmatory testing and confidential handling of test results are all areas where the industry has come in for criticism and hopefully this will silence our detractors," Mr Truyens added.
HIV infection rate up in Cape, say experts

VIVIEN HORLER
Staff Reporter

THE HIV infection rate in the Cape is growing, with more positive test results in the last quarter of 1993 than in any quarter since records began, says the Department of Health.

It says 429 people tested positive in the last three months of last year in the Cape, bringing the total number of people who have tested positive since 1989 to 3,586.

In December last year alone 149 new patients tested positive, of whom 19 were children at Groote Schuur Hospital. Throughout the year 84 children tested positive.

Almost 1,300 people in the Cape Town metropolitan area, including Khayelitsha, have tested positive since 1989 (62 new cases in December).

In the last quarter of 1989, just four years ago, 53 people tested positive, compared with 429 for 1993.

More and more women are testing positive. Half way through 1992 for the first time more women than men were found to be HIV positive, and this trend has continued.

Because the figures are collated from the reference virus laboratories of Tygerberg and Groote Schuur hospitals and the Port Elizabeth medical officer of health, the nature of the patient is not always known, but the largest single category of known patients is black women, with 708 cases.

Of the 3,586 patients to date, 1,203 are not classified. Of the rest, 12 are white women, 263 white men, 217 coloured women, 337 coloured men, 708 black women and 706 black men.
More heterosexuals are now victims

Aids cases among whites escalate

BY DAVID ROBBINS
HEALTH WRITER

South Africa's white heterosexual population has become a definite statistical part of the Aids epidemic currently gathering momentum throughout the country.

This is according to new figures published by the Department of National Health.

Earlier statistics indicated that the disease was largely confined to homosexuals and intravenous drug users among whites.

The latest figures indicate that already one in 200 sexually active white women could be HIV positive.

Accurate

The statistics are based on anonymous testing of many thousands of women at antenatal clinics throughout the country.

The figures are widely considered to be among the most accurate in the world.

The HIV prevalence estimates among whites are up from 0.09 percent in 1992 to 0.52 percent in 1995.

The current prevalence for black women is more than 5 percent, with a national doubling time of 18 months.

LATEST statistics from the Department of National Health say that already one in 200 white women could be HIV positive.

"It's impossible at this stage to make predictions with regard to the disease specifically among whites," said Professor Alan Fleming, head of the department of haematology at Wits and Baragwanath Hospital, and an expert on Aids.

"What we can say for sure is that there is now a definite epidemic in the sexually active white population.

"Figures for previous years would not have supported such a statement."

Fleming pointed out that the prevalence among white women was now at roughly the same level as it was among black women in the late 1980s.

One of the country's most respected commentators on the spread of Aids, Cape Town academic Peter Doyle, confirmed that, in spite of a relatively small sample size, there was no doubt that HIV was now present in the white heterosexual population, and that it would definitely increase.

"I'd be very surprised, however, if it reached the proportions which we expect among blacks."

"The difference is the prevalence of other sexually transmitted diseases (STDs) among the two population groups.

"Figures of up to 20 percent have been reported for the black population."

"The figure for whites is less than 0.5 percent," he said.

"The presence of other STDs increases the probability of contracting HIV by up to 10 times," Doyle said.

Drug use

"It's nevertheless something the white community can't ignore," he added.

Fleming pointed out that in the US, western Europe and Australia, the major causes of the spread of HIV among heterosexual Caucasian populations had been intravenous drug use, the prostitution which often results from this, and contact with bisexual men.

"In South Africa, intravenous drug use is not a major route," he said.

"Here, the white community is in much closer sexual contact with the black heterosexual population than is often admitted."
"Over 1% of applicants for life cover have HIV"

A total of 1.1% of all applicants for life assurance policies were HIV positive, latest statistics from Southern Life show.

Southern said that life cover totalling R73.5m had been refused to the 746 cases identified since testing was introduced in August 1990.

Recent figures show that 214 new cases have been recorded in the past six months. Infection rates are highest in the 26 to 30 age group, with 2.5% of all applicants in this category being HIV positive, says Southern.
More Cape Aids cases

AIDS is on the increase in the Cape with 429 new cases reported in the final quarter of last year. According to figures released yesterday by the Department of National Health and Population Development, this is the highest number of positive cases tested in the Cape since 1989. A total of 3,556 people have tested positive in the Cape since 1989. Last year there were 84 new pediatric cases.
Gay transmission of Aids 'only 15%'

ROGER FRIEDMAN, Staff Reporter

HOMOSEXUAL intercourse has accounted for less than 15 percent of reported cases of HIV infection in South Africa, according to the latest figures from the Department of National Health and Population Development.

Sexual transmission has accounted for almost 80 percent of cases while HIV transmission from mother to child accounted for a further 16 percent.

Since 1982, 3,071 cases have been reported countrywide, 1,188 of them last year.

A spokesman for the department said HIV infection was still under-reported with infection among children "probably the worst reported category".

The mode of transmission was not stated for 3.5 percent of reported cases while blood transfusions and blood products were the mode of transmission in 1.5 percent of cases.

Looking at the situation by region, KwaZulu accounted for 622 of the 1,188 cases reported last year. The Western Cape had 83 new cases.
Plan for new blood donors

Sowetan 25/8/94

TWO members of the South African Institute for Medical Research have suggested measures to recruit black blood donors while lessening the risk of HIV transmission through blood transfusions.

In a statement yesterday, the SAIMR's Dr Freddy Sitas and Professor Alan Fleming said that historically the black donor population had been very small, about 15 percent, but with political enfranchisement the black population could insist on the right to donate blood as part of its civic responsibility.

"It would be necessary to increase blood donation from the black population as exclusion on the grounds of one's race group is ethically and scientifically wrong," said the two SAIMR members.

To decrease the risk of HIV transmission from new donors, they suggest:

- Blood donors should remain unpaid volunteers;
- An intensive education programme should be started for potential blood donors, emphasising heterosexual transmission of HIV and the dangers of multiple unknown sex partners;
- Confidential self-exclusion systems for those with high risk behaviour should be developed;
- Sub-groups with high risk behaviour such as prostitutes, lorry drivers, prisoners, inhabitants of single-sex hostels and the armed forces must be recognised and excluded;
- It is necessary to recruit first-time blood donors to continue the transfusion service, but their first donations should only be used to prepare virus-inactivated blood components and laboratory reagents; and
- Blood and blood products should be used more appropriately. Too often blood is transfused unnecessarily.

Sitas and Fleming said the incidence of HIV in adults was doubling every year and it had been predicted that by the year 2005 between 18 and 24 percent of sexually active adults would be HIV positive. — Sapa.
R3.5bn PWV bill for AIDS

KATHRYN STRACHAN

THE HIV/AIDS epidemic will cost the PWV region more than R3.5bn a year in lost production by 2000, a Central Witwatersrand Metropolitan Chamber report shows. BLOOMBERG

Johannesburg City Council health committee chairman Marietta Marx said yesterday the report indicated an epidemic growing at an alarming rate.

The implications for the economy, health services and the family unit were daunting, and ways had to be found urgently to manage the crisis.

The traditional health care system would not cope with the effect. That meant alternative structures for "care, for example home-based care, would have to be established."

A further pressure on the family system would be the growing number of AIDS orphans. A study of Soweto indicated there would be about 137 000 orphans a year from this area alone by 2010, Marx said.

Substantial resources would have to be set aside to avert a total breakdown in community and family support systems.

Research conducted by the City Council in Johannesburg since 1993 showed the increased vulnerability of women to HIV.
MORE than half a million South Africans are infected with the HIV virus, according to survey results released by the National Health Department yesterday.

The department's epidemiology director, Horst Kuster, said yesterday: "The epidemic is following its expected trend with no sign of respite and now stands at a prevalence rate of 4.65%. This means that 47 out of 1 000 sexually active people are HIV infected."

An estimated 566 000 South Africans were HIV positive by the end of 1993, while the total number of AIDS cases at the end of February was 3 671.

The statistics are based on surveys conducted annually among women attending anti-natal clinics.

The survey results are similar to those forecast by Metropolitan Life actuary Peter Doyle four years ago.

Doyle said that with the epidemic spreading at the present rate, there could be a further 200 000 people infected during 1994 — equivalent to more than 700 new HIV infections a day.

The number of new AIDS cases, however, was less clear, but it was estimated there would be about 8 000 new AIDS cases during this year. By the end of the year, there would be about 4 800 orphans whose mothers had died AIDS-related deaths.
AIDS overtaking first predictions

By CAS ST LEGER

THERE are now 500 000 South Africans infected with the HIV virus that leads to AIDS, according to new Department of Health and Population Development surveys.

"There is no indication of the trend abating," said Dr Horst Kirsten, director of epidemiology. (92)

The highest rate occurred in Natal/KwaZulu at 8.62 percent of the population, while in the Cape it was 1.33 percent. By the end of 1995, over 3 000 AIDS cases had been reported. This was a "dismal result", Dr Kirsten said.

Director-General of Health Dr Coen Slabber said the rate of increase was "faster than we originally predicted".
Community drafted in fight against AIDS

The pressure placed on Zambia's strained health services by the Aids epidemic, which is claiming nearly 1000 people a week, is enormous. At Lusaka's University Teaching Hospital, waiting for mourners, both in the wards and the hospital grounds, has been banned. And at Leopards Hill cemetery, the capital's main burial ground, the funerals queue to happen.

Large billboards in Lusaka's most crowded streets are devoted to Aids. "Your family still needs you," they proclaim. "Use condoms; avoid casual sex."

But the predictions are that Aids is going to get a lot worse in Zambia before it gets better. Over the next five years there'll be 700 000 new HIV infections, 250 000 Aids deaths, 320 000 new Aids orphans to care for. But the incidence of HIV positivity will only peak around 2005 at 1.8 million of Zambia's about 8 million people.

Yet the new administration under President Frederick Chiluba is fighting back.

At the Salvation Army's Chikankata Hospital in southern Zambia - an institution with an international reputation for innovative ways of coping with Aids - a "special care" ward has recently been opened for the terminally ill.

"But clearly, if we admitted everybody, the hospital would collapse. We'd have to close down all our normal services. For this reason, we have made a deliberate effort to treat Aids patients at home," says a Chikankata doctor, Elijah Chaila.

Chaila explains the initial process. Patients come to the hospital presenting the symptoms of the various opportunistic diseases which take hold as the immune system goes into decline. The hospital acts as a sorting house, which separates Aids sufferers from non-AIDS ailments. HIV testing, when it is considered necessary to verify the clinical diagnosis, is preceded and followed by counselling by people specially trained at Chikankata. Part of the counselling process is the offer of home-based care.

"At first there were difficulties," says Chaila. "There was a stigma attached to the disease. But most people have come to accept it now."

Home-based care is administered by a team comprising community counsellors, nurses and clinical officers. The last category, also trained at Chikankata, have spent three years learning basic diagnostic skills.

The team goes into the communities (there are 70 000 people in Chikankata's catchment) three times a week to attend to patients. The arrangement has brought relief not only to the hospital but also to many families which would otherwise be disrupted by the move to the hospital grounds while the Ill member died.

The home-based care team is also charged with community education.

Yet Chaila admits that the "deficiency of knowledge in communities" is large. "We could do better," he adds.

An obvious solution is increased community involvement, and Chikankata has made considerable advances along this route. The hospital has already developed a primary health care (PHC) system based on health centres, clinics, and a network of voluntary community health workers.

These workers are community members, chosen by the communities and trained by the hospital to perform basic PHC functions. They are now being retrained with special Aids knowledge, and are taking over many of the routine duties of the hospital's home-based care team, with the team and ultimately the hospital itself playing a largely support and referral role.

A new perception of Aids is beginning to emerge: it's a community problem which must more and more become a community responsibility.

Chikankata's training co-ordinator, Dapeton Simane says: "A particularly exciting development is emerging near Kitwe on the Copperbelt, after a representative from one of the churches there attended one of our seminars."

The Kitwe development is practical in the extreme. An informal development of 20 000 people has been divided into a grid of nine sections, each section administered by nine community health workers, trained in AIDS education and home-based care as developed at Chikankata. The health workers are all attached to the church, carrying some status in the community and highly motivated. The initial Kitwe "grid" programme is already extending to cover a further 200 000 people.

"The exciting thing," explains Simane, "is that this sort of control programme costs nothing, except for drugs. Work is voluntary. Community transport capabilities have also been harnessed to provide a link with the local hospital. It makes you realise what a major role the churches have to play, and how important their contribution will ultimately be in persuading communities to accept responsibility for their own epidemics."

"And make no mistake," Simane adds, "what is happening in Kitwe will almost certainly influence and modify what we are doing here at Chikankata. It is through this interchange of ideas and experience that the best solutions will be found."
KwaZulu worst hit by Aids epidemic

Weekend Argus Correspondent

DURBAN. — South African AIDS researchers have joined colleagues in Africa in an attempt to co-ordinate an assault on the disease ravaging the continent.

The move coincides with fresh evidence that the AIDS epidemic continues unabated in South Africa, with the KwaZulu-Natal region being worst hit.

According to the latest figures released by the Department of National Health and Population Development, an estimated 566,000 South Africans were infected by the HIV virus by the end of last year.

By the end of February this year, 3,071 cases of AIDS were confirmed nationally.

KwaZulu-Natal has the highest incidence of HIV infection: about one in ten sexually active adults is estimated to be HIV positive there.

About one in 2% are estimated to be infected in the Orange Free State, about one in 30 in the Transvaal and about one in 75 in the Cape.

The figures are based on tests conducted on women attending antenatal clinics.

Director of Epidemiology in the Department of National Health, Dr H G V Kustner, says: "In South Africa the HIV epidemic is relentlessly following its expected trend with no sign of respite. About 47 out of every 1,000 sexually active people are HIV infected."

An actuary for a life insurance company, Mr Peter Doyle, says the rapid increase in HIV infection in KwaZulu-Natal is disturbing.

"The other regions continue to follow similar patterns of infection, which confirm that South Africa is not likely to escape an HIV epidemic of the magnitude seen in several other South and East African countries."

In some African countries one in four adults are infected with HIV.

Durban researcher, Dr Quarraisha Abdool Karim, recently represented South Africa in Nairobi at an executive meeting of the Network for AIDS Research in East and Southern Africa.

The organisation aims to pool technical resources and research findings throughout Africa. A directory of AIDS research on the continent is being compiled.

"We can make the vast academic and technical information we have in South Africa available to the rest of Africa," says Dr Abdool Karim.

"And we can benefit from the experience of countries in which the AIDS epidemic has reached advanced stages."
bad news for HIV-infected

Report on drug's failure is

SUNDAY TIMES REPORTER
Poppers worse than HIV virus — studies

Own Correspondent

LONDON. — A legal sex stimulant drug widely used by homosexuals and young ravers could make people more vulnerable to Aids, according to new scientific studies.

The inhaled stimulant, amyl nitrite, which causes euphoria and is better known as "poppers", can cause even more damage to the immune system than the HIV virus which leads to Aids. — (92) 071 41/4194

In a statement this weekend, American molecular biologist Professor Peter Duesberg said "many" scientific studies had now concluded that the use of amyl nitrite was more closely correlated with the development of full-blown Aids than the HIV virus.

Prof Duesberg is among specialists who believe researchers seeking a cure or vaccine for Aids have made an error by concentrating their efforts on the HIV virus.

He says the damage done by substances like amyl nitrite supports the argument.
Nestlé slammed for Aids claim

OWN CORRESPONDENT

LONDON. — Swiss multinational Nestlé's claims that thousands of children were dying from Aids through breastfeeding has provoked consternation among World Health Organisation (WHO) officials who feared that they might encourage a switch to powdered milk.

Nestlé was once the target of a boycott campaign for pressing Third World mothers to use powdered milk.

WHO officials say the risk of children contracting fatal dysentery after drinking contaminated water mixed with milk powder is far greater than the risk of mothers passing on the Aids virus to their babies. The officials said even HIV-positive women should breastfeed their children unless they had guaranteed access to clean water. Most Aids babies were infected in the womb.

HIV-positive mothers in developed countries were encouraged to avoid breastfeeding, which was thought to increase the likelihood of the virus being passed on by about 15%.

In the Third World, about three million children died every year from diarrhoea, a figure which dwarfed infant Aids rates.

"Breast milk passes antibodies on to children in their first few months, providing essential immunity from many other fatal diseases," WHO said. (92)
Prime move to find jobs for Aids sufferers

DALE KNEEN
Weekend Argus Reporter

An organisation has been launched to help find jobs for the growing number of HIV-positive people who are unable to find work because of the "paranoia" of employers.

Wola Nani (Embrace), which was formed under the auspices of the St George's Cathedral Foundation Trust in January, also aims to provide help for the expected mass of AIDS orphans in the next five years.

Project leader Gary Lamont said Wola Nani co-ordinates its activities with various organisations working with AIDS as well as a cross-section of religious groups in the Western Cape.

Most of the people working for Wola Nani are volunteers and funding is from the trust, public subscription, corporate sponsorship and benefit functions.

Mr Lamont said about 90 percent of HIV-positive people living in the townships and 50 percent in other urban areas did not have employment and there was little support for these people.

"There are sufficient organisations dealing with people who have just been diagnosed HIV-positive and there are also places which deal with those who are about to die, but nothing for those in between."

Mr Lamont said many of the HIV-positive people were women and they had children who they had to care for but were finding it difficult to do so because they could not find jobs.

"The reason why people do not want to employ HIV-positive people is not because they may die within a decade, but simply because they have irrational fears about how the virus is transmitted.

"We've heard stories about domestic workers who have been instructed to have AIDS tests because their employers were totally uninformed and so imagined their children could get infected."

Wola Nani has found employment for about 20 people each month, placing them in jobs in the formal sector and in self-help and training programmes in the townships.

"The placements are done anonymously. Most of the employers are not told that the person they are employing is HIV-positive unless the business actually approaches us for personnel," said Mr Lamont.

"The reason that we do not tell businesses that their new employees are HIV-positive is because of the stigma of AIDS, but that is likely to change as more people become infected."

Mr Lamont said it was expected that "hundreds" of children who were born before their parents became HIV-positive would be orphaned in the next five years.

"I think there will probably be too many orphans for extended family members to look after and so we are planning centres where they can be cared for."

Wola Nani also offers Aids-awareness training and acts as a "conduit for social and spiritual support" for the bereaved by linking them with Christian, Muslim or Jewish organisations.

Anyone wishing to provide Wola Nani with financial or other support is urged to call (23 7380).
AIDS child and his family are pinning their hopes on AZT

By CASS ST Leger

Gail, her TV presenter husband, Alan, and two children, Brett, 24, and Nicolette, 14, took the youngster into their home and hearts in January this year. He is due to go to school next year, but a local pre-school has rejected him.

Mr Veal, who says he is still relatively healthy, is "thoroughly against AZT", though he would not counsel anyone against taking it.

He was diagnosed HIV-positive in 1986, is unemployed and could not afford AZT, which today costs between R460 and R500 a month. He was forced to choose between buying food or medicine, and chose a healthy diet and stress-reduced lifestyle as his way of improving and prolonging his life.

Apart from the price he is against AZT because of its side-effects.

He has collected a dossier of data relating "horrible" effects, from patients turning blue, suffering severe headaches, nausea or anaemia.

He also has evidence from long-term survivors around the world who have given up or never taken AZT.

Once I was worried I couldn't afford it. Now I wouldn't take it," he said.

He has known 28 people who have died of AIDS over the past eight years, but he firmly believes AIDS is about the living.

Anne Frank to help kids learn about apartheid

By DIANA STRAEG

THOUSANDS of South African schoolchildren will learn about human rights and the choices facing them thanks to Anne Frank, the Jewish teenager who spent years hiding from the Nazis.

International Holocaust expert Professor Rolf Wolfswinkel, a lecturer at the University of Cape Town, has been invited to South Africa to conduct workshops, the first of which was last week in Johannesburg.

Mr Wolfswinkel, a lecturer at the University of Cape Town, will conduct workshops for South African schoolchildren to help them learn about human rights and the choices facing them thanks to Anne Frank, the Jewish teenager who spent years hiding from the Nazis.

As the debate about the anti-AIDS drug AZT rages following the release of the Concorde clinical trials in London last week, they found that the drug does not necessarily slow down the onset of full-blown AIDS in HIV-positive people. Two long-term South African AIDS survivors continue to live with the disease.

One takes AZT, the other doesn't.

One is five-year-old Nkos, who is probably the longest-surviving HIV-positive child in the country.

The other is Vincent Veal, 33, founder of AIDS organisation, Living in Hope, and one of the country's longest-surviving HIV-positive adults.

Vincent does not take AZT.

He says that even if he could afford AZT he would not take it because there are such conflicting views about the drug's effectiveness.

"The AZT has helped Nkos," said Mrs Johnson. "He is physically more active, he's cheekier and has a better appetite."

He has shown no side-effects.

The drug company that manufactures AZT syrup donates it to the JG Strijdom hospital where Mrs Johnson gets it for free.

Nkos' mother, who is very ill, had AIDS before he was born and passed the virus to him in the womb.

Nkos does not know that he carries the deadly virus or that he could die at any time.

He wears clothes sized for a two-year-old, and the night sweats associated with AIDS have begun. His glands, liver and spleen are swollen and he has lung infection.

Mrs Johnson met him at an AIDS hostel where he was on the board.

When the hostel had to close, his natural mother had no money and Nkos, who was very ill with TB, had nowhere to go.
Aids claims payouts top R30m

INSURANCE payouts for Aids-related claims have topped R30 million, with claimants increasing by 78% in the last year.

A recent edition of Aids Care, published by the Sanlam Aids media resource centre and the Planned Parenthood Association, reveals that claimants have virtually doubled in the past two years to 603. Married claimants now account for 40%, up from 34% a year ago.

Aids Care reports in a separate study that HIV infection in the most afflicted regions of sub-Saharan Africa is high enough to eliminate population growth in coming decades.

However, the authors argue against ending family planning initiatives to offset Aids deaths by high birth rates.

"Family planning initiatives provide a vital setting in which to provide Aids education and safer sex, to facilitate condom distribution, and to encourage individuals to seek treatment for sexually transmitted diseases that promote HIV transmission," they said.

In a study of 343 uninfected women in monogamous relationships with HIV-infected partners, Aids Care reported that the risk of acquiring HIV infection was reduced by 90% when condoms were used.
Human trial of AIDS vaccine

PRAGUE. - The Pasteur Institute in Paris is to begin a major human trial of an AIDS vaccine cocktail which has shown promise in tests on chimpanzees.

Dr. Marc Girard, director of molecular virology at the institute, said yesterday 26 volunteers would undergo a one-year test.

He said the vaccine compound combined a protein from a virus affecting canaries to prime the body's own immune system and then added a specially altered amino-acid compound that boosted the effect to protect against sub-strains of the HIV virus which caused AIDS.

"This (virus) is exactly the same shape as the HIV virus. It's not infectious, but has all of the immunogenic properties of the (HIV) virus," said Dr. Girard.

"It is a much more potent vaccine than the ones which have been used so far."

Dr. Girard cautioned that although the compound might be able to induce serum antibodies to ward off HIV in the bloodstream, little had been discovered which would stop infection in mucous secretions during sexual contact. - EPA-Reuters
Nestlé, the Swiss multinational once the target of an international boycott campaign for pressuring mothers in the Third World to use powdered milk for babies, is attracting controversy over claims that thousands of children are dying from AIDS through breastfeeding.

Officials at Nestlé's headquarters in Vevey have provoked consternation at the World Health Organisation by implying that the risk of children contracting HIV from breastfeeding could be greater than that from drinking contaminated water. Health experts say that this advice is counter-productive. If Third World women are encouraged to turn to powdered milk as a protection against AIDS for children, they say, countless more deaths could result from water-borne diseases.

Nestlé's argument, set out in an editorial in the latest issue of the magazine of its shareholders' association, is attributed to a two-year old WHO report confirming that infants can contract HIV from the milk of mothers infected with the virus.

Campaigners against powdered milk, the editorial says, need to re-appear their stance in light of the WHO report which "states that half a million children have been contaminated by the milk of HIV-positive mothers". The shareholders' association president, Antoine Duchemin, elaborated: "The social and sanitary situation in the world has changed with such speed that we have to be ready to undergo a radical shift in thinking" in favour of the benefits of powdered milk.

But the WHO report goes on to say that even HIV-positive women should breastfeed their children unless they have guaranteed access to clean water. Breast milk, it insists, has overriding benefits.

Most AIDS babies are infected in the womb. Even so, HIV-positive mothers in developed countries, including Britain, are encouraged by health specialists to avoid breastfeeding, which is thought to increase the likelihood of the virus being passed on by about 15 per cent. But health specialists emphasise that this advice applies only to countries with clean water. In the Third World, about three million children die every year from diarrhoea, a figure which dwarfs infant AIDS rates.
AIDS-related life policies still rare

AIDS tests have been introduced more widely for applicants for life policies but only one company has launched an AIDS-related policy similar to Southern Life's Exclusive Life, according to a survey in the latest issue of Cover.

Southern Life launched its Exclusive Life policy about a year ago. Applicants for the policy who agreed to submit to an AIDS test every five years were guaranteed their premiums would not increase.

Southern Life chief actuary Paul Truyens said almost all life policies now allowed life assureds to increase premiums if their investment performance was not good enough or if claims escalated.

On these policies, if the policyholder did not have to undergo an AIDS test, it was probable premiums would increase.

According to Cover's survey, the only other company that had introduced an AIDS-linked policy was Metropolitan Life, whose Premier Cover allowed policyholders to increase cover 10% after every HIV test if the test was negative.

"I know other companies have said it makes sense, but I don't know why they have not followed us," Truyens said.

"They don't seem to have taken any precautions."
Swazi Aids figures shock

Mbabane - A new study on Aids in Swaziland expects more than 100,000 Aids orphans in the kingdom by the year 2006.

Within 12 years 41,000 fewer children will start primary school than if there had been no Aids in Swaziland, which has a population of about 800,000, the report says.

Education Minister Prince Khuziwandle Dlamini said, "much of the investment in education will be lost" unless Aids was checked.

Official figures show one in five sexually active Swazis to be HIV positive. In some areas the figure is one in three.

Health Minister Dr Derek von Wissel said a hospital would have to be built every six months to cope with Aids.
Half adults in Africa suffer this disease

TB's link to AIDS 'cause for concern'

By DAVID ROBBINS
HEALTH WRITER

The links between tuberculosis and HIV positivity hold such serious consequences for South Africa that a special public workshop is being planned for the Soweto/Eldorade/Lenasia area later this month.

Already, around 20 percent of patients admitted to Kliofontein, the PWV's main tuberculosis hospital, are testing HIV positive; and one of the convenors of the workshop, Professor Alan Fleming of Baragwanath, has warned of the consequences.

'We can expect a major resurgence of TB to ride on the back of the AIDS epidemic,' he said.

Fleming explained the ways in which TB and HIV interact. 'HIV suppresses immunity and allows for a reactivation of TB, which is latent in about 50 percent of all adults in Africa.

'TBB,' he says, 'increases the chances of new TB infections and the effects of TB may accelerate the onset of opportunistic diseases in HIV carriers.'

In African countries where the Aids epidemic is already mature, at least 30 percent of Aids sufferers have active TB. In Zambia, up to 70 percent of newly diagnosed TB is found in people already testing HIV positive.

'The situation is aggravated by the emergence of multi-drug resistant TB worldwide,' said Fleming.

The all-day special workshop on HIV/TB has been organised by the Soweto Eldorado Lenasia Aids Forum, and will be held on Saturday May 21 on the Soweto campus of Vista University.

One of the aims of the workshop, to be addressed by medical scientists, will be to formulate strategies for the control of TB in the Soweto area.

Among the strategies to be discussed will be chemoprophylaxis, a system of treatment to prevent active TB from developing in HIV-positive patients, and 'directly observed therapy', which employs counsellors who ensure that TB treatments are adhered to.

For further information on the workshop, telephone Fleming on (011) 988-1740, Dr DJ Martin (011) 988-2910, or Ewah Motaung (011) 932-1016/27.
Needle exchange plan coming

JOHANNESBURG. — The implementation of a needle exchange programme for drug addicts was well advanced, Mr Gary Kohn, president of the Pharmaceutical Society of South Africa (PSSA), said yesterday.

Speaking at the PSSA's national conference at Sun City, Mr Kohn said the aim was to limit the spread of AIDS within a high-risk group.

Also yesterday, Mr Kohn said the PSSA was pressing for changes to the Medicines Control Act in the interests of better health for all in South Africa.

Mr Kohn said while access to higher schedules was still pending, the PSSA was encouraging its members to equip themselves to obtain section 21 permits allowing access to certain schedule three and four medicines for specified ailments. Fifty-one of these permits had been granted.

He reported the society had been instrumental in training pharmacists to obtain family planning permits, 2,200 of which had been issued.

Dispensing doctors remained a major issue and high level discussions were being held to break the impasse. — Sapa
Aids course for companies

BY EDWINA BOOYSEN

COMPANIES have a responsibility to employees, their families and the community to educate them about Aids.

To help them do this, the Planned Parenthood Association of South Africa's Aids Education Unit (AEU) holds regular training courses. [315 - 1715]

One such programme is a three-day course titled "Aids — Train the Trainer".

Co-ordinator of the AEU, Ms Aloma Foster, said the aim of the course was to educate course attendants to introduce Aids education in the workplace.

"But the main aim is to encourage companies to draw up an Aids agreement or policy for use in the workplace."

Ms Foster said in the past the AEU would approach company management to get people on the course, but this did not work well.

"Management would come on the course themselves, and this resulted in a kind of 'top-down' flow. We need people on the ground floor to say 'we want to take responsibility'."

She said they were not reaching enough people as companies were reluctant to let employees off to attend the course, which runs from Monday to Wednesday.

"They say that in three days they lose too much productivity and money," Ms Foster said.

"But we cannot have the course any other time as we do not want to impose on people's private time."

During the course delegates deal with attitudes, sexual terminology, medical facts, myths about sexually-transmitted diseases (STDs) and how to prevent HIV and other STDs.

"To help delegates assist their companies' managements set up an Aids policy, we also have guidelines for negotiating an Aids policy and guidelines for an Aids education programme in the workplace," Ms Foster said.

Contact Ms Aloma Foster on tel: 448-7312 for course details.
Circumcision may offer protection against AIDS

By CAS ST LÉGER

EVIDENCE is growing that male circumcision may offer some protection for men and their partners against AIDS. According to Panos World AIDS, a publication funded by the Ford Foundation and the Swedish International Development Authority, several factors could help the virus to survive and spread more easily on uncircumcised skin. "Uncircumcised men are more likely to have other sexually transmitted diseases, such as syphilis, which aid and abet HIV," according to the publication.

"Many HIV-infected people are not circumcised," said Professor Ruben Sher, head of the National AIDS Training and Outreach Programme. "We are monitoring the situation at our clinic to see what the incidence is."

While no studies have been carried out in South Africa, Professor Sher said the high incidence of the HIV infection that leads to AIDS in KwaZulu Natal could possibly be related to the fact that Zulu men were traditionally not circumcised.

He explained that circumcised skin becomes like normal skin, while the uncircumcised skin was a mucous membrane, more vulnerable to infection.

Some tribes, like the Xhosa, accompanied circumcision rites with advice to the young men on sexual behaviour and hygiene.

The latest support for the theory that circumcision reduces the risk of AIDS comes from a survey of 502 homosexual men conducted in Seattle.

The researchers found that uncircumcised men were twice as likely to be infected as the circumcised men.

Panos estimates that only one in five men is circumcised worldwide.

Reported AIDS cases up to September last year numbered 562 patients in Natal and 509 in KwaZulu — a total of 1,071. There were 700 reported cases in the Eastern Transvaal, 104 in the Orange Free State and two in the Ciskei.
Subsidise baby food plea

ANY future health policy should offer all HIV-positive women the option of subsidised infant formulas to prevent infection of their babies, a group of medical researchers has urged.

Their recommendations are published as a guideline for health workers and policymakers in the Medical Research Council's Aids bulletin.

"While the promotion of breast-feeding has saved millions of children's lives, especially in lower-resource communities where gastro-enteritis and malnutrition are major killers, hundreds of thousands of children could be infected with HIV through breast-feeding."

It was estimated there was an additional 14% risk of transmission if an HIV-positive mother chose to breast-feed her infant.

In urbanised communities formula feeding was the preferred option for infants born to HIV-positive women, the researchers said.

But each case had to be individually assessed, they said. It was sometimes better to breast feed babies where there was not a safe water supply, access to heating and knowledge of simple sterilisation. — Sapa
Aids status: Medaid sued

Port Elizabeth — A Port Elizabeth woman with the Aids virus is suing a local confectionery and a medical aid scheme for R160,000 for breach of confidentiality.

The 33-year-old Stowen mother of three was "summarily" sacked from her confectionary job when it was disclosed in April 1991 that she had the deadly virus.

The woman claims that a nursing sister attached to the medical aid scheme had "wrongfully and unlawfully" disclosed her medical status to her employer. She tested positive in an Aids test in April 1991. — Ecca.

24/5/94
AIDS woman sues

A PORT Elizabeth woman with the AIDS virus is suing a local confectionery and a medical aid scheme for breach of confidentiality after it was disclosed that she was HIV positive.

The 33-year-old Soweto-on-Sea mother of three was “summarily sacked” from her confectionery job when it was disclosed in 1991 that she had the deadly virus.

In the first known case of its kind in the city, the woman is claiming R100 000 from either or both defendants. She is also claiming costs.

In papers prepared by the Legal Resources Centre, the woman said a nursing sister attached to the Medical Aid Scheme had “wrongfully and unlawfully” disclosed her medical status to her employer.

The woman said she tested positive in an AIDS test in April 1991 at the Livingstone Hospital. The test was administered in terms of the conditions of her medical aid scheme.

The papers said the nursing sister were obliged to treat the information in a professional and confidential manner.

In the papers, which still have to be served on the defendants, the woman said that because of the disclosure of her medical status, she was dismissed without notice or a proper hearing.

Her employers denied that she was sacked, saying they only became aware that she was HIV positive after she resigned from her job in 1991.

She said because of the disclosure she had suffered an invasion of her rights of personality and privacy. - Ecn.
City opens first home for Aids sufferers

BY ANNA COX

The first residential house for Aids sufferers in Johannesburg was opened in Malvern by Anglican Bishop Duncan Buchanan on Friday.

The house will cater for 16 Aids sufferers who are still able to work, while other homes in the Johannesburg area cater only for terminally ill patients.

The project is the brainchild of the Rev Andrew Dotchin. “Our aim is to take the burden of everyday chores off their shoulders. They will continue their work as normal but will come home to cooked meals, clean rooms and clean clothes.

“We want an improved quality of life for them. By integrating them into a community in a residential area and by helping them to be accepted by the community, we can achieve this,” said Dotchin.

The Johannesburg City Council has donated R80 000 for renovations. The house, formerly an old age home, was donated by the O’Connor Foundation — a private welfare organisation which runs feeding and empowerment schemes in the PWV area — to the churches in the area, which will run the project jointly.

The organisation will facilitate renovations and is to engage the unemployed people who live on the nearby Denver mine dumps to do the work.

The foundation will also create employment opportunities such as handicrafts at the house for the victims who are unable to work a full day.

Said Johannesburg city councillor Finbar Dunn: “We are proud to have been able to assist and will continue helping where we can. The residents have been wonderful. We have had no resistance.”
The next struggle won't be easy

unless action over a ride from Iscan now. Health Writer David Robins reports

Greatest figures show that South Africa is headed for a huge and painful AIDS epidemic

Edited by Mike Shimma

PAGE 23
AIDS threatens economic gains

AIDS will cost SA about R18,7bn in the year 2000 in production losses and health care costs, according to Natal University's Economic Research Unit.

Researcher Alan Whiteside said in a recent study that the economic effects of AIDS on SA could be worse than in neighbouring countries. SA's relatively sophisticated economy, coupled with the shortage of skilled and experienced personnel, could cause greater problems than in countries such as Zimbabwe and Zambia.

Countries to the north of SA demonstrated the implications of the spread of the epidemic. It was virtually impossible to buy life insurance in a number of countries, and the World Bank had warned that GDP growth would be reduced in countries such as Zambia and Zimbabwe.

In Zambia, for example, a commercial bank recorded a rise in mortality among staff from 0.4% a year to 2.2% in 1992, and the mortality rate in less skilled sectors increased at an even faster rate.

The highest level of infection was recorded among the 20 to 24-year age group, with a 6.96% rate of infection, closely followed by the 25 to 29-year age group. This data was cause for concern as the under-30 age group constituted the core of the working population and the future for this group was bleak.

Research indicated there was also a direct correlation between economic development and stability and the spread of AIDS, said Whiteside.

The poverty, violence and general instability in many areas of KwaZulu/Natal had been major factors in the advance of AIDS in the region. In the long run, peace and economic development could address many of the causes of the spread of the HIV infection.

Whiteside warned that the rapid spread of AIDS — at present infecting 4.25% of the population — could put at risk any social, political and economic gains which may have been possible under the new government over the next few years.

On the basis of current figures it would seem imperative for the new government to address the issue as a matter of urgency, he said.

But whether it would be classified as a national priority at this stage was unlikely as there would be too many other calls on funds which would be deemed politically more essential.
Africa Aids epidemic racing to the South

HARARE. — Africa has been told to declare war on Aids, which has infected more than 1.5 percent of the continent's population, or face disaster.

R. Okoth-Ogendo, head of Kenya's Council for Population and Development, told African leaders in Harare yesterday that the Aids epidemic had wreaked havoc in East and Central Africa and was now racing southwards.

Of the 14 million confirmed adult Aids cases worldwide, Africa with a population of 600 million had nine million, or 1.5 percent of its people, plus 600,000 children infected with the killer disease, Professor Okoth-Ogendo said.

"I would urge that in order to save the continent from impending devastation, action will need to be taken on a war footing," he told delegates in Zimbabwe's capital.

"The epidemic is creating large numbers of vulnerable survivors — orphaned children and elderly with no support in many countries."

He said African governments must urgently:

- Provide large-scale funding to buy condoms and drugs that helped treat Aids.
- Eliminate import duties and taxes on condoms and Aids drugs and distribute these freely, targeting the most vulnerable group, the youth.
- Beef up media and other public campaigns to fight the disease.

"The epidemic in Africa will increase the number of people in poverty and thwart efforts to develop sectors that rely on skilled manpower," Professor Okoth-Ogendo said.

He was speaking at a two-day conference of the Global Coalition for Africa, a think-tank set up in 1991 by the continent and some Western states.

— Sapa-Reuters
Major AIDS epidemic on way in South Africa

BY DAVID ROBBINS
HEALTH WRITER

The latest HIV figures released for South Africa reveal that the country is on course for a major epidemic of AIDS. Anonymous testing of between 12,000 and 15,000 pregnant women at antenatal clinics around the country reveals that the prevalence of HIV (human immunodeficiency virus) positivity is now close to 5 percent of the total sexually active population. This amounts to more than half-a-million people, a figure which is doubling every 13 months.

According to the national figures collated by the Department of National Health and Population Development, the worst-hit areas are KwaZulu-Natal (up from 4.8 percent in 1992 to 9.6 percent in 1993), the Free State including QwaQwa (up from 2.9 percent in 1992 to 4.1 percent in 1993) and the Transvaal (up from 2.5 percent in 1992 to 4 percent in 1993).

Data collected at Johannesburg antenatal and STD (sexually transmitted diseases) clinics shows that HIV incidence is approaching 10 percent among the sexually active population generally, and moving rapidly towards 25 percent among those attending STD clinics in the city. The most disturbing trend within these general figures is the high incidence of HIV positivity among young women.

In responding to the latest figures, Johannesburg's AIDS Programme boss, Dr Clive Evian, points out that the HIV/AIDS epidemic should be understood primarily in socio-economic terms. "The juxtaposition of wealth and poverty provides fertile ground for an epidemic based on sexual behaviour."

"Next struggle won't be easy" - Page 23
AIDS children
Mercy, adopt
Sisters of
Cape

By sterile needles, Africa's AIDS children are prone to skin diseases.
AIDS IN AFRICA TARGETS YOUTH

TUNIS. — Southern Africa would be blighted by the same high level of HIV-incidence that eastern and central Africa had experienced, World Health Organisation officials predicted at the weekend.

And if trends in the region followed those of the rest of the continent as expected, the AIDS epidemic in Southern Africa would become an epidemic of young people, both as infected persons and as orphans.

Increasingly African children and youth were becoming infected — two out of every three infections in Sub-Saharan Africa occurred among people under 25.

It is estimated by the year 2000 about 20 million people would be HIV-infected and that four million African children would be AIDS orphans.
Cape Sisters of Mercy "adopt" AIDS children

By Peta Kröist

Eight abandoned babies suffering from AIDS are living out their last days in a "haven of love" provided by the nuns of Cape Town's Nazareth House.

With toys, bright coats and walls covered with pictures and cartoons, the nuns and staff of the home do their best to make the children's environment a happy one.

Sister Margaret, who is in charge of the project, and the staff recently took the difficult decision to focus on abandoned babies with AIDS, and not take in other tots.

Their task is a traumatic one as they take on the role of mother to the dying babies.

"It is emotionally draining because it is impossible not to fall in love with these children," said Sister Margaret.

"People say we shouldn't get too attached because the babies won't live long — but that's rubbish. If we don't bond with and love these babies, who will?"

In March, a deep sadness hit the home when a two-year-old boy became the first AIDS baby to die.

"I was so thankful that he died in my arms and I pray that I can be there for all of them when they go, no matter how painful it is for me," said Sister Margaret.

As a young girl in Somerset, England, her only desire was to marry a farmer and have six children. She said the babies compensate her for not having children of her own.

The babies are put in the care of the nuns by the Children's Court and the government provides a small subsidy for each child which barely covers staff salaries.

The number of HIV-positive babies born in South Africa in 1993 was estimated at between 18,650 and 18,659, according to the Department of National Health.
SA Aids crisis: 500 cases a day

LIBBY PEACOCK
Staff Reporter

AIDS has hit South Africa with a vengeance, with about 500 people being infected with HIV every day.

This means that five years from now 500 South Africans could be dying of AIDS daily.

About a million South Africans are now infected — more than half of them women. And by January, more than half of all the people with AIDS were in the economically active age group of 20 to 35.

This is why it is vital to address the realities of HIV in the workplace, says James McIntyre of the Department of Obstetrics and Gynaecology at Baragwanath Hospital.

Dr McIntyre is the convener of the first South African conference to focus on living and working with HIV infection, which will be held at the University of the Western Cape on June 27 and 28.

His experience at Baragwanath showed the sexual behaviour of infected women was no different from that of HIV-negative women, he said.

The general attitude of employers towards infected employees was “one of fear” and the first reaction was “utter panic”.

Educational and support structures were needed in the workplace.

Some companies were insisting on preemployment testing for AIDS and some infected people were forced out of their jobs.

“Pre-employment testing has no bearing on whether they can do the job. I don’t believe it’s scientifically right,” said Dr McIntyre.

The National Aids Convention of South Africa (Nacosa) had developed an AIDS policy that looked not only at prevention but also at care.

This would be presented to minister of health Nkosazana Zuma “as soon as it can be arranged.”
Big budget for national Aids plan

Cape Town — A task force has developed a national Aids plan, and it will have a budget of R350 million for the first two years.

Details will be released once the plan has been presented to the Department of Health.

Dr James Mphinye of the Planned Parenthood Association of SA says his organisation will convene the first South African conference to focus on the realities of living and working with HIV-infected people. It will be held at the University of the Western Cape on June 27 and 28. — Sapa.
Innocents ravaged by AIDS

Fourteen percent of the reported AIDS cases in South Africa in 1992 were African children, according to a report by the UN Children’s Fund.

The report says the incidence of AIDS in South Africa is “very high” in comparison with the rates in the US.

South African cases were predominantly among children who acquired the disease from their mothers. In most cases, children suffering from AIDS were not expected to live beyond their first birthday.

According to the UNICEF report, the AIDS unit of the Department of National Health and Population Development indicates that 1 in 66 mothers is infected with HIV, and that 100 infected babies are born each week.

It says estimates by the Society for AIDS, Families and Orphans reveal that there are likely to be 300 new AIDS orphans a year.

A higher figure has been quoted by other experts who project that if there is no change in sexual behaviour, it is likely that 31 000 children will be orphaned by 2010.

Indications are that by the year 2000 there could be 4 million people infected with HIV, 260 000 cases of AIDS and 200 000 people could have died of the disease.

Indications are, says the report, that as significant numbers of people begin to die of the disease, changes in sexual behaviour are likely to occur.

It adds: “AIDS will no doubt have a disorganising impact on families. In South Africa, AIDS is a family disease in that children are directly affected by almost every adult AIDS case.”

The children identified as HIV-positive are often stigmatised and prevented from leading normal lives in their communities, creches and schools. Counselling and supportive public education is needed to address these problems.

“In South Africa, support for and care of children with HIV and AIDS is taking place largely around home care, and street children are a particularly vulnerable group with the least developed support systems.”

“The increasing social and economic burden of caring for these children will not be adequately met by the extended family.”
AIDS DEATHS

GWERU.—AIDS-related illnesses account for about 90 percent of deaths in Zimbabwe, the Ziana News Agency quoted Health Minister Mr Timothy Stamps as saying here yesterday.

More than half a million Zimbabwean children are expected to have been orphaned by the turn of the century.

Mr Stamps told 300 school principals—who had gathered here for a conference on AIDS in schools—that the government could no longer refuse to address the pandemic.

Of Zimbabwe’s 10.4 million people, 130,000 have full-blown AIDS and a further 800,000 are HIV-positive. — Sapa

AFP (Z) CT 17/6/94
Aids onslaught: Victims get care at home

By Michel Mulder

The paper for the people of the Western Cape

Cape Metro

Saturday Times

19 June 1994
Aids-linked to 90% of deaths in Zimbabwe

ROBIN DREW
Argus Africa News Service

HARARE. — Ninety percent of deaths in Zimbabwe are now thought to be Aids-related, said Health Minister Timothy Stamps.

Health officials said estimates put the number of HIV-infected people at 800,000 and by the end of this year the number of full-blown Aids cases was likely to reach 120,000.

The figures were given at a conference of schoolteachers who were told that emphasis must be placed on protecting new generations.

Teachers were told they had to be in the forefront of the battle to teach children how to handle, control and prevent the spread of Aids.

Dr Stamps warned that condoms were only 80 percent effective in preventing the spread of HIV. Dedication to one faithful partner was the best way to counter the spread of the disease, he said.

By the turn of the century Zimbabwe expects to have 500,000 Aids orphans in need of care.
Call for motor industry review

THE head of one of SA's largest vehicle distribution groups yesterday called on government to review urgently some of the constraints shackling the motor industry.

McCarthy Motor Holdings chairman Theo Swart said deposits on HP instalments credit sales should be abolished and private leasing introduced as soon as possible.

"If government was to take just these two steps, national sales on new and used cars would be boosted by more than a R1bn a year.

In the process, thousands of much-needed jobs would be created — not only in the motor manufacturing/assembly industry but also in the vehicle distribution/maintenance sector, the banks and other associated branches of commerce and industry.

He said at the same time government would collect significant additional revenue through VAT and other forms of tax.

Swart said his views were supported by the National Automobile Dealers Association (Nada) and one of the country's largest vehicle manufacturers, Toyota SA.

"I cannot think of one good reason why deposits on instalment sales should persist and why private leasing — which was once in force — should continue to be withheld from the cash-strapped man in the street."

He said the immediate effect of lifting these two constraints would be to improve new and used car sales by 6% and 15% respectively.

The 10% minimum deposit required on instalment sales had been the Achilles heel of the passenger car market for far too long.

It was time the banks were given discretion to decide whose credit-worthiness allowed him to buy a car without a deposit and who should be asked to pay a deposit — and how much.

Swart's call on private leasing was strongly supported by Nada which, with the National Association of Automobile Manufacturers of SA, was in the process of structuring an official proposal to government on the need for its re-introduction.

Toyota SA marketing MD Brand Pretorius said his group would welcome a relaxation by government along the lines suggested by Swart — particularly since improved affordability would be the result.
CPIA to probe promotions allegations

DEMANDS: Health workers protest outside the Cape Provincial Administration Building in Walie Street.

Page 0063, SOWA, 11 June 1992
Hundreds of hospital staff protest

Labour Reporter

HUNDREDS of non-medical staff at Groote Schuur Hospital have stopped working in protest at the appointment of two provincial administration clerks.

A hospital spokeswoman said about 250 workers, including porters, clerks, ward clerks, housekeepers and general assistants were staging a sit-in in the Nico Malan recreation hall on the premises.

Workers were also protesting about general complaints, including salary increases and the merit increase system.

The spokeswoman said it was difficult to assess the situation, as today was the first day the workers were not at their work stations.

"At the moment everything is under control. The hospital management will have a contingency meeting this morning to evaluate the situation," she said.
AIDS is an economic disaster of major proportions for South Africa, President Nelson Mandela said yesterday.

Speaking after a meeting with officials of the World Health Organisation, he said this was because most of those infected were economically active and had dependants.

He said black people's sensitivity about sex education complicated South Africa's battle against sexually-transmitted diseases such as AIDS.

Black people living in both rural and urban areas were sensitive about sex education, he said at Tuynhuys while meeting a World Health Organisation team.

He had raised the question of sex education for children before, but his suggestions had not been well received.

South Africa's Aids figures were disturbing and the problem was particularly bad at South Africa's seaports... "we all know the problems with sailors," Mr Mandela said.

KUALA LUMPUR — A species of tree in Malaysia's rain forests may be able to block the spread of the virus that causes Aids, the United States embassy said yesterday.

It said the US National Cancer Institute signed an agreement this week with the government of Sarawak, a Malaysian state on Borneo island with vast rain forests, to conduct research into a tree that might be used in Aids treatment.

Dr Gordon Cragg, chief of the institute's natural products branch, signed the agreement which allows the institute to conduct research on the Bintangor tree in Sarawak.

Dr Cragg said two anti-Aids compounds - festratolide and cacaloside - were discovered in laboratory tests.

Both compounds have been approved in the United States for testing on animals. Sarawak officials, hoping the state can reap commercial benefits if an anti-Aids drug is developed, have banned loggers from felling the tree. — Sapa-Reuters

The problem could not be tackled by the government alone but had to be faced by the entire population.

The World Health Organisation team, headed by its Africa director, Professor Lobe Moneko, is in South Africa to open an office in Pretoria and to help with the implementation of the national health plan devised by the African National Congress.

Mr Mandela said statistics on Aids in kwaZulu/Natal were "disturbing", and the government was hoping to come up with an effective plan to deal with the situation.

He was aware of statistics which showed that 10% of all people in kwaZulu/Natal were affected with the Aids virus.

"We have been grappling with this question, but it must not be left to the government only. It must be tackled by the whole population."

The effects of Aids on the economy, he warned, could be disastrous as it affected the economically active sector of the population.

"We have to choose between allowing a disaster which can wipe out communities, or taking steps to prevent this tragedy," Mr Mandela said. — Sapa, Political Staff
Cancer centre is part of a success story

Cape/National

From Where:

be taken, why:

The Argus, Thursday, June 3, 1999
Aids a problem for all — Mandela

MICHAEL MORRIS
Political Correspondent

PRESIDENT Mandela has pledged the government to a decisive plan to counter the AIDS pandemic — but has called on the “entire population” to help thwart the disease.

Speaking at a briefing after meeting World Health Organisation leaders at Tuynhuys, Mr Mandela said: “We have been grappling with this serious threat to social stability, but it should not be left just to the government. It must be tackled by the entire population.

“Perhaps we will be in a better position to make a contribution now that we are in government, but the problem must be approached by everyone.”

“I hope we will be able to come out with an effective plan to deal with this problem,” he said.

AIDS posed a threat to the economy because “it attacks the economically-active sector. It has this disastrous effect”.

Particular attention would have to be given to preventive measures in sea ports.

One of the problems the government faced, particularly in the African community, was a deep-seated reluctance to “talk about sex”.

He said he had “got into trouble” on two occasions for addressing the subject of sex education at school gatherings.

His approach had been that there was a choice between allowing a disaster which could wipe out the community, and taking measures to forestall such a tragedy.
Hospital

staff strike

Staff Reporter

ABOUT 300 non-medical staff workers are still on strike at Groote Schuur Hospital today, but the hospital is trying to keep all the services running.

Hospital chief superintendent Peter Mitchell said the workers from different areas were dissatisfied about the promotion of two clerical staff members.

Early today the workers continued their sit-in at the Nico Malan recreation at the hospital premises.

Dr Mitchell said the hospital was willing to address grievances, but regarded the strike as illegal because procedures outlined in the new Public Service Act had not been followed.
Warning on AIDS crisis
ROBYN CHALMERS
DURBAN — The potentially devastating effect of AIDS was a major factor threatening SA's ability to compete in the global arena, Anglo American gold and uranium division chairman Clem Sunter said at the weekend.

Speaking at the SA Property Owners' Association convention, Sunter said SA was on the brink of an AIDS epidemic which could swamp treatment capacity.

"The AIDS infection rate is doubling every 13 months," Sunter said. "This will totally overwhelm our hospital system and the cost implications, at an average R50 000 a patient, are mind-boggling."

The Department of Population and Development recently estimated that 4.5% of SA's adult population was infected.

Sunter said SA could also be held back by the highly competitive world economy.

This view was echoed by Centre for African Studies director Eugene Nyati.

He said local manufacturers could take advantage of the "unprecedented global goodwill" towards SA for a while, but there were "inhibitions".

These related to foreign exchange controls, the high cost of local labour and the fact that SA companies were not sufficiently export-orientated.
One in 20 mums-to-be has HIV

By MELANIE GOSLING

ONE in 20 pregnant women in South Africa is HIV-positive, a Department of Health survey has revealed.

Dr James McIntyre, vice-chairman of the Planned Parenthood Association of SA, said at a conference entitled AIDS in the Workplace held in Cape Town yesterday, that South Africa’s HIV infection rate doubled every 12 to 18 months.

“We are well on the way to seeing the predicted 20% HIV infection rate in this country by 2005,” Dr McIntyre said.

He said HIV in South Africa affected people in their most economically active years and could deplete large sections of the work force.

He called for structures to be set up in communities for home-based care, income-generating projects and support for AIDS orphans.

There was an urgent need for employers to put resources into education programmes in the workplace, and the workers should participate in planning the programmes.

‘Unions duck AIDS issue’

TRADE unions do not take the issue of HIV infection and AIDS in the workplace seriously, National Union of Mineworkers AIDS and HIV safety co-ordinator Mr Sazi Jonas said yesterday.

Addressing the AIDS in the Workplace conference, Mr Jonas said trade unions were merely paying lip-service to the AIDS issue.

Commenting on AIDS policies in the mining industry, he said these policies did not necessarily address workers’ needs, which included job security, job access, testing and confidentiality.

He said he linked the incidence of HIV infection to the flow of migrant workers between the mines and their rural homes. — Sapa

Director of SAWCO Dr Ivan Toms said the attitude of the business community to AIDS was “selfish and pathetic”.

He said of 36 companies invited to attend a one-day workshop on implementing an AIDS plan, not one company had attended.

“At least the business community wakes up to its responsibility, we will see a great deal of wringing of hands later in the epidemic, when HIV/AIDS prevention workers will be saying ‘We told you so’,” Dr Toms said.

He said it was essential that unions and management developed AIDS education and prevention strategies.
Aids policy sales boost Southern

Business Staff

SOUTHERN Life's controversial Exclusive Life policy, which offers lower premiums conditional on an Aids test every five years, now accounts for 30 percent of new business.

MD Jan Calitz says in Southern's annual report for the year to March that the success of the new product range has enabled the assurer to limit the increase in its reserves for Aids, which now total R298.7 million.

Total premium income increased by 44 percent to R3.6 billion and other new products which contributed to this included the Timed Exposure Portfolio (Step), which offers market-linked returns combined with the security normally associated with guaranteed funds.

The portfolio comprises fixed-interest investments and cash reserves, plus exposure to the JSE overall index via derivatives. This now has assets of more than R700 million.
AIDS screening proves its worth in Southern Life policy.

BY STEPHEN CRANSTON

Controversy surrounded the introduction of Southern Life's Exclusive Life policy, which promised lower premiums as it required an AIDS test every five years — and offered substantially reduced cover to those failing it.

But the product has nonetheless gained wide acceptance and now accounts for 50 percent of new business.

MD Jan Calitz says in the annual report for the year to March that the success of the new product range has enabled the assurance to limit the increase in its reserves for AIDS, which now total R298,7 million.

Total premium income increased by 44 percent to R5,6 billion and other new products which contributed to this included the Timed Exposure Portfolio (Step), which offers market-linked returns combined with the security normally associated with guaranteed funds. The portfolio comprises fixed-interest investments and cash reserves, plus exposure to the JSE overall index via derivatives. This now has assets of more than R700 million.

After the abolition of the Sixth Schedule of the Income Tax Act, Southern was free to launch pure endowment products with a life of five years or more.

A comprehensive range was introduced as the Portfolio Se-

ries. An equity-linked annuity product allowing members to benefit from the performance of the stock market was launched in conjunction with UAL.

To increase Southern's penetration into lower-income groups, Futuregrowth was launched, which enables retirement funds to invest in economically targeted investments, and generating benefits for disadvantaged communities, while providing a reasonable monetary return relative to the risk involved.

Southern lifted its share of the broker market, which now accounts for more than half of new business. Market penetration was raised by the launch last October of First Link, a joint venture with FNB and First Bowring to market Southern products to FNB customers not normally served by First Bowring.

In the property market, Southern has made innovative investments. Lanseria Airport was acquired for R25 million on a long-term leaseback agreement and a further R29 million was committed to an investment in a community shopping centre at Nyanga Station, near Cape Town, which incorporates the air rights construction technique and was undertaken after extensive consultation by the developers with the local community.

Southern chairman Neal Chapman says the industry has formed an investment development unit, designed to be an interface between the macro funding needs of housing, education and other social spending and the savings they administer.

Chapman says focused funding should be offered on a project-by-project basis, which is preferable to the prescribed-asset approach which creates a mountain of idle money ahead of the need to spend it.
Forces’ HIV ban ‘illegal’

Prison specialists deal with increasing Aids cases in detention.

By BARRY STREEK

The problem of HIV and Aids in South African prisons has increased so much that every prison in the country now has a staff member trained to deal with the problem, the Department of Correctional Services disclosed yesterday.

The number of HIV-infected prisoners in detention had quadrupled since end of the December 1991 from 94 to 419 at end of the December 1993, the department said in its annual report, which was tabled in Parliament yesterday.

At the end of last year there were 19 Aids cases in detention.

These figures “imply that one out of every approximately 250 prisoners (or about 0.32%) of prison population of 111,652) is HIV-infected, as against one in every 80 (irrespective of age distribution) in the community”.

The district surgeon determines on admission whether a prisoner should be tested for the virus. The test was conducted after prisoners attended a counselling session and gave written consent, and those who tested positive were afforded further counselling, the department said.

He told delegates attending a city conference on Aids in the workplace, that he aimed to challenge the discriminatory practice in court.

If his challenge is upheld, the police and army could be forced to open their ranks to any applicant who tests positive for HIV or Aids but passes other admittance criteria.

“There can be little doubt that our courts will interpret the new constitution as protecting persons with Aids or HIV from unfair discrimination on the ground of disability,” he said.

He also lashed out at the insurance industry for their “shameful and gross discrimination” against HIV and Aids sufferers and called for a new general statute to prevent the private sector from practising arbitrary discrimination.

Western Cape Minister of Police Services Mr Patrick McKeon could not be reached for comment yesterday.
Half of Aids cases in 18-25 age group

Cape Town — Nearly half the 3,357 reported Aids cases in South Africa were in the economically active 18 to 25-year age group, National Health director-general Dr Coen Slabber said yesterday.

Addressing the parliamentary Joint Standing Committee on Finance, he said Aids and tuberculosis were the major communicable diseases which the department had to combat.

Of the 3,357 Aids cases nationally, 1,282 were in KwaZulu-Natal and 877 in the KWV region.

A further 461 cases of Aids in children under the age of four had also been identified. The HIV virus had been transmitted from their mothers during pregnancy or labour.

The number of pregnant women testing HIV-positive countrywide had increased from 1.49 percent in 1991 to 4.69 percent in November last year.

Estimates put the number of HIV-positive pregnant women nationally at about 565,000.

In the Western Cape, the number of HIV-positive women was about 1,35 percent while in KwaZulu-Natal 2.69 percent had tested positive, Slabber said.

The department's Aids budget was R21,335 million in the current financial year, although some carry-over funds were available.

The National Committee on Aids in SA had recently proposed to the Minister of Health that the Aids budget should be R250 million over two years.

The incidence of tuberculosis among the coloured community in the Western Cape was the highest in the world, he added.

More than 8,000 cases were reported last year, Slabber said.

— Sapa.
Nearly half of SA Aids cases in 18-to-25 age group

NEARLY half of the 3,357 reported Aids cases in South Africa were in the economically active 18-to-25 age group, national health director-general Coen Slabber has said.

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Dr Slabber said a further 461 cases of Aids in children under the age of four had been identified. The HI virus, which led to Aids, had been transmitted from their mothers during pregnancy or labour.

The number of pregnant women testing HIV-positive throughout the country had grown from 1.49 percent in 1991 to 4.69 percent in November last year. Estimates put the number of HIV-positive pregnant women nationally at 965,000.

In the Western Cape, the number of HIV-positive women was about 1.33 percent while in KwaZulu-Natal 9.69 percent — nearly one in every 10 women — tested positive, Dr Slabber said.

The department’s Aids budget was R21.9 million in the current financial year. However, additional carry-over funds were available to supplement this amount.

The national committee on Aids in South Africa had recently proposed to the minister of health that the Aids budget should receive R250 million over two years.

"There is no cure or prevention, so the only thing we can do is to educate people. We believe education must concentrate on children between the ages of 10 and 12, before their behaviour patterns are established."

The incidence of tuberculosis among the coloured community in the Western Cape was the highest in the world. More than 8,000 cases were reported in 1993.

"There is no way that the department of health can solve TB without solving the underlying social problems." — Sapa.
Warning of TB-linked to HIV

HIV-ASSOCIATED tuberculosis is set to become an immense threat to health services, the Medical Research Council (MRC) has warned in its annual report.

The risk of disease from latent infection increased tenfold in people infected with HIV, the MRC said.

Meanwhile, National Health director-general Dr Coen Slobber said yesterday nearly half of the 3 357 reported AIDS cases in South Africa were in the economically-active 15-25 age group.

Addressing the parliamentary joint committee on finance, he said the current estimate of pregnant women testing HIV-positive countrywide is 569 000.

In the Western Cape, the rate of HIV-positive pregnant women was about 1.3%.

The incidence of TB in the coloured community in the Western Cape was the highest in the world. More than 8 000 cases were reported last year.

"There is no way the department can solve TB without solving the underlying social problems," he said. — Staff Reporter, Sapa
**Table: Pre-Employment HIV Testing**

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<td>Business access to HIV testing in a variety of workplaces</td>
<td>Ignoring AIDS threat as an issue in the workplace</td>
</tr>
</tbody>
</table>

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**Note:**
- The table provides an overview of the legal and business implications of pre-employment HIV testing.
- Ignoring AIDS threat signifies the need to address the issue systematically across various sectors.
Groote Schuur strikers considering an offer

JOHN VILJOEN
Staff Reporter

NO disruptions to services at Groote Schuur Hospital were reported today as striking members of the Health Workers' Union considered an offer from provincial authorities.

Severe disruption of services occurred yesterday when staff, including many doctors and nurses, were prevented from entering the hospital and tending to patients, she said.

The hospital obtained a Supreme Court interdict last night to prevent any further interruption of essential services.

The hospital was functioning "peacefully" today and no action had been taken against striking workers, the spokesman said.

Regional Health Minister Ebrahim Rasool yesterday met union representatives in a bid to end the strike which began on June 23.

Yesterday Groote Schuur cancelled non-emergency surgery and advised patients to go to other hospitals in the Peninsula if possible until the strike was settled.

This was after workers obstructed all hospital entrances and did not allow goods or laundry to be delivered and refuse to be removed.

Although patients were permitted to enter and leave the buildings they were subjected to "unacceptable harassment and scrutiny", the spokeswoman said.

The workers went on strike because of a dispute over allegedly unfair promotions and wage demands. They stepped up their protest over a decision to enforce a strict no work, no pay policy for the strike period.

Yesterday afternoon about 500 workers marched to the provincial parliament in Wale Street, Health Workers' Union general secretary Norman Maharaj said.

A workers delegation demanded to see Mr Rasool and later met him for three hours.

There was "some movement" on the workers' grievances from Mr Rasool, Dr Maharaj said. Workers were to be given a report-back today.
Focus on AIDS by Alan Whiteside

'It will change the face of Africa'

THERE can be little doubt that AIDS and HIV infection will change the face of Africa. Although the disease may not lead to massive depopulation and economic collapse, as some pundits have predicted, it will have profound effects on the structure of African society. AIDS will be remembered as the disease discovered in the 1980s, but the effects of the epidemic will only begin to be felt in the 1990s and beyond.

There are a number of distinct patterns in the epidemic. Pattern I, which has been seen mainly in the United States, began to spread in the late 1970s and early 1980s among homosexual/bisexual men and intravenous drug users. The male/female ratio is 10:1. This was the pattern initially seen in South Africa where most victims until 1990 were homosexual white males.

Pattern II AIDS, which began to spread at about the same time (although later in southern Africa) is the epidemiological type found in Africa. Its features are that most cases are heterosexual men and women in a gender ratio of 1:1, which means that paediatric AIDS is common. The national prevalence of HIV infection can and usually does exceed 1% and may be up to 25% of the sexually active population in urban areas.

Pattern II AIDS has now reached South Africa and is spreading rapidly among the black population. In 1990 the number of cases of AIDS among blacks exceeded those among whites for the first time.

It must be stressed that the reason why AIDS is spreading more rapidly among the black population is not racial. AIDS is a disease that will spread most rapidly where people are poorly nourished, lack education, and do not have access to health facilities. In areas where social norms have broken down, there is increased multi-partnerism, and poverty creates economic pressure pushing women into prostitution.

The pressures on the black population in terms of rapid urbanisation, political turmoil and consequent violence, and the breakdown of social norms, have led to this group becoming especially vulnerable. The table shows the number of AIDS cases in South Africa to mid-December 1990 by population group, while the diagram shows the breakdown by transmission category.

The number of cases and incidence of full-blown AIDS alone does not give a clear indication of trends. Other valuable data are available for the incidence of HIV positivity. Work done in Johannesburg by Drs Padyachee and Schall, points to a doubling time of HIV positivity of between 8 and 9 months. If this trend continues, they warn, by 1991 6% of the black population aged 15-60 years will be HIV positive and this could rise to 18% by 1992. Although these figures are daunting, it must be remembered that these are HIV infections that have yet to occur, and they could be prevented.

The implications of AIDS and HIV infection are not yet appreciated. One way in which South Africans may obtain some indication of how the disease will affect them is to look to countries to the north.

Professor Anderson of Imperial College, London, warns: "It appears probable that the disease will have a very significant impact on population abundance over the coming decades in developing countries in which the infection is spreading rapidly." An immediate and ill-informed reaction to this is that 'it will solve Africa's population problems'. This reaction does not appreciate that a particular group, the economically active, are the very people one can least afford to lose, yet who are worst hit.

AIDS will also have a considerable economic impact. Not only will it result in direct costs (caring for the patient) but there are also indirect costs such as time lost because a person is sick, and mortality years lost because of premature death. Caring for orphans is already becoming a growing drain on resources in Africa.

A number of firms in South Africa are beginning to assess what AIDS will mean to them and their profitability. The immediate impact will be a loss of employees and increased claims on employees' benefits. Obviously, in a society like South Africa, one can ill-afford to lose the scarce resources of skilled workers. In the long term, though, AIDS may also affect markets — if enough people fall ill and die this could dramatically lower disposable incomes.

It must be stressed that in South Africa there is the opportunity to avert the worst impacts of HIV infection. To do so would require imaginative and extensive education campaigns. So far there has been little sign of this happening.

The Economic Research Unit at the university's Durban campus has been looking at AIDS over the past 3 years. Originally the topic was studied because we were working on a project on migrant labour to South Africa. It became apparent that these migrants were likely to be hit first and worst by AIDS.

The reasons were two-fold: firstly many came from areas of high HIV incidence, particularly Malawi; but secondly, these people travelled to South Africa and worked and lived in an all-male environment — without wives or families, returning home every one or two years; an environment obviously conducive to the spread of AIDS.

The Economic Research Unit has built up a large resource base on AIDS and, in particular, AIDS in Africa and AIDS and its economic impact. We have established information exchanges with a number of overseas institutions and have published extensively. Where possible, we work closely with other staff and institutions at the University and, in particular, the Medical School. The most recent venture was a joint publication with the Development Bank of Southern Africa entitled AIDS in Southern Africa: A Position Paper.

*Alan Whiteside is a senior research fellow with the Economic Research Unit on the Durban campus.
Focus on AIDS by Denis Pudifin

‘Matching the most sinister predictions’

The expansion of the epidemic of HIV infection and of AIDS is matching the most sinister predictions that have been made at various times since its first appearance 8 years ago. Over 600 cases of AIDS have now been documented, and half of these were diagnosed during 1990.

The number of HIV infected people who have not yet developed symptoms is not known and I do not wish to speculate, except to say that, based on the population samples that have been tested (blood donors, for example) the number appears to be large, and that rapid further dissemination is clearly continuing. Tests done in the Natal/KwaZulu region have detected 3 000 positives to date.

The distribution of the epidemic spans, with varying degrees of emphasis, all population groups and all levels of the social scale.

There is just no room for complacency. The level of public awareness and information is in dire need of elevation and all parties and organisations who are in a position to do so, must assist in this education campaign if any hope of limiting the epidemic is to be realised.

There are indications that 1991 will see a surge in the campaign, with greater concentration on school children — the emergent sexually active generation. The importance of this cannot be over-emphasised. It is easier to influence developing patterns of behaviour than to alter those that are firmly entrenched.

At the University of Natal, a number of informal educational exercises have been carried out over the last 3 or 4 years. In 1990, a committee was formed with the mandate to mount a co-ordinated programme for the whole University community. A survey of "Aids awareness" has already been conducted and plans for a more comprehensive educational operation in 1991 are now at an advanced stage.

It has also been decided to give consideration to the complex question which may arise out of instances of HIV infection occurring in staff or students, with the guiding principle that the best interests of both the University and the infected person must be safeguarded.

The implications of the epidemic which is among us are extensive and profound. We must do our utmost to curtail it.

* Professor Dennis Pudifin is chairman of the Durban Regional AIDS Advisory Group, and Professor of Medicine with a special interest in immunology.

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Brush up on those basic facts

AIDS (Acquired Immune Deficiency Syndrome) is caused by the human immunodeficiency virus (HIV). The virus enters the bloodstream and invades specific cells (T-lymphocytes) which constitute the single key factor in the production of antibodies aimed at resisting disease. Thus AIDS destroys the body's immune system, laying it open to a host of other diseases which will eventually result in death.

The period from infection to death will vary greatly. People may lead healthy and productive lives for many years after they are infected. Well in excess of 70% of HIV infections are sexually transmitted. Other modes of transmission include contaminated needles used by intravenous drug users, contaminated blood, non-sterile medical instruments, and from infected mother to child.

Aids cases in South Africa to 14 December, 1990

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40 years of excellence

The vision of two medical missionaries, Drs Alan Taylor and John McCord, and many years of negotiation and debate led to the establishment in 1951 of the University of Natal Medical School which this year celebrates its 40th anniversary.

During the 4 decades of its existence, the Medical School has established a fine national and international reputation despite suffering years of political harassment, inequitable State funding and a chronic lack of space, facilities and equipment. It has made an invaluable contribution to medicine in providing, until 1976, when the Medical University of Southern Africa (MEDUNSA) opened, the only undergraduate medical training open to black students in the country.

Taylor and McCord realised, as far back as 1921, that the burgeoning black population in and around Durban would require increased health services and, with great foresight, were the first to raise the concept of a medical school for the training of black doctors. The Smuts Government gave approval in principle for the new school in 1947, but it fell to the new Nationalists who came to power a year later to reaffirm this, which they did in 1949.

The opening of the Medical School in 1951 with an enrolment of 35 students was a signal achievement. Taylor, then President of the Natal Coastal Branch of the Medical Association and Medical Superintendent of McCord Zulu Hospital, was appointed part-time Acting Dean. He was succeeded the following year by Dr George Gale as first full-time Dean. In 1955, Professor Isidor Gordon, Head of Forensic Medicine, assumed his Deanship which was to span the next 16 years.

Meanwhile, the architects of apartheid were hard at work. A ruling that white undergraduate students be barred from the Medical School was the State's first major inroad into the University's autonomy. In 1957, a bill was introduced in Parliament which provided for the removal of the Medical School from the University's control. Academic staff at the Medical School threatened to resign, and the University criticised the State for its assault on university autonomy and academic freedom. The bill was withdrawn.

This was the first of many Government efforts to close the Medical School for ideological reasons. All were vigorously and successfully resisted, largely due to the valuable service the School was rendering to black communities, its dedicated multiracial staff and to the excellent reputation it had established in South Africa and abroad.

As South Africa emerges from the apartheid era, the wealth of data and experience accumulated through the School's manifold projects carried out over the past 40 years will be of immense benefit to those working towards a new health dispensation in a multicultural society.

More than 2,000 doctors have graduated to make their mark in health care in this country and abroad. Individuals from the Faculty have played significant roles in the development of the Natal/KwaZulu region, in medical care and in their roles as community leaders and advocates for political change. Notable past students include Professor Soromini Kallichuran (see opposite page), Dr H Usew Kunze, Minister of Health, Zimbabwe; the late Steve Biko; and Dr Mamphela Ramphela, Department of Social Anthropology, University of Cape Town, recipient of a Carnegie International Fellowship. The Medical School's total student capacity in 1990 was 657, and 120 first year students are currently commencing their studies.

Although the Government has rescinded its decision that the Medical School should be open to black undergraduate students only, the University Council in 1980 agreed that the University would accept white undergraduate medical students only by a process of expansion within the Medical School.

The Dean, Professor Derek Arbuckle, explains: "The University believes that there are simply not enough black doctors in South Africa either qualified or in training. In addition, the Medical School is full to capacity with black applicants at undergraduate admittance level each year. The University has an important role to play in pre-tertiary education, possibly through introducing a bridging year to assist poorly prepared aspirants who have potential, and special steps are being taken to identify and train black doctors. However, I feel that the time has now come to allow all races to compete for half of the available places in the first year, the remaining half being reserved for students from disadvantaged backgrounds."
Hospital
strikers:
Court move

Staff Reporter
THE Cape Provincial Administration was granted a Supreme Court order last night against striking Health Workers’ Union members who have disrupted services at Groote Schuur for the past week.

A reliable source said an interdict was requested when strikers manhandled staff and patients at Groote Schuur and the Princess Alice Hospital in Retreat yesterday.

The source said although the order had not been served on the union, the hospital would call in the police internal stability division to prevent further harassment and allow hospital services to be restored.

He said union members were called to vote on compromise proposals made by the CPA to the union at a meeting with the Western Cape Minister of Health, Mr Ebrahim Rasool, late yesterday afternoon.

He said the proposals included an offer of 50% pay for time out striking and an offer to allow them to “work in” the other 50%.

“This way they (the strikers) will not suffer any financial loss as a result of the strike,” said the source.

Dr Norman Maharaj, secretary-general of the Health Workers’ Union, confirmed the agreement reached at the meeting with Mr Rasool.

‘Bad faith’
He criticised the CPA for “acting in the utmost bad faith” in applying for an interdict against the strikers during negotiations.

Earlier in the day all surgery — except for emergencies — at Groote Schuur Hospital was cancelled as strikers blocked entrances and harassed staff and patients.

A hospital spokeswoman said morning staff were “nastily” manhandled by strikers and entered the hospital in tears. Many staffs turned away in fear, resulting in a staff shortage.
Deadly HIV forecast for S Africans

By MICHEL MULLER

ONE in every five South Africans will be infected with HIV by the year 2005 in an epidemic that could potentially deplete large sections of the workforce and eventually destroy the fabric of society.

Already in kwazulu/Natal 10 percent of the population or one in 10 people were infected and the rate was doubling every 12 to 13 months, said Dr James McIntyre, national vice-chairman of the Planned Parenthood Association.

In the Western Cape, the rate of infection was the lowest in South Africa, at one percent, the same position kwazulu/Natal was in four years ago.

Speaking at the University of the Western Cape this week at a two-day conference on Living and Working with HIV, Dr McIntyre said that by the end of this year more than two million South Africans would be infected.

"The World Health Organisation's conservative estimate is that there will be 20 million Aids cases and 40-50 million people infected with HIV worldwide by the year 2000. Already one in 250 adults around the world is infected with the virus," he said.

"In Africa, the situation is worse, with one in 40 adults infected. In many areas of central Africa, one in every two or three women has HIV infection.

"In addition to the 50 million infected persons by the year 2000, there will be 150 million to 200 million dependants affected," he added.

Dr McIntyre warned that South Africa had to start now to set up community structures for home-based care, income-generating projects, and support for children orphaned by Aids.
Ambulance drivers in protest

Municipal Reporter

AMBULANCE drivers will not have to work with beach constables for the time being. It was disclosed after ambulance drivers at the Pinelands depot staged a work-stoppage yesterday.

Ambulance drivers stopped work briefly in protest against plans to second 30 under-worked beach constables to assist them during winter.

South African Medical Workers' Union shop steward Mr Jeremy Arendse said negotiations started immediately after the stoppage and were continuing.

"But in the meantime, our workers will not have to work with the beach constables."

He conceded that the ambulance men were short-staffed.

Mr Arendse would not comment on the beach constables' level of training, but a colleague of his, Mr Nick Maarmen, said the ambulance men felt that the constables were not well enough trained to go on the road.

Mr Alan Doiby, deputy city administrator, said the stoppage had lasted less than an hour, and had not disrupted services as other ambulance men had been out in the field.

"They were unhappy about the disruption to their established pattern of partners," he said.
Council slams health minister for ignoring ambulance crisis

Municipal Reporter

THE city council has criticised regional health and welfare minister Ebrahim Rasool for failing to respond to a call for an urgent meeting to resolve the city's ambulance service crisis.

At an amenities and health committee meeting yesterday, councillors berated Mr Rasool for not replying to a letter calling for an urgent meeting.

The minister had since met the SA Municipal Union.

"If he can meet the union, why can't he meet the agents of the service?" councillor Arthur Wienburg asked.

Mr Wienburg said the ambulance service had too many "trills", and that there should be one control room instead of two.

He objected to the Cape's ambulance training college being funded through the Peninsula's ambulance budget.

Deputy city administrator Alan Dobbs said special provincial services could be "handed back" to the provincial authorities, "but that will not mean we will get a bigger slice of the cake."

Mr Wienburg said resources were needed to run an efficient service.

Ambulance services were disrupted yesterday when ambulance workers refused to go on duty with beach constables assigned to other duties during the winter months.

The beach constables had just finished a three-week training course.

Ambulance workers said they had not been consulted. They were also unhappy that constables were getting a five percent increase.

Civic amenities director Jack Kloppers said this week about 38 constables had been assigned to the ambulance service.

Another 60 would patrol central business districts in Camp's Bay and Sea Point where they would enforce municipal regulations.
Demo plan by health workers

PRETORIA. — Members of the SA Health and Public Service Workers Union will protest in Cape Town, Pretoria and Bloemfontein on July 15 demanding, among other things, increased wages, it was announced today.

Union general secretary Si-las Baloyi told a news conference in Pretoria that the 45 000-strong union would demand a minimum salary of R1 500 per month, an across-the-board increase of 17.5 percent and that March 21 and June 18 be paid public holidays.

"These demands have been presented to the Commission for Administration, but the commission is hiding behind procedure not to meet these demands or alternatively continue to exploit these workers," he said.

Mr Baloyi said the same demands had also been presented to President Nelson Mandela, whose administrative secretary had responded by saying the matter had been forwarded to the Minister of Labour as it fell under that department.

The protestors in Pretoria will march to the Union Buildings, those in Bloemfontein to the Supreme Court and those in Cape Town will go to parliament to present memorandums to government officials. — Sapa.
‘Deal’ ended strike at hospital

Political Staff

WESTERN Cape Minister of Health and Social Services Mr Ebrahim Rasool ended Groote Schuur Hospital’s week-long strike by allowing workers to recoup half of their “no work, no pay” losses in overtime, it emerged yesterday.

The remaining loss to members of the striking Health Workers Union (all of whom were non-medical workers) will be softened by a pro-rata salary deduction over several months.

The other two hospital unions, the National Education Health and Allied Workers Union, and the Public Service League, took a stand against the striking union, demanding Mr Rasool imposed the no work, no pay principle.

Mr Rasool did not say over how many months the deductions would be made.

The principle of no work, no pay remained “paramount” and his concessions should not be seen as setting a precedent, Mr Rasool said in a statement.

He expressed “sincere gratitude and appreciation,” to the “overwhelming majority” of Groote Schuur Hospital staff who continued working.

Protest marches in demand of higher wages are to be held in Pretoria, Cape Town and Bloemfontein on July 15 by members of the SA Health and Public Service Workers Union. — Political Staff, Sapa
AIDS discrimination may be banned by law

workers infected with the HIV virus could soon be protected against unfair dismissals.

The National Manpower Commission may legislate proposals on the employment of people infected with the virus or with full-blown AIDS drafted by the AIDS Consortium and the AIDS Law Project.

The draft version of the HIV/AIDS code of conduct stipulates that neither prospective nor current employees should be discriminated against by employers.

Workers with HIV/AIDS should not be treated any differently from those with comparable life-threatening conditions such as heart disease and cancer, it said, adding that employers were not allowed to refuse promotions or deny workers with HIV further training in their field.

The code said education programmes should be held in the workplace and strategies that were non-stigmatising should be used by employers.

"Pre-employment testing for HIV is counter-productive because it is discriminatory and could stigmatise prospective employees," said AIDS Law Project legal officer Zolile Achmat.

Achmat said testing was costly and wasteful as well as ineffective because of the window period in which HIV antibodies could be traced.

"It is against the law to disclose any information on workers with HIV," Achmat said, adding that the proposals handed to the Manpower Commission were in line with international standards practised worldwide.

The SA Journal on Human Rights' first issue on AIDS said nearly 45% of employers would breach workers' rights to confidentiality regarding AIDS, and that 10% of companies surveyed used pre-employment testing to screen job applicants.

According to the journal, about 65% of companies would refuse employment to an HIV-infected person while 64% of companies have not considered implementing AIDS education programmes.

The journal said current legislation in the private and public sectors was inadequate and there was a need to proactively challenge bigoted attitudes and prejudices about HIV/AIDS in the workplace.
PRETORIA. — The government plans to spend about R350 million on an AIDS awareness programme.

Minister of Health Nkosazana Dlamini-Zuma said yesterday the programme would be spread over two years.

The programme will be aimed at teaching people what should be done to combat the disease.

Dr Dlamini-Zuma said that AIDS was high on her department's priority list and would have to be dealt with soon.

The government is concerned that AIDS figures are going up, especially in KwaZulu-Natal.

She said the money for the project would, however, not come from the government's coffers alone.

The government, business and non-governmental organisations would all have to contribute.

She said the government would unveil further details in the next few weeks.

Dr Dlamini-Zuma said she had held discussions with health MECs from the provinces regarding other projects which the Department of Health was in the process of implementing, such as free medical services for pregnant women and children under six.

Dr Dlamini-Zuma said this new scheme had been well-received and had been implemented in several provinces without any problems.

Other issues discussed included plans for building more clinics in rural areas and a feeding scheme in primary schools.
AIDS: a rocky patch

Soweto clinic forced to turn infected babies away

AIDS merciful mission

HIV/SAfrica, 1984
Expert criticises AIDS care at public hospitals

By CAS SI LESTER

ONE of the country's foremost AIDS experts has lashed out at the treatment of AIDS patients in public hospitals.

The doctor also slammed education programmes which he claimed were a waste of money in the fight against the disease.

"It is bewildering, but true, that the academic and public hospital sector in this country continues to arrogantly and actively promote a culture of neglect towards the HIV-infected individual," AIDS specialist and private pathologist Dr Steven Miller told delegates of the Third National Conference on Legal Rights and AIDS meeting in Johannesburg on Thursday.

Dr Miller said infected people treated in the private sector were assured of long-term survival but if one is indigent and has to rely on public hospital resources one is assured of discrimination and neglect.

He claimed that patients at the Johannesburg and Groote Schuur hospitals were threatened with discontinuation of their therapy if they attempted to obtain necessary medications from the private sector.

However, Johannesburg hospital head Dr Trevor Frankish said he was not aware of a single case.

Dr Miller could substantiate of a patient being threatened.

Dr Miller also claimed that although certain medications might be available at a particular institution, these would be denied to any individual known to be HIV-positive.

He gave as an example two drugs to prevent blindness in people with AIDS which were refused to them at the Johannesburg hospital but were freely available to transplant and cancer patients with the same visual disease.

To this Dr Frankish responded that he was aware of only one case, where the patient was terminally ill and within days of death.

"In South Africa the right of people with HIV infection to have access to competent care has been severely compromised. The worst abuses are evident within the public-care sector where discrimination and stigmatisation are the rule," said Dr Miller.

"Life-enhancing and life-sustaining medications are actively withheld from those who most require them," he said.

Dr Miller also dismissed AIDS education as a waste of funds.

"The truth is that educational interventions have failed everywhere in the world to produce a sustained drop in the rate of HIV infection in any community," Dr Miller said that, after the first AIDS patient was diagnosed in 1982, several types of interventions were used, from community outreach programmes to distribution of educational literature, telephone hotlines and media campaigns.

"Although praiseworthy, none of these approaches has been shown to be effective," he said.

Dr Miller said that a person who tested HIV-positive was considered to be ill and certain to die within a short period of time.

"This has generated profoundly negative consequences for people who are infected but healthy, including denial of employment, loss of jobs, inability to obtain insurance, and curtailment of medical benefits," said Dr Miller.

Compounding this were "doomsday scenarios" from economists and the insurance industry, predicting economic devastation if infected people were employed and given medical care.

Against this, said Dr Miller, patients regarded as doomed were "coming back to life" with the use of AZT.

There was now a range of medications available to control the progress of the disease and to prevent AIDS-related complications.

Dr Miller said the use of these drugs had not increased the overall costs of treatment but rather re-distributed the lifetime costs.
Aids programme will cost R350-m

By Josias Charle

The government is to spend R350 million on an AIDS programme to be launched in the next few weeks.

Announcing the new plan in Pretoria on Friday, Health Minister Dr Nkosazana Dlamini-Zuma said part of the money would be made available by the Government.

The minister said the rest would have to come from non-government organisations, churches and business.

She said Natal was the region hardest hit by the epidemic.

"We are going to be launching this programme in a few weeks' time to see what can be done to combat," the minister said.

Dlamini-Zuma also announced that the school feeding scheme announced by President Nelson Mandela in May would be implemented before the targeted 100 days.

Over a period

It would be phased in over a period of time but some provinces might start the programme long after that.

In terms of the project, primary school children would be fed daily in areas where the need existed.

She said there were no major problems with the introduction of free medical attention for children under six years.

"The programme has been in place for only a month and we have found that there are no major problems.

"Various hospitals do encounter their own problems due to the increasing number of patients but this does not mean they won't cope," she said.
Workplace HIV tests under scrutiny

She said certain employees might need HIV testing "such as airline pilots and truckers".

The first national conference on AIDS and legal rights, a joint venture by the Centre for Applied Legal Studies and the AIDS Consortium, was held in Johannesburg last week.

The SA Journal on Human Rights, carrying speakers' conference contributions, said pre-employment testing should be scrapped because HIV-positive employees could have many productive working years ahead of them.

Also, employees might be HIV negative when the test was done but could become infected after taking up employment.

The journal said the underlying rationale by employers for supporting pre-employment testing was to ensure a labour force free of HIV infection.
'Aids babies’ need care

BY SHIRLEY WOODGATE

The number of “Aids” babies in South Africa is increasing dramatically, triggering urgent appeals from welfare agencies for a new breed of foster parents.

These “special” parents are people prepared to care for children, many of them with death sentences hanging over their heads before they reach adulthood.

This is the challenge now facing health care organisations as the dreaded disease shows every indication of meeting worst-case scenario predictions by experts.

Warnings by paediatrician Dr Keith Heimann that South Africa was moving into a “catastrophic” stage of child care which would have a heavy impact on the country’s health and welfare system, have been backed by welfare consultant Jackie Lofell.

“As we move rapidly into the epidemic phase of the disease, experts claim one in five adults in South Africa will be HIV positive by the turn of the century. Those who die will leave a huge burden for child care workers,” she said.

Heimann said 5 percent of pregnant women in South Africa were already testing positive, trebling in some parts of the country where up to 15 percent of mothers are testing HIV positive at ante-natal clinics.

Expectations were that a quarter of the South Africa population would be affected by the turn of the century, Heimann said.

Considering that Aids would claim up to 12 million people in 10 to 15 years, the present budget focus would have to start shifting from housing and education to hospices and community centres catering for those that remained.

“Unless we start working on a far-sighted redevelopment plan related to Aids, we are lost,” Heimann said.

Already the problems are surfacing as the Johannesburg Child Welfare Society battles to provide suitable care for Aids babies.

A spokesman said: “Although many of our HIV babies are abandoned and are available for adoption, it is extremely difficult to find suitable adoptive families who are willing to take an HIV positive baby.”
The minimum plan to combat AIDS will cost R2.57bn a year.
Star 21/7/94

Boost for
Aids fight

The Government will increase spending on Aids almost tenfold when a programme costing R257 million a year to combat the killer disease is announced, the National Aids Convention of SA said yesterday.

The plan is to be officially launched today by Health Minister Nkosazana Zuma. (92)

About 600,000 South Africans were infected with the Aids virus by the end of 1993. — Reuters.
AIDS plan ‘not enough’

THE success of government’s R257m-a-year plan to combat AIDS would depend on how it was spent and who spent it, an AIDS analyst said yesterday, adding that the private sector was best placed to lead the campaign.

Alan Whiteside, editor of AIDS Analysis Africa and Natal University senior economic researcher, said it was not enough to provide funding. It was crucial to know how the money was to be spent.

The allocation was welcomed as a sign of government’s commitment to solving the problem, but the private sector should be heavily involved in directing the campaign.

Similar private sector-led campaigns in other African states had been successful. Non-governmental organisations would also have to be included to ensure the campaign reached grassroots level.

Whiteside questioned whether government had the funds available for the programme, and whether the amount had already been allocated.

As the disease was more than just a health issue it was important that all government departments were involved.

The programme did not make enough provision for orphans whose parents had died of AIDS.

The plan’s designers conceded a priority programme was necessary. The Health Department’s R14bn budget had to be stretched to meet the enormous responsibilities of restructuring the health service.

While additional foreign funding was available, it had been designated mainly to support non-recurrent costs. Continuing contributions from this source could not be guaranteed, Whiteside said.

The priority programme would include sex education in schools, increasing the provision of condoms, managing sexually transmitted diseases, caring for people with HIV and AIDS, and addressing human rights and law reforms to end discriminatory practices.
Aids drive will cost SA R257-million

PRETORIA — Government spending to combat Aids will increase more than sevenfold when a programme costing R257-million a year is announced today.

The National Aids Convention of South Africa (Nacosa), an independent group of specialists that formulated the plan, said funding would come from the health ministry's R14-billion budget, the reconstruction and development programme and foreign sources. Current expenditure is budgeted at R36 million.

An estimated 600,000 South Africans were infected with the Aids virus at the end of last year, according to statistics compiled by National Aids Training and Outreach Programme director Ruben Sher.

The plan, to be launched officially today by Health Minister Nkosazana Dlamini-Zuma, had its genesis at a national AIDS conference last year.

"It is not a government plan, not an ANC plan — it is a national plan, everybody's plan," said Nacosa spokesman Reinett van Heerden.

She said the plan had its roots in primary health care and had three objectives: to prevent HIV transmission, to reduce the personal and social impact of HIV infection and to mobilise and unify local, provincial, national and international resources. — Reuters.
Aids' fight money doubled to R42-m

By Josias Charle

THE Government has doubled to R42 million the amount of money set aside to fight the Aids epidemic.

This was announced by the Minister of Health Dr Nkosazana Zuma at a Press conference in Pretoria yesterday.

She said the Government would spend R42 million in the current financial year compared with R21 million last year. The minister was also presented with a new national Aids plan compiled by the National Aids Coordinating Committee of South Africa.

Under the plan, R256.8 million would be needed in two years to meet the rising costs.

Zuma had R100 million would be required in one financial year. She was hoping that local and international non-government organisations would donate more funds.

The plan revolves around three central objectives which are:

- To prevent the spread of the disease through promotion of safer sex, adequate provision of condoms and the control of sexually transmitted diseases;
- To reduce the personal and social impact of Aids through providing counselling, care and social support; and
- To mobilise and unify local, provincial, national and international resources to prevent and reduce the impact of Aids.
Aids budget up to R42m

The Health Department has doubled its Aids budget this year to help meet the cost of a plan to combat Aids put forward yesterday by the National AIDS Convention of SA (Nacosa).

While the priorities laid out by Nacosa's two-year plan required funding of R257m, Health Minister Dr Nkosazana Zuma said she was sure the R100m needed this financial year would come from other government sources and foreign agencies.

She emphasised the plan was a national, not just a government, plan, and that it was the responsibility of the entire community — especially business, churches and labour — to ensure funds were raised and the full programme implemented.

She hoped foreign donors who helped draw up the plan would kickstart it.

The plan is the first full attempt in South Africa to address all aspects of the HIV/AIDS epidemic and to provide a rational framework for prevention, care and legal rights activities.

Dr Zuma said the plan would be steered by the Health Department's national AIDS unit. Provinces had begun setting up structures.

Its success depended largely on a strengthened primary health care system and eliminating Aids discriminatory practices. This would involve decriminalising prostitution and homosexuality.

Medical Research Council representative Mr Malcolm Steinberg said existing legislation on these issues contradicted the new constitution.

It was expected they would be resolved by the Constitutional Court.
Department's AIDS budget is doubled

The Health Department has doubled its AIDS budget to R42m this year to help meet the cost of an extensive plan to combat AIDS, put forward yesterday by the National AIDS Convention of SA (Nacosa).

While the priorities laid out by Nacosa’s two-year plan required funding of R227m, Health Minister Nkosazana Zuma said she was confident that the R160m needed this financial year would be received from other government sources and foreign agencies.

Zuma emphasised that the plan was a national plan, and it was the responsibility of the entire community — especially the private sector, churches and labour — to ensure the funds were raised and the programme was implemented.

She hoped foreign donors who helped draw up the plan, including USAid, would kick-start it.

The plan represented the first full attempt in SA to address all aspects of the HIV and AIDS epidemics, providing a rational framework for prevention, care and legal rights activities, she said.

It would be steered by the Health Department’s national AIDS unit. Provinces had begun setting up structures to take the programme forward.

KATHRYN STRACHAN

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Nacosa chairman Ralph Mgilima said pre-employment testing for HIV and insurance screening were also in conflict with the spirit of the plan.

However, it was unlikely that insurance screening could be banned.

Dr James McIntyre, chairman of Nacosa’s PWV region, yesterday called on the business community to support the plan and make every effort to assist in its implementation.

“An estimated 5% of the adult population of the PWV was infected with HIV and this rate was doubling every 12 months,” he said.

“As more people become ill, every business concern will be affected by AIDS.”
Department's AIDS budget is doubled

THE Health Department has doubled its AIDS budget to R62m this year to help meet the cost of an extensive plan to combat AIDS, put forward yesterday by the National AIDS Convention of SA (Nacosa). While the priorities laid out by Nacosa's two-year plan required funding of R257m, Health Minister Nkosazana Zuma said she was confident that the R100m needed this financial year would be received from other government sources and foreign agencies.

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Finally, the state gets serious about Aids

The new health minister launches a massive Aids programme to deal with the looming crisis.

Mark Gevisser reports

AFTER years of official foot-dragging and negligence, the government has finally endorsed an Aids programme that could cost as much as R250-million allocated to Aids prevention and care in the next two years.

In the biggest official acknowledgement yet of the looming Aids crisis, Minister of Health Nkosazana Zuma yesterday endorsed the National Aids Plan, which was developed by Nacosa (the National Aids Convention of South Africa), and undertook to launch a multisectoral National Aids Control Programme that will begin almost immediately.

Zuma plans to spend at least R100-million on Aids prevention programming this year alone. The current Aids budget is R20-million a year, but Zuma believes she can find at least R40-million from within her health budget this year, and that this can be supplemented with another R60-million from international sources like the European Union and USAID.

Zuma’s job immediately prior to assuming the health portfolio was chairman of Nacosa’s strategy subcommittee. “As Nacosa,” she said, “it was obvious that Aids was going to be one of this country’s greatest crises — in terms of health and the economy — and that the government was not going to get around to doing nothing unless prompted. So the idea is to have a plan that they could use to form the basis for strategy.”

Now, as the minister primarily responsible for Aids programming, she is on the receiving end of a plan she developed. “In principle, the government accepts the plan, but that doesn’t mean we’ll implement it word for word,” she said.

Top priorities, she says, are to start developing mandatory sexuality education curricula in schools; to embark on a mass information campaign; to improve the treatment of sexually transmitted diseases; to distribute condoms; and to fight discrimination of people with HIV by setting in place national policies and changing discriminatory legislation.

Even HIV babies thrive on food and love

T could be any children’s home: that cloaking nursery smell; the litter of toddler-paraphernalia; the babywalkers clustered around a big-bosomed matron. But there’s one difference to the Salvation Army’s Bethesda Home in Soweto: all 14 of its infant occupants have been abandoned — because they have HIV.

Adrian’s mother was raped — she abandoned him when he was 10 days old. Khotso’s mother left her baby in the hospital when she found out he was HIV-positive. Sipho’s fosterparents dumped him at four months when they discovered he had HIV. The twins’ mother is too ill to take care of them.

At the centre of all of them are two unsung saints, Salvation Army pastor Lena Jwili and nursing sister Theresa Mokhehi. “The textbooks tell us not to get too close to the babies, because we’re going to lose them,” says Jwili, who started the home after realising that other institutions were rejecting babies because they had HIV. “But how can I not bond with them? I cannot imagine my life without them.”

Jwili and Mokhehi run Bethesda on the shoestring of R650 a month. They already have a waiting-list of 10 babies, and things are only going to get worse. It is estimated that, by the turn of the millennium, there will be between 500 000 and 1 300 000 AIDS orphans in South Africa, many of them with HIV themselves.

“I just cannot institutionalise 500 000 children,” notes Lesley du Toit, who runs a programme for infected mothers and children in kwazulu/Natal under the auspices of the National Association of Childcare Workers. “And we already have such an enormous problem with abandoned and abused children. So we have to find new solutions.”

In Africa, of course, there’s the much-mythologised extended family: the granny-generation option. But in parts of Uganda and Malawi, it is common to find an 80-year-old woman taking care of the offspring of all four or five of her deceased children. And because AIDS hits the economically active sector of the population, she is doing it with little or no income.

Jwili believes the only solution is to encourage the community to take on AIDS orphans. “But there’s still too much fear and stigma, so much education that needs to be done.”

Most striking about Bethesda is that, although most of the babies entered the home very ill, all are now as healthy as normal children. Surprise, surprise: even babies with HIV thrive on good nutrition — and love.

On this last score she believes “the most important thing is to counter the stigma of Aids. If people deal with it secretly, it just strengthens the culture of fear and ignorance, and makes it impossible to control. People need to see Aids as a disease like any other, to denigrate it... we have to outlaw discrimination against people with Aids.”

The plan calls for a national manager based in President Nelson Mandela’s office, and regional authorities working out of the nine premiers’ offices. But Zuma believes the programme would be better managed as part of the Reconstruction and Development Plan, and intends to keep it as a function of the Health Department.

She stressed, however, that the cooperation of other ministries (Education and Welfare) is critical, and her next step will be to present the plan to the cabinet’s RDP committee. She has held preliminary talks with RDP chief Jay Naidoo who “understands the implications of Aids in the workplace.”

Johannesburg Aids chief Clive Brian, one of the architects of the plan, said “the most vital aspect of kickstarting a programme like this is the political will of the government.”

While he believes “we have a major ally in Zuma, there hasn’t been any real demonstration of political will from the other heavies up there, except for Mandela, who has highlighted the issue from time to time.”

Zuma will have to battle it out with the other funding priorities facing the new government, and she stressed that the programme cannot work without private sector involvement.

Moleoiten Steinberg, head of the Medical Research Council Aids programme, believes that many in government are still “looking for a quick fix. But what we need to do is tackle the whole value system of this society, and the morality which continues to see Aids as divine retribution for sin.”

Zuma acknowledged that this, perhaps, is the major challenge facing her. Previous Aids programmes in schools have failed because of the unwillingness of authorities to deal explicitly and openly with sexuality. “In the long-term perhaps we do need to change the values of this society, so that it can be more acceptable for young people not to be sexually active. But in the short term, let’s face it, condoms are useful.”

Does this mean she is on a collision course with the churches? “Absolutely not. Clerical leaders must deal with it in a way that they feel is most effective within their own communities.”

The plan puts an emphasis on Aids prevention and education, and allocates 36 per cent of the budget, and allocates 38 per cent to counselling, care and support for people with HIV and AIDS. Most of this funding — about R100-million — is going towards improving the primary health care system. Despite a high HIV-infection rate (550 000), there is not yet an undue strain on health-care services: currently, there are only 10 000 people with Aids needing medical treatment, as opposed, for example, to 11 000 listed on the roads each year. But, notes Evian, “the crunch will come in five to seven years’ time.”

Most encouraging about the plan, is that it was developed by people working in the Aids field. “This gives us a fighting chance. The last government did try, but it had a history of controlling peoples lives, so people saw Aids prevention as another form of control. I don’t think it’s going to be easy for us, but we stand a better chance.”
'Aids victims abused'

By Michel Muller

There was a new basis for exclusion and discrimination in South Africa to be found in the HIV epidemic, the director of the Centre for Applied Legal Studies at the University of the Witwatersrand, Professor Edwin Cameron, said last week at the Living with HIV and AIDS conference at the University of the Western Cape.

'We believe exclusion (from work) on the basis of HIV is illegal in terms of the Constitution.'

The SA National Defence Force (SANDF) and the SA Police Services (SAPS) tested for HIV 'in an abusive way', he said.

Prof Cameron, an advocate at the Johannesburg bar, said: 'In the SAPS, the applicant is given a form to take to a private doctor, without counselling. If he is HIV positive he is turned away.'

He lambasted the life insurance industry, saying their response to Aids was 'shameful'.

'Why shouldn't the industry bear the costs of insuring people with HIV?'

Old Mutual actuary Theo Hartwig told delegates that life insurers had had to introduce HIV tests and exclusion clauses or risk calamity.
A grim warning for others

By Tyrone August

It was as if they looked like a group of holiday-makers lounging about casually in a suburban backyard, their only concern being to soak up the warmth of the week's winter sun.

But this is not a holiday resort and these are not bored pleasure-seekers. This house in Kensington known as Sacred Heart House, is a care centre for AIDS and HIV-positive patients.

It is run by the Catholic Church, who opened it in the Johannesburg suburb in 1990 to provide a comprehensive care programme for patients who live there while being treated.

Among them are Thembi (not her real name), a 21-year-old who dropped out of college last year when she tested positive for the human immunodeficiency virus (HIV) which usually causes AIDS.

"I was scared when I first heard I was infected," says the slender young woman. "There is no cure and I know some people suffer for a long time before they die."

Thembi found out she was infected in November 1993 and seems more at ease now. But she recognises that she may not have a future.

Mixing with people

"My life is ruined," she says softly. "I have no future. I used to go to the movies and to the park before. What I miss a lot is sitting in the park, taking walks and mixing with other people."

Now she has to take medication twice a day. "It has helped me a lot," she says. "When I came here I saw other people like me. It gave me hope that I would get better."

Now her dreams are far more immediate and revolve around being well enough to go to the park for a stroll. More distant are dreams of looking after her parents one day. "They always come to visit me, especially my mother," says Thembi. "She understands the problem."

Her family's support has helped her come to terms with her plight. "When some people become sick, their families abandon them," she says.

Her deepest wish for those who are HIV-positive or have AIDS is for support from their families.

"All I ask is that if someone is sick, they shouldn't reject them," she says. "When healthy people encourage the sick, they get better quicker."

Steve, who was born in Soweto and grew up in Zambia, also clings bravely to hope. "I fear that I'm going to die," he says, "but I try not to think about it too much."

"I just forget I'm sick because I don't have pains. When I see sick people, I feel frightened. But when I'm alone, I don't worry about myself."

A former carpenter, Steve got tuberculosis in 1988. When he went for treatment, it was discovered that he was HIV-positive — changing his life for ever.

Strong and healthy

"It took me two years to believe and accept that I'm ill," he says. "But, even today, he still looks strong and healthy."

"I used to go to mines and hold workshops," says Steve. "But the employers would look at me and say: You'll still strong: you don't look like you are sick."

That is part of what makes AIDS so dangerous: not all people who are HIV-positive look sickly, so they do not bother to take precautions when having sex, in this way spreading the disease.

"Some people don't even want to talk about the disease," says Steve. "They say: I can't get it. But now we are living with the disease. It's spreading. It's advancing."

Steve, who once loved to play soccer, can no longer kick around a ball. "I don't play anymore. I've lost my power."

Now he keeps his passion alive by watching soccer on television.

Both Thembi and Steve encourage people to use condom and limit their number of sexual partners. "We are victims," says Steve. "We need to share our knowledge with the community."

"I always try my level best to tell the community: It's true, this thing is happening. But it's very hard. Young people still say: flesh to flesh."

There are already 3,357 reported AIDS cases in South Africa — nearly half of them young people between the ages of 18 and 25. And the number of pregnant women who are HIV-positive is also growing. It is now estimated that 565,000 young women are HIV-positive.

And the horror does not stop there. The HIV infection rate is doubling in South Africa every 13 months. Or, to put it another way, 500 people are infected with HIV every single day.

Steve and Thembi are among those sad statistics. But, as their stories show, their pain cannot be reduced simply to facts and figures. The tragedy of their lives is a grim warning for others.
Education is our only hope

By Tyrone August

THERE IS A LOT OF renewed faith and hope in the future of South Africa since the April election.

This promise of a new beginning may be wiped out by the threat of an Aids epidemic. “It is one of the biggest problems facing the future of South Africa,” says Dr Clive Eviain of the Johannesburg city council’s Aids programme. “In fact, I think it is the biggest.”

He says many young people do not know they are infected with the Human Immune-deficiency Virus (HIV), which causes the Acquired Immune-deficiency Syndrome.

“So they don’t really have any idea that they’re getting the disease,” says Eviain. “But in 10 years the majority of them will be sick, and in 15 years the majority will have died.”

Ms Margaret Moralo, a training officer at National Aids Training and Outreach Projects, agrees: “We are talking about the new South Africa, but we are not going to make it if half the population has Aids.”

Eviain warns that the disease is not visible for a long time. “At the moment about 6,700,000 people are infected, which is about the size of the city of Durban,” he says.

“But most were infected in the last three or four years. And as the disease takes about 10 years to manifest itself, most aren’t yet sick, so it doesn’t look as if there’s a problem.”

Feel it in a big way

“But the problem is growing all the time, and we will feel it in a big way in the last few years of this decade.”

Eviain says the number of people with Aids is doubling each year. “That means that, by this time next year, one and a half million people will be infected.”

Moralo passionately believes that education is the only answer. “It is the only preventative measure,” she says. “Without education, we are lost.”

And Ms Sihnozile Nkomo, a nurse who is an Aids educator for the local city council, believes the education offered at school should include life skills.

All kinds of education should be given because it helps a person to draw lines when they meet up with certain behaviour,” she says.

“Our main objective when it comes to adolescent programmes is to empower young people. We are trying to make sure that they are well-informed about life.”

Renewed faith The hope after elections overshadowed by deadly Aids:

In 10 years the majority of them will be sick, and in 15 years the majority will have died.

Evain even believes health must be a school subject with the same status as arithmetic, with an exam at the end of the year.

“If you don’t know about AIDS or gonorrhoea or breastfeeding, then you must fail,” he says. “Because it’s no good knowing arithmetic if you’re going to get AIDS.”

“Aids education at school as part of a general life skills education is fundamental. We need to develop that kind of expertise, and we don’t have it.”

Napot’s director, Professor Ruben Sher, agrees: “Sex is a major part of life — like eating and drinking. They are the pillars on which life is built, so we can’t deny people sex.”

The only solution is to provide sex education and life skills training. “People have to be taught responsibility,” says Sher. “You can’t enjoy the pleasures without the complications.”

However, the Department of Education and Training has not been very supportive. “We are having a big problem with the DET,” says Moralo. “We’ve just got to fight them.”

As a result, Napat approached the private sector to sponsor a project to train guidance teachers about AIDS and other preventable diseases. But, Moralo adds, parents must be drawn into this process even before teachers are trained because they may be part of the reason why schools are reluctant to provide sex education.

Parents believe that by talking about AIDS, we are encouraging their children to do things they didn’t even know about,” she says.

“We must have a parents’ meeting in each region before we train teachers, and do a presentation for them — show them the statistics, give them proof that this is happening.”

Nkomo agrees that parents form a vital part of educating young people: “Parents should also be empowered. They are the main people who can start laying the foundation.”

“But most parents do not talk about issues like sex because they are sensitive. Some of them want to discuss these issues but they don’t have the information.”

Aids educators are also turning to young people’s peer groups for help. “The peer group is a beautiful arena,” says Nkomo.

The peer group

“There are no rules in the peer group. There you can do it all. In the peer group, there are many more challenges — and dangers. Hance we are trying to use peer groups to reach out to young people in our education strategies. We have discovered that the person in the situation is even better than us.”

A major focus of Nkomo’s work is peer training: “It is working very, very effectively. They are doing valuable work. If they are trained properly, they are the best.”

Moralo also singles out peer groups as important: “Most of the people we have encountered are in the peer group age where there is pressure.

“They are pleasing their friends more than (for them) their needs and rights.”

She reaches young people by visiting schools and organisations. “Mass training doesn’t usually work,” she says. “Targeting certain groups for training works better.”

This is clearly an urgent task. Of the 50 to 60 pregnant patients Moralo sees at Hillbrow Hospital on clinic day, about 20 are “very young.”

“They come back when they find out they are HIV-positive, so I’m sure we are having a lot of criminal abortions.”

Eviain also feels teenage pregnancies are making the problem worse. “Many teenagers will pass the virus on to their babies, so you’re going to get a similar epidemic in babies,” he says.

So education remains the only hope. “If we’re going to build a new country, we must make sure our children are able to be leaders,” says Sher.

“And, in the absence of a cure, the only thing we have is education.”
Facining the big AIDS challenge

Lairst of lidw articles about the frightening future facing our young people

By tongue August

SILENT ASSASSIN

Last of lidw articles about the frightening future facing our young people

Silence, is the best defense!

3000 cases spread of disease

AIDS

coming our population cause for alarm,

The spread of AIDS is increasing and is a growing concern. The government and health organizations are working to address this problem and increase awareness. The spread of AIDS is not limited to any specific age group or demographic, and it is important for everyone to take precautions to reduce the risk of transmission.
Concern as inner city HIV rate soars

Africa by May this year.

An estimated 506,000 — 1.7 out of every 100 — South Africans were already HIV infected by the end of last year, said the department. This figure has long been surpassed in Johannesburg's overcrowded city centre.

Evian said AIDS and tuberculosis were closely associated in South Africa, and at the John F. Kennedy Hospital in Sandringham, Johannesburg, where serious TB cases were treated, 33 percent of the male and 34 percent of the female patients were HIV positive.

"TB is a social disease affecting people under stress in poor circumstances and is related to unfavourable living conditions like overcrowding, lack of heat in winter and inadequate health care," said Evian.

Another factor which attributed to the lethal coupling of the diseases was the fact that the HIV virus reduced the body's immunity to TB (which was latent in most people), he said. Evian said studies showed that women were more susceptible to contracting the HIV virus because they were placed in more vulnerable situations than men, and had less control over their sexual partners.

In addition, young women in poorer communities often resorted to bartering sex for work, school fees and other necessities, which made them susceptible to getting the HIV virus.
Mums-to-be Aids shock at Bara

ON THE RISE Four pregnant women test HIV-positive every day:

By Mokgadi Pela

An average of four pregnant women a day test HIV-positive at Baragwanath Hospital, Soweto learnt yesterday. (92)

Dr James McIntyre, a specialist in the department of obstetrics and gynaecology at Bara, said the trend was seemingly on the increase.

He said there could be more than 35 000 HIV-positive women in Soweto alone. "Our worry is that the figure is doubling every 12 months," he added that seven out of every 100 pregnant women who visited Bara's antenatal clinic tested HIV-positive.

McIntyre reiterated the hospital's policy of testing women only when they approved. He said babies born of HIV-positive mothers stood a 30 percent chance of acquiring the virus. Most would not live beyond five years.

Responding to the recent increase in the Aids budget, McIntyre said the National Aids Plan needed to be implemented soon. According to the Department of National Health and Population Development, more than 500 South Africans acquire the virus daily.

"This (Aids) plan represents the first attempt in this country to address all aspects of the HIV epidemic and to provide a framework for prevention, care and legal rights," McIntyre said.

Dr Nkosazana Zuma increased the Aids budget to R42 million on July 21. On the same day, Zuma accepted the Aids plan prepared by the National Aids Convention of South Africa.

McIntyre said the largest concentration of HIV-positive people was in the PWV region.

"This area will be hardest hit by the economic effects of Aids. As more people become ill, all business concerns will be affected by Aids. I wish to urge the business community to support the National Aids Plan," he added.
New hope for HIV survival

LONDON — A quarter of people infected with the AIDS virus may remain free of the disease for 20 years, suggests research published here today.

The claim is based on regular counts over a minimum of 10 years of white blood cells among 117 men with haemophilia.

The cells — CD4s — form an important part of the body’s immune system and when levels drop below a certain point AIDS develops.

Researchers at the Royal Free Hospital in Hampstead conducted their study on haemophiliacs.

They conclude that 25% of infected individuals will be AIDS free after 20 years.

And after 25 years, the researchers suggest 15-20% of patients will be AIDS free.

More optimistic forecasts were produced for younger patients. A third of children under 15 at time of infection were expected to be free of the disease 20 years later.

Researcher Dr Andrew Phillips said there was no reason to assume that people infected by HIV through sexual activity or other routes would have a different outlook to haemophiliacs.
Between the ages of 15 and 49, HIV is the leading cause of death among women in Sub-Saharan Africa, causing more deaths than malaria, tuberculosis, and other diseases combined. In many countries of Sub-Saharan Africa, one in 25—almost 4%—of adults is infected with HIV.

The problem is growing rapidly. More than 2 million people were infected with HIV in Sub-Saharan Africa in 1994. In 1999, the number had risen to 3.4 million. If the epidemic continues at the same rate, it will kill 7.5 million people in Africa by the year 2000.

The problem is also spreading to other regions. In 1990, there were 1 million cases in developed countries. By 1999, the number had risen to 2.5 million. If the epidemic continues to spread, it will kill 6 million people in developed countries by the year 2000.

The spread of HIV is a global problem. In 1990, there were 600,000 new cases in Asia. In 1999, the number had risen to 1.2 million. If the epidemic continues to spread, it will kill 3 million people in Asia by the year 2000.

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Scores of truckers have HIV but figure that an accident will kill them first
Implementing the National AIDS Plan will be implemented into the country's central government and will be the responsibility of the National AIDS Commission. The plan will be coordinated with a school health program and will focus on the following areas:

2. The distribution of AIDS awareness materials and information.
3. Training of health professionals.
4. Educational programs for schools.
5. The promotion of safe sex practices.

The National AIDS Commission will be responsible for implementing the plan, which includes:

- Developing a comprehensive education program for schools.
- Providing AIDS awareness materials and information.
- Training health professionals.
- Developing educational programs for schools.
- Promoting safe sex practices.

The plan will be implemented in collaboration with the Ministry of Health and the Ministry of Education, and will be supported by the Ministry of Finance. The budget for the implementation of the National AIDS Plan will be provided by the government and international donors.

Dale Keen
NEWS

Minister voices AIDS threat. Strike threat, business asked.

Appeal on AIDS

Sowetan 18/11/94

BY Oliver Brandt

It is not only a problem of the poor. That is the middle (R2)

South Africa. "People. Black continent. People affected by Aids. Reports of 15,000 deaths a year. It is not only a problem of the poor. But also of their minds."

The aid programme will have consequences.
Aids ruled out as notifiable disease

THERE is no point in making Aids a notifiable disease, says Health Minister Nkosazana Zuma.

Responding in writing to a parliamentary question by Mahomed Cassim (IFP), Dr Zuma said the estimated prevalence of HIV infection was 4.69 percent at the end of last year — up from 2.69 percent at the end of 1992.

She said surveys of women attending ante-natal clinics nationwide had been conducted in October and November each year since 1990 to determine the prevalence of HIV infection.

These surveys provided the most reliable barometer of the spread of Aids, she said.

Obliging doctors to report new cases of the deadly disease would not help to monitor or limit its spread.

"Notifiability will make no difference to accurate data collection and may even be counterproductive as it may discourage infected individuals from seeking health care."

- The Cape has the lowest rate of infection — 1.33 percent at the end of last year. — Reuters, Sapa.
AIDS cases in SA 'doubling'

PORT ELIZABETH. — The latest HIV statistics for the Eastern Cape offer proof that AIDS cases are almost 'doubling each year in the country (92).'

The figures show 546 people have been confirmed HIV positive in the region, compared to last year's figure of 360.

Sixty people have died of AIDS-related causes in the region this year, 19 of them children.

Black females made up most of AIDS cases. — Cape Times 4/18/94
UCT's AIDS package

Weekend Argus, 6 April 1987

[Article continues here]
WHEN Jan and Andrew walked into my house I did not know which of them carried the Human Immunodeficiency Virus (HIV). I suspected it was Jan because he was thin, had lesions on his face and a hacking cough.

He was already manifesting what clinicians call the fourth (final) stage, when AIDS-defining conditions are prevalent and the patient is bedridden for at least 50 per cent of the day.

Andrew, on the other hand, was a picture of health: shiny hair, full-faced and attractive, but he was withdrawn and showed signs of depression.

They were both diagnosed HIV positive in the public's in Amsterdam after his lover of nine years died and Andrew in Johannesburg when ulcers in his throat wouldn't heal.

When I asked which of the men was HIV positive, caregiver Joy Wilson said: "People with AIDS or HIV don't walk around with stickers on their foreheads. It could be any of us!"

She told me she was paranoid about AIDS until she went on an awareness course at the training and information centre run by the city council.

There was an HIV person there who said people were scared of them. I decided to see where I could help.

Joy, who cares for people with AIDS and is often at their sides when they are emaciated and at the point of death, said HIV infection did not mean immediate death.

Many patients, however, "stayed at home twiddling their thumbs waiting to die".

It was the stigma, taboo, ostracism - the public's ignorance and prejudice - which drove them indoors.

Andrew was kicked out of his communal home when his housemates discovered he was HIV positive.

"I ended up sleeping on Green Point sports fields," he said.

A Guguletu man, who declined to be named, said: "People with the virus are treated like dogs with a suppurating sore. Nobody goes near them."

He said he knew who carried the virus because people pointed fingers at them behind their backs.

"I would rather drink poison and die than live with the virus and the alienation," he said.

Andrew and Jan both live with friends and draw a R370 a month state disability grant.

But what happens to people who don't know they can apply for a grant and do not have a support group or affordable accommodation at their disposal?

In Cape Town, it is 10 days in the hospice or nothing. For the less privileged, it is rumoured that people are dumped in the rural areas to cope where there are no resources and little AIDS awareness.

Already in Africa AIDS patients die in half the time that Americans do.

The difference is the availability of drugs and the upfront attitude to the disease in developed countries.

Andrew said it cost anything between R400 and R4 000 a month "to keep me going".

"But if you don't know what the side effects of the drugs are you can get a headache and panic."

In some African states, where one in 40 people are infected, AIDS care gobbles up at least 30 percent of their healthcare budgets.

No wonder the South African government announced last week that it would increase its cash input seven times to R527 million on programmes to combat AIDS.

Estimates at the HIV and AIDS in the Workplace conference held at UWC last month indicated that by the end of this year more than two million South Africans will be HIV positive. By 2005, at least 20 percent of the nation will be infected, putting a severe strain on state resources once these people develop full blown AIDS.

Already HIV tests are mandatory in the insurance industry for policies exceeding R50 000 — "to avoid a calamity," an actuary said.

Joy said she knew about 160 people with HIV and Jan knew about 70.

"I wonder how many out there don't even know," said Andrew.

According to experts, the majority of people with HIV would only realise they carried the virus once they became sick.

The medical profession. Joy said, was not tuned in to AIDS.

"How many times does a doctor treat a patient for thrush, but never test for HIV?"

"Tuberculosis and HIV are devastating and the Western Cape has the highest incidence of TB in the world."

"Because of the stigma and medical aid and insurance exclusion clauses, doctors are often compelled not to disclose their patients' HIV or AIDS status. Confidentiality stops medical aids recording the prevalence of the disease."

"Back at my dining-room table, it was John who first told me of his status."

"Let's be honest, I'm HIV," he said.

"It took Andrew a little longer, but eventually he confided: "I haven't told anyone about it for more than a year."

"They have access to the grant because they are easily and are preoccupied by their condition, which can flare up any time into debilitating illness. They are what the government calls 30 percent disabled."

Jan said he had undertaken some temporary jobs, "but I never knew what I am going to look like or feel like."

In Amsterdam my gums receded.

"I can wake up one morning and I've got no energy. I feel so drained I can't even lift a hand to smoke a cigarette."

"I worry about stupid things like this winter, my chest and my cough. It's been going on two weeks and I've got thrush in the oesophagus. It's common with HIV."

Andrew said he blamed the medical profession for his confused state after he was diagnosed HIV positive. He left his job in Johannesburg and came to Cape Town "to die."

"I had no pre- or post-test counselling. It's absolutely necessary. You do stupid things if you don't have the knowledge and nobody talks to you. Ten-to-one I'd still be in my job."

An AIDS counsellor told me the language barrier was an obstacle to successful counselling at clinics where most patients were Xhosa-speaking.

"We're also dealing with circumstances where seemingly well people cannot grasp the concept that they have a virus in their bodies that is going to kill them. They think it's a lie," she said.

The situation is desperate and clouded by a veil of secrecy and discrimination.

When AIDS orphans are another result of the deadly disease. The impact on the economy when the workforce starts dropping like flies will be another.

In the Western Cape, where the rate of infection is the lowest in South Africa at one percent, there is no room for complacency.

Four years ago, in KwaZulu/Natal, the situation was the same as it is here. Now the prevalence is an alarming 10 percent and rising rapidly.

Even if new infections halted today, there will still be a huge number of people who will become AIDS sick.

As Andrew and Jan will tell you, your life changes — dramatically.
New approach to Aids opened

LONDON. — French researchers say they have hard evidence that scientists have fundamentally misunderstood the Aids virus.

Their findings, to be announced at the International Aids Conference in Japan, could force a radical rethink of current Aids research.

They provide new insight into how the virus destroys the human immune system and open up a new approach to combating the disease with well-established and widely available drugs.

The researchers argue that the Aids virus does not destroy cells in the immune system but tricks the cells into committing suicide.

This view has been rejected by orthodox researchers, but a University of Paris team under Professor Jean-Marie Andrieu has produced results that contradict orthodox theory.

The new thinking is that if the Aids virus triggers immune system suicide, the more active the immune system the faster it will destroy itself.

It follows that one way of treating patients would be to give them "immunosuppressive" drugs to slow down the immune system.

On the conventional view, such a treatment would simply further reduce the ability of infected patients to fight off disease.

In their pilot experiment Professor Andrieu and his team found the drug cyclosporin stabilised the immune system, apparently checking the virus' attack.

In a second study, using the drug prednisolone, the results were even more dramatic, creating a condition in which patients were less likely to develop Aids.

Professor Andrieu said: "These results are good indicators. Patients with low activity in their immune system will probably survive longer."

Professor Angus Dalglish of St George's Hospital here said: "Now those who claim Aids is just the result of the virus killing cells will have to explain why reducing immune system activity produces improvements." — The Telegraph
SA Aids plan may be too late – expert

BY LEE-ANN ALFREDS

South Africa may have run out of time in its fight against Aids, National AIDS Training and Outreach Programme director Dr Ruben Sher warned yesterday.

Sher was responding to reports that official figures – which put the number of people suffering from Aids at 4 000 – were totally inaccurate.

He said that from the time the epidemic was first monitored, authorities throughout the world believed 30 to 40 percent should be added to official figures to get a proper indication of the number of people infected with the HIV virus.

Although official figures put the number of people suffering from Aids in South Africa at

4 000, experts have indicated that they believe the correct figure is about 9 000.

"I believe the incidence of Aids cases has been under-reported by about 50 percent," Sher said.

He said full-time employees should be appointed to collate statistics in an effort to calculate a more accurate estimate.

Despite welcoming the announcement that the Department of Health intended to budget R42 million to initiate a plan to fight the disease, Sher said it might be too late to stop the epidemic.

"About 400 to 500 people are becoming infected every day," Sher said.

The two-year R257 million National Aids Plan was unveiled by Health Minister Dr Nkosazana Zuma last month.
'Few changes' in police Bill

WHILE PWV public safety and security minister Jessie Duarte should be commended for calling a public hearing on the new police Bill, there are few changes from the old laws in the Bill, says Wits University Centre for Applied Legal Studies representative Kevin Botha.

In an interview on the last day of the hearing in Johannesburg on Friday, Botha criticised police commissioner Johan van der Merwe for not giving the Public Safety and Security Department enough time to prepare for the hearing, which would have enabled the public to read and react to the draft Bill.

"But, in spite of the time constraints, Minister Duarte went ahead and called the hearing, making it possible for ordinary people to be heard outside Parliament."

Botha also criticised the language used in the Bill, arguing that it excluded the majority of the people.

"Most of the people who could have made submissions are ordinary citizens who do not read English. The Bill should have been written in languages which they understand."

He also said if the department was serious about "democracy in action", it should have based people from townships to make their submissions.

"After all, these laws are about their lives," he said.

On the Bill, he said talk of change in the police force was nothing new.

"We heard the former government go to great expense to make the police reach out to the community while problems on the ground went unattended."

There had always been a conflict between what police should be doing and what they did do.

"The dichotomy between practice and promise exists. It doesn't matter what the Bill says. What we need to look at is the culture of the present police force."

"Male dominated and authoritarian and racist. This Bill blindly refers to non-discriminatory practices without saying how it will redress that reality," he said.

"Deeply entrenched characteristics inherent in police culture militate against changed attitudes and behaviour. Reactionary attitudes, machismo, stereotyping and prejudice are all strong deterrents to a human rights ethic."

Zackie Achmat of the AIDS Law Project said there were policemen who had been denied promotion because they were HIV positive.

He said apartheid had been replaced by AIDS, arguing the police force was using AIDS to discriminate against members of the police force who had been tested HIV positive.

"It is medically established that a person with HIV can live a full, productive and healthy life for 10 to 15 years after being infected with the virus," he said.
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No cure, treatment or vaccine

AIDS: the outlook still very bleak

Yokohama — The gist of 3,500 reports this week on the war on AIDS at the 10th International Conference on AIDS is simple enough: there is no cure for AIDS, no effective treatment, no vaccine. Nor will there soon.

The tone of the conference, which ended yesterday, was restrained from the start. Organizers warned participants not to expect anything big. And after four days of nonstop discussion, the goal of controlling HIV, the AIDS virus, seems as distant as ever.

The only breakthrough that surfaced since last year's big meeting in Berlin was the discovery that AIDS-infected women can avoid passing the virus to their babies during birth if they take the drug AZT.

But because the medicine is so expensive, it will not help those living in poor countries where the disease is most common. And some worry that AZT-resistant strains of the virus will grow so dominant that this treatment will eventually be worthless even for those who can afford it.

The theme that emerged at the meeting was the need to go back to basics. Two of the most talked about subjects at the conference — long-term survivors and gene therapy — build on the encyclopedic store of basic knowledge already assembled about HIV virology and immunology.

About 5 percent of HIV-infected people are still perfectly healthy 12 to 15 years after their infection. Researchers believe that if they figure out how these people's immune systems tame HIV, they could turn it into a treatment for the others.

And the preliminary study of Dr David Ho, head of the Aaron Diamond AIDS Research Centre in New York City, offers hints of unique immune system responses in these people who carry HIV without harm.

Other researchers said their decade of basic research into HIV's genes, structure and life cycle was about to result in human experiments in gene therapy, the most exotic AIDS treatment yet.

No one knows whether this will ever produce a practical AIDS therapy, though: the virus's principal tactic has been to evolve mutant genes that make it impervious to new drugs.

For now, many believe that keeping people from catching AIDS, largely through condom use, is the only practical way to control the epidemic, which continues to spread with alarming speed. World Health Organization figures state about 17 million people have been infected with HIV. — Sapi-AP.
Parents approve plan to fight Aids

THE PLANNED Parenthood Association of South Africa (PPASA) has been applauded by the National AIDS Convention of South Africa (NACOSA) on its draft AIDS proposal presented to the Minister of Health, Dr Nkosazana Dlamini-Zuma, recently.

NACOSA devised a plan for what it considered the most effective use of the R120 million which has been set aside for a National AIDS plan by the Department of National Health.

The R120 million will be divided among the various regions according to the percentage of people being treated, and according to the percentages of the national population in that specific area.

The following areas have been budgeted for in the national plan:

- The adequate provision of high standard condoms.
- The effective management of sexually transmitted diseases.
- Care of people with HIV and AIDS at primary health care sites.
- Human rights and law reform initiatives.
- The establishment of a National AIDS Control Programme — which would entail the appointment of a regional AIDS manager.

The PPASA has asked Zuma to adopt the plan for immediate implementation.

The association also welcomed the priority attached by the plan to school sex education, sexually transmitted disease control and condom provision.

"These areas are in line with PPASA’s own priorities in reproductive health and we are pleased that the country will be proceeding with a comprehensive plan against AIDS after a decade of inactivity," Dr James McIntyre, PPASA national vice-chairperson, said.

"It is essential that AIDS prevention efforts target young people and that resources are made available to improve condom provision. PPASA pledges its support for the priority programme outlined in the plan and will be meeting the National AIDS Programme to see where our organisation can play a part in the implementation of the plan."

According to Cape Town City Council spokesperson, Mr Ted Doman, the Western Cape Regional NACOSA Committee and the local authorities agree with the plan.

"However, at a regional workshop, employment creation for people with HIV was also identified as a priority," Doman said.

Over the next two months a Regional AIDS Plan will be drawn up by the NACOSA working groups and be presented to the regional health minister by October this year.

EDWINA BOOYSSEN
Employers slow on AIDS policy

By KEVIN DAVIE

A survey of 150 KwaZulu-Natal companies employing 84,000 people has found that 94% of companies do not have a formal AIDS policy.

The survey by management and industrial relations consultants Owen, Adendorff and Associates finds that only six companies pre-screened employees for AIDS.

Seven companies employing 17,049 people are aware of employees who are HIV positive. The number of employees known to be HIV positive is 226.

Twenty-two employees at these companies are known to have died of AIDS. A further 18 are suspected to have died from AIDS.

The researchers say personnel employed in the sick-bay of one company are aware of a female member of staff who is HIV positive. She has had sex with three other employees who are now also HIV positive.

"In a sense the issue of confidentiality is promoting the spread of AIDS among factory workers. Because of legal and ethical constraints information remains confidential."

"It could well be that workers who receive AIDS education are unaware that fellow employees are dying from AIDS so the value of the education remains theoretical and questionable," says Mr Owen.

The survey finds that most companies do not believe it their responsibility to educate their workers.

Forty-five percent of companies had implemented some form of education programme based on videos, posters and/or lectures.

Of 24 companies which have an AIDS policy, 18 would not notify any other employee should an employee die of AIDS.

Of the total 150 surveyed 79 said they would not notify any other employee should an employee contract AIDS. Thirty-seven said they would not know what to do.

Mr Owen says the effectiveness of the educational programmes is questionable.

"It appears that AIDS education programmes are not sufficiently implemented in companies and where implemented employees are still contracting the disease."
ADDS threeat to bennefis
R21m spent on Aids fight

THE government spent more than R21 million in the fight against Aids in the 1993/94 financial year, according to the annual report of the Department of National Health and Population Development.
Firms 'not prepared for AIDS'

Most multinational companies will find themselves inadequately prepared if an employee is diagnosed HIV positive, according to a Harvard study presented in Yokohama last week at the end of the 10th international conference on AIDS.

The survey received responses from 27 large companies with headquarters in 15 countries. It concluded that while nearly all had briefed their managers on the issue, and two-thirds had an employee programme for AIDS prevention, the application of policies was largely left to the initiative of managers.

Training was not systematic, and big Western companies appeared to be motivated as much by fear of potential litigation — whether on the part of their staff, suppliers or customers — as by any overriding concern for the wellbeing of their workforce. About 30% thought they would suffer direct costs through increased medical or insurance expenses.

The findings were announced in the final hours of a conference which has served largely to emphasise the long haul ahead to any cure or vaccine.

Among the few breakthroughs unveiled were the role of Wellcome's AZT treatment in reducing the risk of a pregnant woman transmitting HIV before or while giving birth to her child, and the success of a three-drug cocktail in halting the virus — but so far only in the test tube.

The Japanese government drew criticism from campaign groups for an immigration policy which would exclude visitors known to be HIV positive, unless they arrived this week as a delegate. But it also gained plaudits for using the conference to highlight AIDS awareness among its population.

Only a handful of Japanese are openly HIV positive, and 97% of the 620 Tokyo-listed companies which responded to a survey backed by the labour ministry said they had never encountered any problem related to the virus.

But the study, conducted among others by representatives of Sumitomo Bank and the Nippon Express transport company, reported that 37% had taken some action to counter the spread of the disease.

Of those, more than nine out of 10 said they had provided preventative education. — Financial Times.
AIDS fight
cost R21m

CAPE TOWN — Government spent more than R21m on the fight against AIDS in the 1993/94 financial year, the annual report of the National Health and Population Development Department tabled in Parliament disclosed.

A total of R6.7m was allocated for education and information, R5m for "disease observation," R1.5m on research, R5m on AIDS Training and Information Centres (Atics), R2.07m for non-governmental organisations and R700 000 on administration.

The organisations that received financial support included Churches, AIDS Programme, Lifeline, AIDS Support and Education Trust, Problem Solving Bowl, SA Red Cross Society, and the National AIDS Co-ordinating Committee.

Financial support and advice was also given to grassroots organisations.

The department also contributed additional support to a fund established for haemophiliacs who became infected after receiving contaminated blood and blood products.
There's no safe sex for women claims top AIDS activist

YOKOHAMA — If women's AIDS activist Rebecca Denison had her way, the term "high risk group" would have been done away with long, long ago.

Ms Denison, a speaker at the recent 9th International Conference on AIDS, said many women feel safe from the virus because they continue to associate it only with the commonly cited high-risk groups — gay men, drug addicts, prostitutes.

"The term has got to go. It gives women a false sense of security," said Denison, representing the California-based group World USA.

"Many women think they are safe because they are married, or mothers. They don't think they are vulnerable," she said.

Ms Denison, who contracted the virus several years ago, added that when she found out she was HIV-positive, "I felt like I was all alone."

She wasn't, and isn't.

According to statistics compiled by the United Nations Development Program, 3,000 women are infected by HIV every day. Each day, 500 women are dying of AIDS. And in the United States, AIDS was the fourth leading cause of death for women between 25-44 since 1992.

Along with better education, Denison said, more importance should be placed on convincing men that stopping the spread of AIDS is not only the woman's responsibility.

"Men must be held accountable for their actions too," she said. "Women must be getting AIDS somewhere, and usually it's from a man."

Denison also said research has tended toward studies of the virus' effects on men, and that doctors often don't take women's concerns seriously enough.

"One woman I know went to a doctor fearing that she had AIDS," she said. "He told her 'I can tell just by looking at you that you don't.' He was wrong." — Sapi-AFP.
Doctors with AIDS needn’t tell patients

By CAS St Leger

DOCTORS suffering from infectious diseases like AIDS or hepatitis B should not tell their patients.

This is the opinion of one of the country's foremost legal experts, Professor SAS Strauss of Unisa's department of criminal and procedural law.

"There is no reason why a doctor who takes all reasonable precautions not to infect his patients should tell them of his condition. To do so would mean professional hari-kiri, because patients will probably desert him at once," Professor Strauss writes in the latest issue of the SA Medical Journal.

Commenting on the legal issues affecting doctors with hepatitis B — which, he said, applied equally to other communicable diseases, particularly AIDS — he wrote that there was one major distinction: hepatitis B, which can cause liver cancer, was preventable by immunisation, whereas there was no vaccine against AIDS.

In the world's most notorious case about a health worker allegedly passing on a disease to his patients, dentist Dr David Acer of Florida, in the US, was accused of infecting six patients with AIDS. Homosexual Dr Acer had not told his patients he was infected with the virus that causes AIDS.

Dr Acer died of the disease in 1990 — but not before his patients tried to sue him. Their case was unwon. DNA tests of the patients showed they could have contracted the virus from their communities.

Professor Strauss posed three questions:

● May an infected doctor continue to practise?

Professor Strauss said it was "almost inconceivable" that a doctor infected by a patient who he knew to be suffering from a particular disease should be entitled to claim damages from the patient.

The prudent doctor was expected to take reasonable steps to prevent himself from being infected, he said.

The question of liability on the part of the patient could only arise if he concealed his symptoms fraudulently.

The doctor infecting his patient with hepatitis B could be sued, he said. "Because of the seriousness of the disease, the liability thus incurred may be quite substantial."

"The failure of a doctor to have himself vaccinated against hepatitis would probably not constitute negligence grounds for damages," Professor Strauss said.

The fact that up to 10 percent of the black population were hepatitis B carriers underlined the wisdom of hospitals offering immunisation to staff, he added.

On the question of whether an infected doctor could continue to practise, he said the fact that a doctor suffered from a particular disease did not provide sufficient justification for denying him his livelihood.

"True, there is a possibility of the hepatitis B virus or HIV being communicated to a patient by an infected doctor in the course of treatment but, from available case reports, the possibility is very slight and can almost certainly be avoided by taking effective preventive measures."

Professor Strauss said the doctor infected with the virus that causes AIDS was not obliged to inform his employer.

"It is only when an employee becomes dysfunctional or unable adequately to perform the work he was hired for that a common law duty arises to inform his employer of that fact," he said.
The ‘Aids kaffirs’ of Johannesburg Prison

Johannesburg Prison inmates who have tested HIV-positive are stigmatized, abused and denied rights granted to other prisoners, they told

Philippa Garson

"I'm like you, a snake that someone caught," says Ben, "a snake that everyone comes to look at. He's struggling to find the right words to describe what it feels like to be HIV-positive and locked in the prison. He begins to sob as he tells how he no longer has a name, no longer has rights. "My name is HIV or AIDS kaffir," he says.

A spokesman of Correctional Services says it fully understands the serious implications of HIV infection. A medical team was called to the prison after 24 prisoners tested positive and a ward was isolated. The prison now offers counseling before and after each test.

But prisoners tell a different story. Ben, a 36-year-old inmate from the West Rand, says, "I have been living in the prison for three years and I have not seen any doctor. I was diagnosed with TB and I was not treated."

According to the department, some of the prisoners who test negative are allowed to work and watch TV. However, those who test positive are treated as "high-risk" and are isolated in a special section of the prison.

A woman doctor who works in the prisons says, "The prisoners are treated as criminals first and then as patients."

Legal challenge to an 'unjust policy'

Philippa Garson

The 252 prisoners with HIV tested negative. A challenge to the policy of separating prisoners with HIV from the rest of the prison population has been lodged by the Aids Law Project.

The project, which is funded by the fund, aims to prevent the spread of HIV among prisoners. It also challenges the policy of testing all inmates and isolating those who test positive.

According to the Aids Law Project, the policy is "unjustified and discriminatory". The project argues that testing all inmates is not only unnecessary but also stigmatizes those who test positive.

The department of correctional services says it will consider the challenge. However, it has so far not responded to the challenge.

In South Africa, where HIV prevalence is high, the challenge has been filed in the Constitutional Court. The court has been asked to rule on the constitutionality of isolating HIV-positive prisoners.

According to a guideline brought into effect last year, any inmate who tests positive for HIV is immediately isolated from the rest of the prison population. The department of correctional services says it will consider the challenge.

In British prisons, where conditions can be harsh, only the first test is performed and no subsequent tests are done. Similar policies are being adopted in many other European countries and some American states."
Enforced HIV tests rejected

CAPE TOWN — Government would not introduce routine HIV tests on people prior to employment or hospital admission, Health Minister Dr Nkosazana Dlamini-Zuma said yesterday.

Pre-employment testing was unacceptable, discriminatory and infringed on the basic human rights of prospective employees, she said in reply to a question by Dr Ruth Rubinositz (Fafrika).

It was also a costly waste of scarce resources and ineffective because of the post-infection "window period" during which symptoms were not manifest.

There was persuasive scientific evidence to indicate that knowing whether or not a patient was HIV-positive did not lead to additional precautions being taken during treatment. Basic precautions in treating HIV-positive patients had to be observed at all times.

Confidentiality in treating HIV-positive patients had to be respected, and any decision to disclose information on a patient's condition to relatives had to be consented to by the patient concerned.

The National AIDS Council of SA had compiled a comprehensive AIDS-prevention programme, Zuma said. — Sapa.
HIV life policy applicants soar 73%  
(92) CT 11 94  
Business Staff

The number of HIV positive applicants for life assurance policies jumped 73% to 1.7% over the past six months, according to statistics released by Southern Life.

Chief actuary Paul Truyens says figures for this period show that 3,444 new applicants were HIV-positive with the highest infection rates among males at 1.7% with females at 1.6%. All were declined life cover.

"Stringent HIV testing requirements have led to us turning down life assurance totalling R169m in the past four years. Had we accepted the business and later paid it out in the form of Aids-related death claims, our remaining policyholders would have had to subsidise these costs."

He said Southern Life had been able to counter the impact of Aids with the introduction of Exclusive Life, a policy requiring repeat HIV testing every five years until the age of 45.

The policy now accounted for one third of their new policy sales.

Truyens said HIV infection was most prevalent in the age group 25 to 35, with 2.4% of those in the 26 to 30 age group testing positive and 2.2% in the 31 to 35 age group.
14,500 AIDS babies in South Africa's latest count

CIVIL SAVIOUR

14/9/00
Zuma
warning
on AIDS

By Ismail Lagardien
Political Correspondent
29/1994

At least 560,000 people — of which 14,500 are babies — could be HIV-positive in South Africa today, Health Minister Dr Nkosazana Zuma said yesterday.

Speaking during her Budget debate in Parliament, Zuma said AIDS was a major threat to the country's economy and health services.

She said the reported number of people with AIDS as at June 29 this year was 3,909 — of which 950 had died — but said this was not an accurate reflection.

She said many people died without being diagnosed as having the disease and that doctors were "notoriously bad at reporting cases".

Pregnant women

Zuma said a better indication was a survey done on pregnant women during 1993. At least 4,25 percent of the 15,000 women tested HIV-positive, she said.

"With this background it was estimated that by the end of 1993 about 560,000 people in South Africa were infected. This included 14,500 babies."

"The tragedy is that to combat this threat a mere R22 million was allocated to AIDS prevention. It is obvious that AIDS calls not only for a high level of commitment from Government, but also for the introduction of effective measures to ensure that the epidemic is contained. Both of these have been sorely lacking," Zuma said.

Deaths on gold mines

FIVE miners were killed and 14 injured in a rock burst in South African gold mines on Wednesday night and yesterday.

Yesterday morning three miners were killed and 13 injured in a rock burst after a tremor at Anglo American Corporation's Vaal Reef gold mine near Orkney. The deaths occurred 2.7km below surface.

On Wednesday night two miners were killed and one was injured in a rock burst 2.8km below the surface at Kloof gold mine.

The names of the dead are being withheld until their families have been told. — Sapa.
Pupils lead the way in Aids awareness

BY VICKY STARK

PUPILS AT Groenvlei Senior Secondary School in Lansdowne are fully aware about how to prevent contracting AIDS.

They concluded a year-long Aids awareness campaign this week.

A survey done by the Std 9b class early in the year showed pupils knew little about AIDS.

Monique Thorne, 17, in Std 9b, said: “Many believed you could get AIDS by hugging an infected person or using public toilets and telephones.”

“We agreed to find out more about AIDS and share the information with the rest of the school.”

Their first awareness programme was held on Valentine’s Day.

“We sent a package to every teacher and pupil at the school. It had a Valentine’s message, a poem and a bumper sticker,” said Yasmina Latief, 16, who handles the project’s art work.

They also raised funds on Valentine’s Day and donated the money to children affected by AIDS at Nazareth House.

Funds collected from a premiere of the film “Philadelphia” were donated to the same cause three months ago.

“I think pupils were most touched by haemophiliac Christo Greyling who came to speak to us last month,” said Sadia Amardic.

It was the first time most of them had ever had contact with a victim of the killer disease.

“He wasn’t at all what we expected. He looked so healthy,” said Sadia.

“And because of what we’d learnt in the past few months, we weren’t afraid to shake his hand and speak to him.”

Students are now aware that safe sex is the only way to combat AIDS.

“Most of us refrain from having sex. And those who do, use condoms,” said Monique.

She checks the level of the condoms brought to the school by a health worker.

“They get fewer and fewer each time I look,” she said shyly.

To wrap up their campaign, they invited the New African Theatre Project to perform their Aids-awareness play at the school this week.
September 2 to September 6 1994

PHOTO: Roger Seegers

LIMITED TIME: Sister Colleen Jacob with one of the infants in the Red Cross care

Born To Die

Alternative, Studio 1982

IN THE UNITED STATES, women are born to die.

BY VICKY SHAKR

With these words, the story of how a little girl was born to die is told. The girl was born with a condition that made her life impossible to live. Her parents were told that she would not live, but their love and faith kept her alive for a few days.

She was named Sherry Jacob, and her parents were told that she would not live. But they refused to give up on her. They loved her unconditionally, and she lived for a few more days. She was a miracle, and her parents were grateful for the time they had with her.

Eventually, Sherry's parents had to face the reality that she would not live. They were devastated, but they also felt proud of the love and care they had given her. They knew that she was loved more than words could express.

After her death, Sherry's parents started a foundation to help other families who were facing similar circumstances. They wanted to provide hope and support to those who were going through the same experience.

The story of Sherry Jacob is a testament to the power of love and faith. It is a reminder that even in the darkest of times, there is always hope. And it is a call to action for all of us to be kinder, more compassionate, and more understanding of those who are facing challenges.

The birth of a child is a joyous occasion, but the birth of a child who is born to die is a tragedy. But the love and care that Sherry Jacob's parents gave her is a reminder that even in the face of tragedy, love and hope can prevail.
Over 500 000 might have HIV virus

AIDS ‘major health threat’

BY CHRIS WHITFIELD
POLITICAL CORRESPONDENT

Cape Town — More than half a million South Africans might have the HIV virus — which often leads to full-blown AIDS — Health Minister Nkosazana Dlamini-Zuma warned yesterday.

The Minister, introducing her budget vote debate, also said a commission could be established to look into the grievances of health workers in the wake of strikes at Durban hospitals.

She identified AIDS as “the major threat not only to our health services, but to our economy and to our country as a whole”. Incorrect diagnosis and poor reporting of cases by doctors had led to a false perception of the incidence of the disease. A survey of 15,000 pregnant women last year found 4.25 percent to be HIV positive.

“It is estimated that by the end of 1993 about 560,000 people in South Africa were infected. This includes 14,500 babies”.

The Minister warned that the other major health threat facing the country was tuberculosis. Last year 88,000 new cases and 2,101 deaths had been notified. This threat would increase as HIV infection spread.

She added that some R472,84 million had been allocated to the primary school nutrition programme for the remainder of the financial year and it had already been implemented at 338 schools.

“Have the provinces assured me that as from today the programme will be implemented in 2 047 schools. Today 2,8 million children will receive food,” said Zuma.

Zuma ... TB also a serious problem.

Sports trust set up

Cape Town — Sports Minister Steve Tshwete announced yesterday that a National Sports Development Trust would be launched next week to provide funds for the promotion of sport.

The trust would be launched by the Department of Sport, the National Sports Congress, the National Olympic Committee of South Africa and key companies.

“We thank these companies most profoundly for their dedication to the development of this country and its athletes,” said Tshwete.

South Africa’s sport had to be organised and redirected so that the nation could claim reasonable success at national and international level.

South Africa’s performance at the 1992 Olympics had been “pathetic”, said Tshwete.

But the warmth with which the SA team had been received at the Commonwealth Games was testimony to the fact that “quite a great deal is expected from us abroad”.

Major sports events planned to be hosted in South Africa were:

- Africa Boxing and Hockey Championships later this year.
- The Benson and Hedges Mandela Trophy Cricket Tournament starting in December.
- The Formula One Grand Prix scheduled for next year.
- The 1996 World Cross-country championships.
- All Africa Games in 1997.
- Commonwealth Games in 2002.
- The World Rugby Cup tournament next year. — Sapa.
Southern sees HIV applicants rise 73%

SOUTHERN Life had seen a 73% rise in HIV-positive life assurance applicants in the last six months, the company said at the weekend.

Chief actuary Paul Truyens said stringent HIV testing requirements had led to the company turning down life assurance business totalling R108m in the past four years.

"Had we accepted the business and later paid it out in the form of AIDS-related death claims, our remaining policyholders would have had to subsidise these costs," he said.

He said Southern Life had been able to counter the effect of AIDS with the introduction of its Exclusive Life policy, which required repeat HIV testing every five years up to age 45.

This would eliminate any cross-subsidisation of HIV-infected people by other policyholders.

Truyens said HIV infection was most common in the 25-35-year-old age group, with 2.4% of those tested positive.

Southern Life said its statistics were mirrored in the results of four national surveys of women attending antenatal clinics.

The results from these clinics also showed a rapid increase in the number of HIV-positive people throughout the country.
SA ‘cannot escape’ the Africa Aids holocaust

☑ Prepare now, medical chief tells business

ROGER FRIEDMAN
Staff Reporter

SOUTH Africa faces an Aids epidemic as bad as, if not worse than, that in the rest of sub-Saharan Africa, the medical adviser to the Chamber of Mines said today.

“We are no better off than the rest of Africa — and Africa is the centre of the epidemic,” Izak Fourie told an Institute of Personnel Management function.

“We are just at the bottom end of the geographic time-line.”

Africa accounted for two-thirds of the world’s HIV infections in 1992 and between 12 million and 40 million Africans were expected to be infected by the turn of the century as worldwide infection grew from 12 million in 1992 to between 26 million and 60 million, Dr Fourie said.

“It is a highly predictable problem. Aids is no longer a wild card. The days when we were navigating in the mist are gone.”

About 2 000 South Africans had clinical Aids in 1992, and this figure would jump to 25 000 by next year.

While the National Aids Convention of South Africa estimated that a comprehensive national Aids plan would cost R300 million a year, just over R200 million was allocated by the government in the past financial year.

The economic implications of an Aids epidemic were staggering, said Dr Fourie, and businesses should be devising Aids policies now, rather than waiting until the turn of the century when more than five million predominantly economically active people would be infected.

By 2005 it was predicted more South Africans would be dying from Aids-related illnesses than from all other illnesses combined.

Dr Fourie said South African businesses should already be considering the implications of the epidemic for sick leave, medical aid, training programmes, pension funds, group life benefits, mortgage bonds and accidental HIV infection insurance.

“The time to prepare is now, although South Africa is at the bottom end of the sub-Saharan time zone.

“Think about prevention programmes… about how you will handle HIV positive employees. Make sure the unions are on board… involve them and negotiate agreements with them.”

He spoke out against across-the-board pre-employment HIV testing, saying that denying people employment would have a domino effect, bringing forward the socio-economic effects of the epidemic by between eight and 10 years.

“I am aware that this is widely practiced in the Western Cape, but it is unacceptable from a macro-economic point of view,” he said.
SA urged to face Aids bomb

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About 2,000 South Africans had clinical Aids in 1992, and this figure would jump to 25,000 by next year.

While the National Aids Convention of South Africa estimated that a comprehensive national Aids plan would cost R300 million a year, just over R20 million was allocated by the government in the past financial year.

The economic implications of an Aids epidemic were staggering.
Questions over AIDS insurance plan for SA nurses

by Cas St Leger

CONTROVERSY surrounds South Africa’s first insurance against contracting the AIDS virus.

This week the South African Nursing Association (Sana) told its 120,000 members about the insurance — which Sana negotiated with a local broker and which is underwritten by Lloyd’s of London.

However, one of the country’s foremost experts in the disease, Dr Clive Evian, said that insurance should be the responsibility of employers or Workmen’s Compensation.

"Nurses are being further exploited. It is up to the institutions to get cover," Dr Evian said.

The nurses are being offered short-term insurance cover that pays out should they test positive for the Human Immunodeficiency Virus (HIV) that leads to AIDS — regardless of whether they contracted the infection through work.

Sana executive Mrs Suzanne du Preez said the association had backed the insurance because nurses were at a higher risk of contracting AIDS.

However, Dr Evian dismissed the risk to nurses as "very small". He said only one or two South African health workers had become infected through their jobs.

If a health worker was exposed to infected blood, the risk of transmission of the virus was one in 350.

Neither blood tests nor medical examinations are required for the policy, although applicants must sign a short "declaration of health".

Mr Derek Vermeulen, managing director of the insurance brokers, said the decision not to call for blood tests had been made for administrative reasons.

He expects at least half of all nurses to sign up for the policy.

Dr Evian said nurses objected to HIV blood tests because, should they be found positive, they risked losing their posts.

Premiums start at R15.70 a month for a compensation of R50 000. They rise to R125 a month for R500 000 pay-out.
Aids inmates suffer isolation

PRISONERS who have the HIV virus are kept in solitary confinement at night — a practice Aids activists say is in breach of international guidelines.

The Department of Correctional Services has confirmed that the 441 prisoners in South African jails who are HIV positive are held in solitary confinement at night. This, says a source who asked not to be named, flies in the face of international guidelines. According to the source some HIV prisoners are kept in solitary confinement for up to 23 hours a day.

Red Cross Aids worker Alan Vos said another reason for their nocturnal confinement was that most social activity in prisons took place at night and prisoners who got the virus while in prison could sue the government.

Vos said the department also prohibited the distribution of condoms to prisoners as this practice would promote what the law referred to as "unnatural sex acts" which are illegal.

Through Aids counselling to prisoners, Vos said they tried to teach prisoners alternative sexual methods in a bid to block the spread of the deadly virus.

"Most prisoners contract the virus before they enter the prisons," Vos said.

A 1992 redraft of the Aids Consortium Charter of Rights says prisoners have the right to the same standards of care as other prisoners; that they must have access to the same specialised care afforded to others and that HIV-positive prisoners should have access to the same education and preventative measures as the general population.

"HIV prisoners should not be separated from other prisoners for any reason, barring reasons criminal," said Zackie Achmat of the Aids Law Project.

He said the segregation of HIV prisoners was not recommended by the World Health Organisation as this breached the right of confidentiality and could lead to stigmatisation.

Achmat says there should be a programme of Aids education in prisons which took into account the need to change sexual behaviour.
Aids kills 18 a month in jails

ROBIN DREW
The Argus Foreign Service
HARARE — Aids-related diseases kill an average of 18 prisoners every month in Zimbabwean jails.

About 70 percent of the deaths of prisoners this year were from Aids-related diseases, says a report out today.

The prisons cannot determine whether prisoners in this category contracted the disease in jail. But they noted that most died within a few years of admission, suggesting the infection was contracted outside.

A recent human rights report said Zimbabwe’s 41 prisons, holding 22,600 inmates, were overcrowded.
Schools’ Aids policy forges ahead

By Edwina Booyzen

THE Western Cape could have a draft policy and implementation strategy for dealing with Aids in schools within the next three months after a recent workshop brought together local education departments and Aids education organisations.

The meeting, held at the Cape Town Teachers Centre, was a resounding success, a source said. Representatives from the medical profession, organisations involved in the National Aids Convention of South Africa (Nacosa) and the Western Cape Aids Co-ordinating Committee attending.

"Sadly, the only missing parties were teachers' organisations and pupils. Only the Cape Teachers' Professional Association (CTPA) attended," he said.

Nacosa, which represents a broad spectrum of government, political, workplace, civic and Aids education organisations, has developed a comprehensive plan to deal with the major health and social problems caused by HIV and Aids.

"Some of the issues in the national plan which affect educational authorities are sex education and the principle of non-discrimination in dealing with children who have or are affected by HIV," the source said.

"We recognised that there are at the moment several policies relating to Aids drawn up by the various educational departments. During this time of education restructuring Aids and related issues should be listed with the priority issues to be addressed," he said.

"The workshop was held to discuss the basic principles that should be used in an employment and Aids education policy for all schools," he said.

The source said at the workshop delegates agreed that a single regional policy for Aids education is necessary.

"They also agreed to draw up a policy for admission and management of HIV positive pupils, a policy on employment conditions for HIV positive teachers and other staff, and to draft Aids educational programmes," he said.

A group was selected to draft the new policies, while the bulk of the delegates will be looking at the drafting of the actual strategies.

"The fact that Aids is a notifiable disease, means schools and employers have to be informed once it has been contracted was a major concern at the workshop," the source said.

"This means that as soon as a pupil or staff member finds out he/she is HIV positive, the principal has to be informed," he said. "The bad thing about that is some teachers, being misinformed about the disease, treat the pupil or colleague differently."

One teacher, he said, refused to touch a pencil a HIV positive pupil had used. "Imagine what effect that has on the child. Indications are now, however, that with the new policy Aids will not be a notifiable disease."
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SA must treat refugees with Aids — Buthelezi

Staff Reporter

Refugees in South Africa suffering from AIDS whose home countries could not supply medical care should be given treatment here for "humanitarian" reasons, said Home Affairs minister Chief Mangosuthu Buthelezi last night.

Chief Buthelezi was interviewed on TV1's Agenda on the plight of the millions of refugees, mainly Mozambicans, in South Africa and the issue of their repatriation.
More women have Aids

BULAWAYO. — At least 80% of HIV-infected and AIDS patients here are women, most of them aged 15 to 19, it was reported yesterday.
HIV infection grows

Aberdeen Keys was elected chairman of the constitution committee to the constitution committee.

The Argus, Thu.

HIV infection grows

These groups were made conscious of the trends, and would in the future, according to the reports of the consultation, heed the recommendation of the consultation and the HIV infection campaigns. The consultation and the HIV infection campaigns were made conscious of the trends and would heed the recommendation of the consultation and the HIV infection campaigns.

TB will increase while poor socio-economic conditions remain and...
Firms warned on AIDS responsibilities

UNDER the principles of the reconstruction and development programme (RDP), companies would have to take far greater responsibility for protecting their workforces against AIDS, Alexander Forbes consultant Clive Evian said yesterday.

A major component of government's new HIV/AIDS plan for SA was that employers should take responsibility in providing an AIDS service for workers.

Evian said benefits and medical aid brokerage company Alexander Forbes provided a comprehensive AIDS consultation to management and unions.

Industries which employed a high proportion of migrant workers or women, and the transport industry, faced a high risk.

A recent study in Zimbabwe of risk factors to HIV showed home ownership was the most protective factor.
BY BONGE WANGEN

Home in Soweto

HIV mothers get

Durham: (919) 667-7417

For more information, contact

July, 1997

The "mother" of ten children, all of whom have HIV, at home in Soweto, South Africa. Her children are her life and her everything. She works hard to provide for her family, often doing double-duty as a caregiver and breadwinner.

The mother's story is one of resilience and determination. Despite the challenges of caring for ten children, she remains steadfast in her determination to provide for them. Her children are her world, and she refuses to let their circumstances define her.

The story of the "mother" and her children highlights the struggle faced by many families in Soweto. The prevalence of HIV and AIDS in the region has had a profound impact on the lives of those affected.

Despite the challenges, the "mother" remains hopeful for the future of her children. She believes that with perseverance and hard work, they can overcome the obstacles they face and build a better life for themselves.

The story serves as a reminder of the strength and determination of those affected by HIV and AIDS, and the importance of support and resources for those in need.
NEWS FEATURE HIV virus makes big strides and now affects 1 in 10 in South Africa

Aids — poverty not promiscuity to blame

By Russel Molefe

HER face, body and clothes are worn. Her hands have been weathered by farmwork and housework. She has five children. It could have been seven if her twins did not die a month after delivery.

Her husband is a migrant worker on the Reef and negligent of his family. He no longer sends money home for her to buy basic foods.

About five kilometres away, in an upmarket township, another young, well-dressed and educated woman sits in a modern house waiting for her husband who may not return. When he does, he is often uncaring while demanding his own satisfaction.

She has been, for a year, threatening to leave him but her family and fear of being left penniless always make her stay.

Poorest regions

These two women, who did not want their names published and who are from one of the poorest regions in the country, are in very different circumstances but are facing the same dilemma — they are unable to control their lives and bodies.

Sooner or later they are going to die of AIDS.

It was recently reported that one out of 10 South Africans is infected with the HIV virus and the figure is increasing daily. At Baragwanath Hospital, at least four mothers are found to be infected with the Aids virus every day.

A Cape Town sociologist, Judith Head, writing in the Aids Bulletin of the National Aids Research Programme, said poverty, not promiscuity, was responsible for the rapid spread of HIV among blacks.

She said HIV infection was spreading more rapidly among heterosexual Africans than among Europeans and North Americans, leading to the mistaken view that Africans were promiscuous.

For this reason more people in Africa, as well as the poor in Europe, would become HIV positive at a faster rate than the better-fed and more healthy people in advanced industrialised countries.

Running out of time

Dr Rubeb Sher, director of the National Aids Training and Outreach Programme, once warned that South Africa might have run out of time in its fight against the disease.

Official figures of people suffering from full-blown Aids are said to be standing at 4,000.

But Sher said that from the time the epidemic was first monitored, authorities throughout the world believed 30 to 40 percent should be added to official figures to get a proper indication of the number of people infected with the virus.

"I believe the incidence of Aids cases is being under-reported by about 50 percent," Sher said.

In 1992, the World Bank reported that Africa has 65 percent of the world's HIV cases, with 6.5 million adults carrying the virus.
About those with the deadly disease:

By Loyiso Kweza

Big Mission: Aids war against Mpho wages a

Woman of the Year: Visit to hospital mourned. Lethemthula
PWV has 966 Aids cases

Almost 1,000 cases of AIDS had been reported in the PWV, provincial health MEC Mr Amos Masando said yesterday.

In a written reply to a question by Mr Jack Bloem (Democratic Party), Masando said the PWV's figure of 966 was the second highest in the country, after KwaZulu-Natal with 1,493.

The total number of AIDS cases reported in the country was 3,849 and the estimated number of people infected with HIV was 5,600,000. More than 2,000 of the 3,849 AIDS victims were males and the most affected age group was between 25 to 35, Masando said. - Sapa.
Bring some light to life in the shadow of AIDS

Dale Keen

The World AIDS Day Committee in Shanghai is organizing a series of activities to promote awareness and understanding of AIDS. The activities include a series of lectures, seminars, and workshops. The event will be held on December 1, 2014, at the Shanghai International Conference Center. The theme of the event is "Lighting the Way to a Brighter Future." The activities aim to raise public awareness of the importance of HIV/AIDS prevention and to encourage people to take action to support those affected by the disease. The event will feature experts from various fields, including medicine, sociology, and psychology, who will share their insights and experiences on AIDS prevention and treatment. The event is open to the public and is free to attend. Visitors are encouraged to participate actively and contribute to the dialogue on AIDS prevention and control.
COFFIN-MAKING is a growth industry in Uganda. All along the road to Rakai, the district on the shores of Lake Victoria where the earliest cases of AIDS were reported, carpenters peppered with sawdust sit in little workshops turning out coffins to suit every pocket.

It’s a sure sign that the epidemic so many South Africans still dismiss as an exaggerated non-event is very real and very serious in other parts of Africa — as it will be here in time.

AIDS is the most common cause of adult deaths in Uganda and is expected to be the leading cause of death in the under-fives by 1999.

But it is a disease that casts its shadow beyond the dead and dying — with huge numbers of children having lost their parents in the epidemic.

In one eight-month period, 1,729 people died in Rakai, leaving behind 507 orphans. Altogether in the district, more than 30,000 children have lost their parents and have been taken in by relatives or left to fend for themselves in their family homes.

It’s a tragedy which has torn at the fabric of community life. In Kyebe, which has lost virtually all of its young and middle-aged adults to AIDS, half-built schools stand abandoned since the parents constructing them died.

There is chronic hunger in the town because of a shortage of able-bodied people to tend the banana plantations or harvest coffee and take it to market. It’s a community with no heartbeat, waiting to fade away.

Kyebe is where Josephine Senyonga, now in her 70s, has spent her entire life and where she nearly gave up in despair one night and killed herself and her 23 grandchildren she later reflects.

Mrs Senyonga brought up her seven children alone after the death of her husband. She was looking forward to being cared for in her old age. But over the last decade five of her sons and daughters, including AIDS, leaving her to care for their children. She never has less than 17 under her roof, and where she nearly gave up in despair one night last year she was about to give up the struggle to provide for them when she worked through the night family locked in their hut.

Moses Dumbo, Rakai director of the development agency, says the world has no other organisation which has the biggest orphan care programme in the district, says the Senyonga family is not unusual. A survey showed that 60 percent of households were caring for 10 orphans, and a small percentage far more than that.

Unlike other diseases which tend to kill the weak or members of society, AIDS predominantly kills the strongest and most productive people who are usually the breadwinners.

After their deaths, children and elderly dependants struggle to meet their basic needs. When World Vision arrived in Rakai, attendance at Kyebe Primary School had dropped from 190 to 60 because children could no longer afford fees or uniforms. Some had dropped out of school because they had to work or care for younger siblings.

Godfrey Lubega, 14, is one such dropout. Head of a family of four since their parents died in 1991, he worked all his hope in his brothers and sisters who go to school while he looks after the smallholding. "I’m their mother and father now," he says simply. But his days are heavy and dull without young company.

Like so many families, the Lubega’s home was crumbling and leaking before friends of their father, who had been a bricklayer, stepped in to repair it.

Mr Dumbo tells of a family of six which is looked after by a 13-year-old. "They come to my office sometimes to say: ‘We have no food, brother, we have no clothes.’ I have been to see their family at night to see how they are living and I’ve broken down and cried.”

It was the story of Rakai that woke the world to the plight of the epidemic’s orphans when Save The Children and the Ugandan government did a survey in 1989. It found that about 12 percent of children under 15 had lost their parents. Since then, many aid agencies — far too many at one point — have moved into Rakai. While their focus has been on food, shelter, clothing and school expenses, almost nothing has been done to meet the children’s psychological needs.

Many witness their ill parents dying at home, the adults anxiously discussing the future but cannot ask the burning question: “What’s going to happen to me?” Often they know intuitively that a parent has AIDS even before the adult admits it, says Sister Ursula Sharp of Kibale Hospital, Masaka. She runs a home-care scheme for AIDS patients. “I don’t think we do a fraction of what needs doing to help kids through these experiences.”

Very often, the death of a parent is just the first in a series of losses. One boy in Mr Dumbo’s programme has seen five carers die. And he tells of a girl and boy aged 12 and seven who appear on his doorstep one morning having walked 30km from home given in by their grandmother after the death of their parents. The children had watched her die too, and had simply set off for their mother’s original home village 150km away. They had some vague belief that there must be someone out there to call "mother,” Mr Dumbo says.

To compound the misery, orphaned children — especially those from big families — are often separated from siblings who are vital to their security and sense of identity. Many experience resentment, exploitation and discrimination from the families which take them in, and many are turned away from school, even if they have the fees, because they do not have uniforms or books.

Very few carers are trained to deal with the medical trauma caused by loss of loved ones. In a gap they are increasingly concerned about because the evidence of psychological pain is there. Children don’t talk of their feelings easily, Mr Dumbo says. "But when they sing they sing of AIDS. In happier times they sang of nature.”

What is happening in Rakai is a foretaste of what countless other communities across Africa will soon experience. According to the World Health Organisation, between 9 million and 13.5 million of the continent’s children will have lost a mother or father to AIDS by the turn of the century.
Zuma supports plan to combat Aids in kwaZulu

DURBAN. — National Health Minister Dr Nkosazana Zuma passed a plan launched here yesterday to combat the spread of Aids in kwaZulu/Natal, where it is the most prevalent in the country.

The plan, to spend almost R30 million there in the next year, was launched at a conference hosted by the government and the National Aids Co-ordinating Committee of South Africa (Nacosa).

Nacosa co-chairman Mr Edward Cameron said one in 10 people in Durban were estimated to be infected with HIV. — Sapa. (92) CT121094.
HOME CARE: Muhl Novere and husband Zandile Solomon Novere.

Supporters who wish to help may want to register with the Red Cross Society to provide financial assistance to those affected. The society's website provides information on how to contribute. It is important to ensure that the support provided is accessible and culturally appropriate. Some organizations may offer home care services, including cooking, cleaning, and assistance with mobility. In many cases, these services are provided by volunteers who receive minimal training or none at all. It is crucial to ensure that the volunteers are properly screened and supervised. The Red Cross Society also offers a helpline for those in need of support. It is important to ensure that the helpline is easily accessible and that the staff are trained to provide culturally sensitive support. In addition to financial and home care support, it is important to consider the psychological and emotional needs of those affected. Providing counseling and support groups can be beneficial.

By Muhl Novere

Sufferers for AIDS

Comfort
Aids will have serious impact on health care

600,000 deaths annually by the year 2010

ADELE BALETA
Staff Reporter

BY the year 2010 at least 34 percent of the health budget in South Africa would be used to treat people infected with Aids.

This was the projection quoted by the CSIR's Geoffrey Abbott at the 13th Congress of the International Federation of Hospital Engineers in the city where primary health care is under examination.

Mr Abbott said while the growing tragedy of Aids had been well documented, its impact on the need for health services and facilities was less established.

Quoting sources, he said it was expected last year that - using a medium projection - the epidemic would reach a plateau in South Africa in about 2010. By then about 14 percent of the population (8.1 million people) would be infected, and there would be 600,000 AIDS-related deaths a year.

"Assuming only 50 percent of those with Aids use the health service and are treated, this would still consume about 34 percent of all funds available for health care."

He said specific policies still needed to be established to ensure adequate care for those who are not AIDS patients as well as cost-effective care for the terminally ill, in hospitals, hospices or at home.

Added to this, the Aids epidemic was only one of the projected needs and forces for change in the provision of health services and facilities.

Others were:

- The rapidly growing population (currently 2.2 percent in South Africa and 3.2 percent in Sub-Saharan Africa, compared with 0.5 percent in industrialised countries) and the impact this will have on the requirement for additional health services and facilities just to keep the current service levels going.

- The health care environment was a major problem in South Africa. It was through the improvement of the domestic environment - providing water, sanitation, housing, electricity and job opportunities - that the health status of the country would be primarily uplifted, not merely through the provision of hospices and clinic.

- While it was accepted that South Africa's health service was poor due to iniquities, a primary health care network still had to be established.

Mr Abbott said there was a crisis of expectation and affordability in the South African health sector.

"On the one hand there is a growing demand for more health buildings to provide for the rapidly growing population - to replace dilapidated buildings and to address inequalities and imbalances in access to health care - while on the other hand there are and will continue to be very limited capital and operating funds available."

"Providing and managing the estate of health buildings efficiently is an integral part of providing an effective health service."
AIDS and the
health budget

CAPE TOWN — AIDS patients will consume more than a third of SA's health budget by 2010 — even if only 50% of people with AIDS use the health services, says Geoffrey Abbot, of the Council for Scientific and Industrial Research.

Abbot told delegates at the International Federation of Hospital Engineering conference in Cape Town yesterday: "The tragedy of AIDS is well documented. Less well established is the impact it will have on the health services and facilities."

He called for policies to be established to care for the estimated 8-million people who would be HIV-infected by about 2010.

This could take the form of hospice-type in-patient and day care units.

"A specific area of impact would be for the treatment required for babies born of HIV mothers," Abbot said.

Many of the larger public hospitals were already operating well over their design capacity. Edendale and King Edward VIII hospitals in Natal, designed for 800 beds, housed 1 600 and 2 000 beds respectively. Baragwanath, designed for 700 beds, had more than 2 000 beds.
794 new HIV cases in W Cape

Staff Reporter

Almost 80% of the 794 people reported as HIV-positive in the Western Cape in the first six months of this year were infected by heterosexuals. (32)

According to the HIV Surveillance Bulletin for the Western Cape Region, out of 794 new cases in the six months to June none were found to have been at risk from blood transfusions, female prostitution or drug use.

Paediatric patients accounted for 77 cases. Only one was bisexual.

The latest statistics show that out of 794 people who were HIV positive, 446 were infected by heterosexuals and only 10 by male homosexuals. (34)

According to a statement from the Department of National Health and Population Development it was becoming increasingly hard to obtain the relevant information for statistics as HIV and Aids were not notifiable diseases.

It was evident that HIV was spreading in the Western Cape and the time had come "to gear our prevention strategies to the target specific", the statement said.

According to a table broken down by area postal codes, and covering the first six months of the year, the code 7173, (which includes Hottentots Holland Hospital) had 34 HIV positive cases.

The code 7700 (which includes Red Cross) had 42, 7925 (which includes Groote Schuur Hospital) had 197, and 8001 (including Somerset Hospital) had 72.
Support AIDS-tests, say healers

HARARE - Zimbabwe National Traditional Healers Association president Gordon Chavunduka has accused the ministry of health and supporting the organisation's HIV/AIDS clinical trials.

Zinatha, which claims some of its healers can reverse AIDS symptoms, has been treating more than 120 patients, revealed to the ministry. It maintains that some of the patients have regained good health.

But the organisation hesitated to state categorically that it could cure for the yet incurable killer disease.

In an interview with the national news agency Ziana, Mr Chavunduka accused the ministry of paying little clinical attention to the trials saying patients coming in droves were now coming in trichokes.

"The ministry of health has never been enthusiastic and committed," Mr Chavunduka said.

They are just doing it reluctantly, which is very worrying because they are faced with thousands of HIV-positive people but appear uninterested in helping find a remedy," Mr Chavunduka said.

He described relations between Zinatha and the ministry as "strained".

Mr Chavunduka said all 120 HIV-positive patients brought for treatment to Zinatha were still alive.

"Not only are they still alive but their condition has improved considerably. Many of them have even terminated treatment because they say they are now well.

But we don't know whether the healers will have killed the virus that causes AIDS," he said.

He said it was worrying that the ministry had adopted an indifferent attitude in spite of having confirmed that traditional healers' treatments (gas) were reversing AIDS symptoms.

Source: Times
Aid boost for children urged

HARARE.—A senior United Nations official has called for increased international aid to improve living standards for children in Southern Africa, where he says about 950,000 die each year from disease and hunger.

United Nations Children's Fund (Unicef) deputy executive director, Richard Jolly, told delegates to a Southern African symposium in Harare on children yesterday that the region could halve the annual child deaths within this decade.

The symposium, attended by health ministers from 11 Southern African states, will review the plight of the region's children since a UN summit on children was held in New York in 1990.

Mr Jolly attacked as "immoral" the failure by the international community to write off Africa's huge foreign debt, which he said was gobbling up scarce resources needed for social development.

Foreign aid was needed in Southern Africa to help stem the high infant mortality among the region's 50 million children by improving their living conditions.

He said that although there had been progress in the design of African economic reforms which focused on reducing poverty, unrealistic conditions were still tied to aid by international lending institutions. — Sapa-Reuters.
Criticism of media
AIDS coverage

MARK ASHURST

THE capacity of the media to play a constructive role in the fight against AIDS was undermined by the "generally sensationalist and shallow" nature of recent news stories about the disease, the Media Monitoring Project said yesterday.

Persons infected with the HIV virus that causes AIDS would continue to be media-shy and to fear the consequences of Press reports on their condition, the project said in the wake of weekend reports on the death of SA film director William Faire.

The right of the public to know was compromised by the failure of recent coverage of the AIDS issue to destigmatise the disease, it said.

The European Union-funded non-governmental organisation praised Radio 702's live interview with Rianan van Rensburg, who alleged last week he had been hired by Inkatha Freedom Party member Walter Felgate to train hit squads in Natal.

But it criticised subsequent reports for viewing the incident outside the context of the Goldstone commission investigations and similar allegations that had been made in the past.

"The same kind of amnesia which has been found in TV news in evidence ... a powerful and investigative media needs to build on what has gone before, so that it can be more accurate and incisive in its work.

"Hopefully, that is the kind of news reporting that will be apparent in the coverage of the forthcoming truth commission," the project said.
One in 4 workers has HIV – Anglo
AIDS payoffs cripple insurers
AIDS threatens Africa's food supplies

ROME — The AIDS epidemic has joined drought, locusts and civil wars in posing a threat to Africa's inadequate food supply, according to a UN agency.

"AIDS is more than a health problem," the Food and Agriculture Organisation (FAO) said in a report.

"It has significant, long-term socio-economic implications on food security, agricultural productivity and national economies."

The warning was included in the FAO's annual State of Food and Agriculture report, which devoted a section to the effect of AIDS on food supplies. The report, which was to be presented to the agency's governing council yesterday, said the AIDS epidemic could cause the most damage to agriculture in the already food-poor area of sub-Saharan Africa.

It said the epidemic had the potential to wipe out much of the region's agricultural workforce. "It is clear that sub-Saharan Africa may be the global epicentre of death from AIDS, both from the disease itself and from its effects on livelihoods."

The report said that at the end of last year, two-thirds of the carriers of the HIV virus which causes AIDS were believed to be in sub-Saharan Africa, a region which accounts for about 18% of the world's population.

Since the disease is sexually transmitted, it tends to hit the section of society which is most likely to be working, those people between the ages of 15 and 45, the report said.

This meant that the agricultural workforce would be significantly reduced, leading to lower productivity.

Surveys in Uganda, Tanzania and Zambia also showed that farmers faced with fewer workers were delaying weeding, planting and mulching and as a result were harvesting poorer crops.

The FAO report cited dramatic statistics collected in Uganda to support its warning about the effect of AIDS on agriculture.

It said that agriculture in Uganda accounts for 70% of the country's economic output, 95% of export earnings and 80% of all employment.

"It is estimated that half of the population (in Uganda) over 15 years of age is HIV-positive," the report said. "As the death toll mounts, each productive person becomes responsible for a higher number of dependants."

"Given the grim circumstances, the prospects of attracting additional labour to agriculture appear to be rather dim," it added.

The FAO report recommended that losses in labour productivity due to AIDS deaths be balanced by international aid and government investment to modernise production methods.

— Sapa-Reuters.
Southern Life earnings boosted by HIV policy

AMANDA VERMEULEN

SOUTHERN Life's Exclusive Life range of assurance products for policyholders who tested negative for HIV helped boost earnings 22% to 70.5c a share in the six months to September.

Distributable earnings increased over 24% to R125m as the company continued its policy of setting interim earnings and dividend figures at 50% of the totals of the previous financial year.

A dividend of 47c (36.5c) was declared. MD Jan Callitz said shareholders would be offered capitalisation shares in lieu of the interim dividend. Details would be announced on December 5.

Group assets grew 28% to R26.4bn. Callitz said group assets no longer reflected African Life and Southampton Assurance Company of Zimbabwe after Southern Life reduced its shareholding in these companies to 25% and 49% respectively.

Total income for the period grew 8% to R2.2bn, consisting of premium income of R1.8bn and investment income of R607m.

New individual business increased over the six-month period, improving 62% to R638m. Recurring premium income accounted for 23% of this growth, while single premium business rose by 61%.

"Given the tough economic conditions in which we have been operating, this performance can be attributed to the sales force. One of the major reasons for the increase has been the success of the Exclusive Life range of policies, now accounting for 36% of all new policy sales," he said.

Callitz said support for the policy in the broker market had indicated its endorsement, and helped the group achieve an increased share of new business in a competitive market.

In September, Southern Life reported that it had seen a 73% increase in HIV-positive life assurance applications in the previous six months. Chief actuary Paul Truyens said that the group's stringent HIV testing requirements had seen it turn down R109m in life assurance business in the past four years.

Callitz said that the first six months of the last financial year had recorded significant employee benefits, single premiums which had not been repeated in the current period.

Future growth, Southern Life's economically targeted investment portfolio supporting the RDP, had made a successful debut in the retirement fund market.

Assets already exceeded R175m, and a number of large corporations had invested in the fund which, according to Callitz, was providing satisfactory investment returns and social benefits.

In addition, shopping facilities had been made available to more than 500,000 township residents following the opening of the R36m Nyanga Junction shopping centre development near Cape Town last month.

The period also saw the announcement at the end of September of the listing on the Namibian Stock Exchange, which took place in early October. The group said at the time its total investments in that country were N$1.22bn, and there were plans to expand.

On prospects, Callitz said shareholders could expect continued real growth in earnings and dividends.
The Johannesburg Junior City Council will donate R10 000 today to help a home for abused and abandoned babies build a new wing for the HIV-positive victims among them.

Council public relations officer Amy Wise said the wing, at Cotlands Baby Sanctuary, would in effect be a hospice.

Cotlands public relations officer Cheryl Childravi said the council was the first to donate money and later the public pledged more than R1 million.

Cotlands planned to start building the hospice in January and will both accommodate 20 babies and offer counselling to the general public.

"There are a large number of neglected HIV-positive babies. We thought a house of safety for such children, will help them grow with love. And we also need to teach the public how to cope with family members who have AIDS," she said.
Cape Aids Research Unit to close

The Medical Research Council has pledged to close the Cape Aids Research Unit. In a statement released this week, the council said that the decision was taken due to financial constraints and the need to redirect resources to other priorities.

The unit was established in 1989 to conduct research on HIV/AIDS in the Western Cape. It has been responsible for a number of important studies and has contributed significantly to our understanding of the epidemic.

Despite these contributions, the council has decided to terminate the unit's operations. The closure will take effect in December 2023.

The council said that it would work with other research institutions and organisations to ensure a smooth transition and to continue the important work that has been done.

The closure of the unit is part of a broader strategy to redirect resources to other areas of research and to ensure that the council is able to continue to deliver high-quality research that meets the needs of the country.
AIDS prisoners in barricade of cells

By AYESHA ISMAIL

FOURTEEN HIV-positive prisoners at Pollsmoor Prison, who began a hunger strike on Thursday and demanded to be released immediately, have barricaded themselves in their cells and are refusing medication.

The prisoners claim they were promised before the April election that they would be released, according to Department of Correctional Services spokesman, Lieutenant Mike Green.

"On Friday they barricaded their cell by pushing their 'beds' against the cell door, preventing warders from entering," Lt Green said.

Demands

The men had water in their cells but were refusing all food and medication, he said. They are all prisoners in Pollsmoor's Medium A Section.

The prisoners are also demanding to see the Minister of Correctional Services, Sipho Mzimela, who is abroad at present.
AIDS to cost SA R16-bn by 2000

Cape Town — AIDS will have cost South African industry R16.7 billion by the year 2000, and by 2006 a fifth of the workforce will be HIV-positive, says Wole Nan/Embrace programme director Gary Lamont.

In a statement heralding International AIDS Week, starting on December 1, he said 2 percent of the Western Cape population had the virus, and the number of people infected doubled every 12 months.

The organisation estimated that 15,000 babies were born HIV-infected last year, and in some areas 15 percent of women aged between 20 and 24 were infected, followed closely by teenage girls. — Sapa.
AIDS ‘will drain SA skills’

CAPE TOWN — AIDS would cost SA industry R16.7bn by the year 2000 and by 2005 20% of the workforce would be HIV-positive, Wola Nani/Embrace programme director Gary Lamont said yesterday.

In a statement to mark International AIDS Week starting on December 1, he said 2% of the Western Cape population had the virus and the number of people infected doubled every 12 months.

The organisation estimated 15 000 babies were born HIV-positive last year. In some areas 15% of women aged between 20 and 24 were infected, followed closely by teenage girls and women in the 25-30 age group. 

More men aged 35 and older were infected than younger males. At present a South African was being infected every 2.6 minutes.

“If businesses don’t get effective behaviour-modification training schemes in place now, they can expect to face a serious drain on their skill bases and that will result in devastating economic problems,” Lamont said.

The Western Cape had the lowest HIV infection rate per capita in Africa, but the pattern in the rest of Africa gave a fairly accurate picture for SA if action wasn’t taken immediately, he said.

Some Ugandan cities had a 60% infection rate and 85% of all hospital beds in Zimbabwe were occupied by people who had AIDS-related conditions. In KwaZulu/Natal, 10% of the population had the virus and more than 4% of people in the PWV were HIV-positive.

“The decision is whether you talk to your teenagers about sex and condoms or whether you ignore the threat and hope it doesn’t happen,” Lamont said.

AIDS-awareness campaign will be launched in downtown Johannesburg on Saturday by the Hope World Wide organisation.

The campaign will include the distribution of more than 50 000 pamphlets on AIDS awareness by 1 000 volunteers and will continue until December 1.

Several dignitaries will address the issue at the Library Gardens in central Johannesburg.

According to the Johannesburg city health department, the HIV sero-positivity rate in downtown Johannesburg is approaching 10%. — Sapa.
Comfort in a cold world

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Crisis conference on Aids
Medical schemes urged to scrap AIDS benefit limits

MILLION DOLLAR MERCHANDISE TENT AT SUN CITY
WE WILL TRADE IN
Mandela backs Aids campaign

JOHANNESBURG. — President Nelson Mandela is backing the National Aids Programme's biggest-ever awareness campaign by allowing his photograph to appear on a special poster. (21) The poster will be part of NAP's World Aids Day campaign this week during which 500,000 condoms will be handed out.

— Sapa
AIDS has killed 1 200 in SA

BY DAVID ROBBINS
HEALTH WRITER

More than 5,000 cases of AIDS and 1,200 AIDS deaths have been reported in South Africa since 1982, according to figures released by the Department of National Health yesterday.

This year 321 people have died, compared with 305 for 1993 and 152 for 1992.

But statisticians have warned that such figures are based on a system of voluntary reporting only and should not be taken as providing an accurate indication of the prevalence of the disease.

"The figures represent the absolute minimum," said a Department of Health statistician.

Nevertheless, some important trends are visible. Of the 1,982 AIDS cases reported so far in 1994, 1,27 were children initially infected by their HIV-positive mothers

Absurd

Heterosexual contact was the cause of most reported infections, and KwaZulu/Natal is the worst affected province, reporting 900 cases.

"An example of the unreliability of voluntary reporting is the figure for PWV," the statistician explained. "To believe that only 79 cases have actually occurred over the past 11 months is clearly absurd. The real figure will be much higher than that."

The most accurate indication of the state of the epidemic, the statistician said, was the annual survey which randomly tests women attending antenatal clinics for the presence of the HIV virus.

The latest AIDS figures were released by the Department of National Health to mark World AIDS Day on Thursday.

In a statement in Pretoria, the department said it was clear that "unless we continue fighting the spread of HIV infection we might face a catastrophe".

The theme of World AIDS Day will be "AIDS and the family".
Reaching out to people with Aids

MINA, a widow, discovers she is pregnant shortly after receiving the devastating news that she is HIV positive.

There is a chance her unborn child is also infected with the virus.

Mrs X has two options: She can have a legal abortion or, according to current research, if she is treated with the drug AZT in the last few months of pregnancy, the foetus has a 90 percent chance of being born without the AIDS virus.

If Mrs X chooses the latter option, she will face another problem: Who will take care of her child when she has full-blown AIDS and dies?

The occurrence of "AIDS orphans" is on the increase in South Africa, says Colleen Jacob, co-ordinator of the South African Red Cross Society's Home Based Care Project.

In some African countries the virus has claimed generations leaving only the elderly to take care of the young.

"What is the government going to do about OUR orphans?" asks Mrs Jacob in her office at the society's regional headquarters in Wynberg.

Another factor compounding Mrs X's misery is acquiring a government disability grant which takes up to nine months to sort out and most often arrives too late. When it's in time it's only about R370 a month.

"We have seen many cases where both parents have died and children who are not infected are left in the care of older unemployed siblings. The grants have not come through and these families are left destitute."

At present the Red Cross Society hands out 85 food parcels a month to unemployed people waiting for disability grants.

"The incidence of AIDS among pregnant women is high and increasing steadily. When the Home Based Care project began in 1993 we saw only about two infected babies and 10 mothers. A year later we have 39 babies and 45 mothers."

This pilot project began in response to the need to develop alternative approaches to the care of AIDS patients. The project daily sends its tendril of influence into the living rooms of homes over a vast area stretching from Cape Point to the Atlantic seaboard, the inner city area, the southern and northern suburbs and townships.

"We aim to improve the quality of AIDS patients' lives and to reduce the burden on hospital services which are often not able to provide for everyone's specific needs," says Mrs Jacob.

The project has an AIDS awareness programme to inform people about sexually transmitted disease, sexuality and safe sex.

"There can never be enough education on these issues. We are finding in many cases that women who have been told they are HIV positive and who have babies with the virus, fall pregnant again. They don't want anyone to know they have the virus," says Mrs Jacob.

These home educators are also trained to provide basic psychosocial and spiritual care to the patients and their household members.

The Home Based Care project liaises with other organisations to develop a referral network which can be called on when a patient's needs fall outside the ambit of the project.

"We have seen cases where a patient's condition deteriorates and the person is no longer able to continue working and employees want them to resign."

"Family members or other concerned people need to be aware that the patient has legal rights," says Mrs Jacob. To this end the project is in touch with lawyers who can help fight unfair dismissals or discrimination and social workers who give welfare assistance.

The project also offers counselling services on a one-to-one basis and facilitates support groups. It also puts people in touch with others who care and understand. Religious organisations are contactable for spiritual counselling and community services help with transporting patients to hospital or the shops.

"Where there is a need, medical equipment ranging from walking sticks to wheelchairs is available."

Because there is an increasing number of women with sick children who are unable to work, it is hoped to establish workshops and day care centres in a joint venture with another AIDS project, Wola Nani, where they will be taught skills to enable them to generate an income.

Home Based Care gets about R250 000 a year from the government for its work. "A mere drop in the ocean," says Mrs Jacob.

She points to the project's brochure which carries a realistic, poignant but hopeful message, one which could teach something to those who do not have AIDS.

"I'm HIV positive, and I have to carry this knowledge around in my mind forever. My daughter, 13, has died. Yet, my mind senses that one day she will arouse the love of a dear friend and protect her from AIDS."

"Many AIDS patients have no one to look after them as the rest of the family is out at work," says Mrs Jacob.

"These home educators are also trained to provide basic psychosocial and spiritual care to the patients and their household members."

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"I'm HIV positive, and I have to carry this..."
Aids claimed the lives of 321 in SA this year

PRETORIA. — Aids claimed the lives of 321 South Africans in the past year, bringing to 1,212 the number of recorded HIV-related deaths since 1982, the Department of Health said yesterday. (Q2) CT 291194

In kwaZulu-Natal 990 Aids cases were diagnosed in 1994, more than the 940 cases in all the other provinces. The second highest incidence was in the Free State with 222 diagnosed cases.

In the Western Cape 21 cases were reported.

Last year 305 HIV-related deaths were recorded compared to 152 in 1992.

A huge red ribbon will be draped along the front of St George’s Cathedral in Cape Town to mark the start of International Aids Week tomorrow, Aids charity Wola Nani-Embrace said yesterday.

The ribbon would remind the public that Aids was striking at the heart of Cape Town, the charity said in a statement.

Two percent of the city’s population was HIV-positive and this figure would double every year, Wola Nani director Mr Gary Lamont said. — Sapa
World Aids Day drive in top gear

JOHANNESBURG. — Billboards displaying 14-metre condoms with the message “Unroll some life insurance” have been erected at Johannesburg and Durban taxi ranks for World Aids Day today.

“The purpose of the billboards is to encourage sexually active people to practise safer sex by using condoms,” said Mitchell Warren, director of the Society for Family Health (SFH).

The SFH is also selling packets of three condoms for R1 at spaza shops, shebeens, takeaways, bottle stores, night clubs, petrol stations and traditional healers.

Buses in the two cities are also carrying giant condoms with the message “Don’t go anywhere without protection” while Mr Loverman, a 1.5-metre condom, is wandering around Johannesburg.

President Mandela said in his World Aids Day message that the government would allocate as many resources as it could to combat the epidemic.

“The fact that we can now observe this day as a democratic country gives us the rare opportunity to co-operate as a nation in addressing this most pressing problem,” Mr Mandela said.

Department of Health statistics show the total number of reported Aids cases in South Africa reached 6 480 by the end of November and 1 212 South African deaths could be attributed to the disease.

KwaZulu-Natal’s 2 421 reported cases was the highest figure in the country, while the Northern Cape had the lowest at 161. — Reuter.
AZT may save babies from AIDS

Two-pronged attack on invisible killer

Health writer Diprf Robins

of Newday This life-threatening disease has left 12 months ago, reports

international AIDS day dawned today with the world, including South Africa, more

Edited by Miia Shima

THE STAR / THURSDAY DECEMBER 1, 1994
Mutual trust and support, particularly between parents and children, were crucial in spreading awareness about AIDS. President Mandela said in a World AIDS Day message yesterday. He said public awareness of AIDS was needed urgently, and the challenge to both youth and adults was to make lifestyle choices which helped to combat the epidemic.

"The fact that we can now observe this day as a democratic country gives us the rare opportunity to co-operate as a nation in addressing this most pressing problem," Mandela said.

"It is estimated that in some parts of our country, already one out of 10 people is infected with the AIDS virus. And the epidemic is spreading rapidly."

This year's theme for World AIDS Day was "The Family and AIDS," he added.

"It is in the family that the values required to combat this plague can be popularised.

"Above all, we need to work together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions, which have created fertile ground for the spread of AIDS."

See Page 17
SA events lined up for AIDS Day

SOUTH Africans will join millions of people around the world today in observing World AIDS Day, a day called by the World Health Organisation and dedicated to raising awareness of the disease.

Health Minister Nkosazana Zuma, musician Jonas Gwangwa and television personality Chichi Mabuse will participate in a hand-holding event at Bank City at 12.30pm in support of efforts to raise awareness and combat the spread of AIDS.

About 750 balloons will be released into the air, signifying the estimated number of new HIV infections every day in SA.

The event will be followed by a youth rally at the World Trade Centre on Saturday from 9am to 2pm, where people will be educated about the disease through entertainment by traditional dancers, township theatre groups, and musicians Jonas Gwangwa and Blondie.

President Nelson Mandela yesterday called on the community to treat people infected with HIV with compassion. Mutual trust and support were crucial.

"Above all, we need to work together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions — all of which have created fertile ground for the spread of AIDS," he said.

National AIDS Convention of SA (Nacosa) PWV chairman James McIntryre said it was estimated there were almost 1-million HIV-positive people in SA. About 400,000 of these were in the PWV.

Health Department statistics this week indicated that 4,860 AIDS cases had been reported in SA. A total of 1,212 deaths due to AIDS had been recorded.

Quarraisha Abdool Karim, who was this week appointed national AIDS co-ordinator for the Health Department's national AIDS control programme, said AIDS posed a threat to the common vision and sense of community emerging in SA.

She said although the Health Department had doubled its AIDS budget to R42m this year, this still fell way short of the R250m a year required to implement the Nacosa AIDS plan released this year.

But she was confident that funding from other departments, the private sector and international donors would pour in.

The broad aims of the plan were to increase awareness, minimise discrimination against people already infected, and improve distribution of condoms, she said.

Sapa reports that the Medical Association of SA said guidelines on treatment of HIV-infected people and those with AIDS would soon be available to all medical practitioners and health personnel.

The guidelines were being refined for final approval and would probably be published in April.
At the heart of today’s World Aids Day message lies the need for families to go beyond the rhetoric of compassion and instead put their money where their mouths are. Failure to do this, particularly during the period designated by the World Health Organisation as the Year of the Family, will diminish any hope that true care and compassion will be practised at any other time.

The need to care for people with Aids has never been greater. Specialist obstetrician and gynaecologist at Baragwanath Hospital Dr James McIntyre told Sowetan yesterday that: “We should take the load off hospitals in favour of home-based care for people with Aids. With our limited resources, it becomes clear that the financial costs of caring for people with Aids has become unbearable.”

McIntyre says people should first understand the disease. Information will ensure that people stop stigmatising Aids and treat it like any other disease.

World Aids Day calls for a spirit of social tolerance and provides a platform for a greater exchange of information on HIV and Aids. It is a day of action designed to raise public awareness about Aids.

According to the Department of Health: “The coming months, and today in particular, will focus on how families are affected by Aids. How families can become more effective in both Aids prevention and care and how they can contribute to efforts against the disease.”

According to the department, a total of 1 212 deaths have been recorded since the first Aids case was discovered in 1982. The total number of Aids cases in South Africa stands at 5 480. Almost half of these cases are in KwaZulu-Natal, with the next highest number in the FWV. Figures also show that between 500 and 600 South Africans acquire the HIV virus daily. The department says unless South Africans continue the fight against the disease, the country could face a catastrophe.

Statistics also show that 649 Aids cases were the result of transmission from mother to child.

McIntyre says there is a glimmer of hope that the problem can be overcome. “Results of a recent survey in the United States have shown that with the administration of Zidovudine or AZT to HIV-positive pregnant mothers, it was largely possible to prevent transmission of the virus to the foetus.”

“However, what we need is local research to supplement the trials in the US. We at Bara are working with international research technologies to achieve this breakthrough. Other drugs and interventions which are not proven yet also look promising.”

McIntyre leaves for Belgium and Switzerland tonight as part of the mission to coordinate research in this field with foreign medical scientists. If a breakthrough is achieved, it will come as a relief to Bara, which has to contend with a transmission rate of over 20 percent. A quarter of those children will get sick within the first year of life.

The head of the National Aids and Outreach Programme, Professor Ruben Sher, says in his World Aids Day message that South Africa has lost the battle against the virus.

“We need to ask ourselves what it is that we are not doing correctly. We need to go back to the drawing board in terms of:

- Education.
- Treatment.
- Vaccine development.
- Public response to Aids education and the need for behaviour change.

We also have to ask ourselves pertinent questions such as: Why don’t people who know the dangers brought about by Aids practise safer sex? Why are people prepared to commit suicide?”

Sher says another dilemma South Africa faces is that of money required to go into anti-Aids vaccine development. The Government has estimated such an amount at R270 million. At the beginning of the year, Government gave R42 million towards the Aids budget. “Where is the rest of the money going to come from?” Sher asks.

He calls on the private sector to provide the balance, adding: “I fear most of its contribution will go towards the Reconstruction and Development Programme. We must also realise that we need a healthy workforce to be productive, therefore a lot of effort should go towards Aids prevention or finding a vaccine.”

Sher advises people to assume responsibility for their actions. “They must stop blaming the Government for the spread of the virus. It’s what they do in bed that spreads the virus at this rate. Right now we have more than one million HIV-positive people in the country. One day they will develop full-blown Aids. Where is the money to care for them going to come from?”

Dr Nchaape Mokoape of the Community Health Awareness Project, calls on South Africans to heed the Aids message. “This is one disease with a potential of destroying us all unless we change our behavioural patterns now, and not later. Figures in Natal indicate that we are approaching a catastrophe of unbelievable proportions.”
Nomsa — woman with a secret

By Glenn McKenzie

Nomsa could be your neighbour. She could be your sister or your best friend. But she has a secret that not everyone knows. She carries the HIV-virus which causes AIDS.

Nomsa (not her real name) is a 24-year-old married woman from Fochville. She is warm and healthy, and most of the time she is happy.

"People don't believe that I have this disease. They say: "No you can't be sick. You see too fat.""

Nomsa is one of very few black South Africans with HIV who is willing to talk publicly about the disease.

The only reason she doesn't want to reveal her true name or show her face in the newspaper is because her husband is afraid of the negative publicity it would cause.

"I want everyone to know that normal people like me have this terrible disease. And there are a lot of us." Although Nomsa is not "skinny" yet doesn't show any outward signs of AIDS, she has already suffered greatly since she found last year that she was HIV-positive.

Other members of her family have also been affected. While Nomsa's six-year-old son doesn't have HIV, her husband does. And she won't know whether her three-month-old baby girl has HIV for another five months.

In two HIV tests, the baby showed signs of the virus. In yet another test, the virus was too potent.

One of the biggest battles for Nomsa is to overcome her anger.

She was fired from her department store job soon after her bosses found out that she was HIV-positive.

For a while she was also angry at her husband whom she blamed for giving her the disease.

"I was so angry I wanted to leave home and forget about everything. I even thought about giving AIDS disease to other people so that I don't die alone," says Nomsa.

But instead she decided to fight. She also decided to educate people about AIDS and to volunteer her time to help other people who have become sick because of the disease.

Nomsa also tries to teach her husband that he shouldn't be afraid of AIDS.

"Each of us fights AIDS in a different way. We are real people. We should not be blamed for this problem," she says.

But Nomsa's angry that men do not protect themselves and their partners during sex.

"I tell men they must wear condoms and they say "Naah, aswennas you see!" She says with a shrug.

But while she smiles outwardly, she admit feeling a great deal of distress.

She has accepted that she is going to die but she hasn't accepted the way AIDS patients are often abandoned in their final days.

"You are me laughing now but sometimes is it very tough. Some of the women that I see dying have never told their family that they are sick because they are afraid," she says.

"I know my family will be with me when I die. So far, as friends, they come and go so I'm sure they isn't so bad." Nomsa is also bitter about the way AIDS patients are treated by the medical community. Some names have told her that they don't want to help AIDS patients because they 'suck around with many mums'.

Nomsa says that is usually not the case.

"I have one husband and I had one boyfriend before my husband," she says. "I know many other people who have AIDS and are like myself." She is also angry that many community groups here AIDS education workers who don't have the disease and don't understand what it is like to live with HIV or AIDS.

"Some people are making a lot of money from AIDS education. But what do the volcanoes who have AIDS get? Very little. We are being used," she says angrily.

Last week, Nomsa approached Minister of Health Dr Nkosazana Zuma to put pressure on AIDS organizations to hire more people with the disease.

"When we try to educate people in the mines, they don't listen to an old granary who is a nurse. But they will listen to someone young and strong like me who has the disease. They are scared by that," Nomsa says.

Nomsa also wishes that banks would give loans to "healthy" people who are HIV-positive. She would like to buy a house for her children to provide for a time when she and her husband are gone.

"I am not going to die tomorrow. If we take care of ourselves we can live more than 10 years. That is enough time to pay off a loan. But no one accepts that."

And no one accepts that people with HIV or AIDS can live normal lives: "I don't want to think about dying. I want to think about living. I want to educate myself about AIDS and I want to fight it. I'm not going to get depressed and stop living. I am a mother with a family and I must remain strong like I was before."

FLASHBACK... Judy Sexwale, wife of PWV premier Tokyo Sexwale, visits an HIV-positive patient in a Johannesburg hospital.

AIDS Day or Dairy

Today

** Handholding Ceremony, Bank City, Johannesburg, Dr Nkosazana Zuma, Minister of Health, is expected to attend.**

** AIDS march from Baragwanath Hospital to Soweto Palace, Heli, Soweto.**

**Another march from Chiwelo Clinic to Soweto Palace, Soweto.**

**Handover of R25 000 to AIDS charities at Hospital in the South, Rosettenville.**

**March in Sandton from Civic Centre at 10.30am. Play staged at Civic Centre at noon.**

Friday

December 2

** Ceremonies at Carlton Centre and Westgate in Rodeoport.**

** Another ceremony at Chiwelo Clinic, Soweto.**

Saturday

December 3

** March from Meadows to Didiswane Shopping Centre, 9am to 12 noon.**
The youth can stop Aids

BY LENADINE KOZA

WORLD Aids Day — December 1 — has been set aside to raise public awareness about one of the world's biggest killer diseases.

The Department of Health's latest statistics show that 550 people are tested HIV positive, every day in South Africa. And those figures are doubling every 12 months.

Current research shows that young people between 15 and 25 are a high-risk group.

"Young people — you are the generation that can stop Aids. Demand Aids education at your schools and clubs," a spokesperson for the Department of Health said.

"Make sure that your sex partner has only one partner — you. If you're not sure — use a condom. Your life is at stake."

This year's theme, determined by the World Health Organisation (WHO), is "Aids and the Family".

Fellow school pupils or work colleagues should also be seen as family, they say.

In Cape Town, 13 Aids service organisations will be highlighting World Aids Day.

Primary school pupils will form a human chain from the City Hall to Maitland while displaying Aids awareness posters. They will then go to Woodstock Park for an awareness programme.

The gathering is set to start at 8.30am and the display will finish at 11am.

The awareness programme has been extended to Friday December 2, when the Department of Health has organised a Concert for 20 high schools at the Vygieskraal Stadium in Rylands.

Each school has been given 300 tickets. Groups including Amainpando, Airborne and Black Noise will help spread awareness about Aids.

Western Cape Minister of Health and Social Services, Mr Ebrahim Rasool, will open the concert. School pupils will then perform drama and music.

For further information contact the Department of Health at 946-3366.
Appeals to govts on World AIDS Day

PARIS — The first international political summit on AIDS opened yesterday with appeals to governments to protect victims' dignity and provide more money to combat the disease.

Twelve prime ministers, 17 health ministers and other cabinet officials met to strengthen political commitments to fight AIDS and expand co-operation between developed and developing nations.

A non-binding declaration which was to be signed last night pledges to promote international co-operation in research, partnerships between public and private sectors and increased safeguards for blood transfusions.

The summit was one of the focal points of World AIDS Day, observed around the world yesterday.

UN Educational, Scientific and Cultural Organisation head Federico Mayor said nations must spend more to fight AIDS.

"In our budgets we have funds to pay the price of war, but we have made no provision for the cost of the fight against AIDS," Mayor said.

Respect for people with AIDS was a common theme at the summit, attended by several activist groups.

"To us on the front lines, people living with HIV and AIDS and affected and vulnerable communities must have the right to assemble and form associations to fight the epidemic," said Richard Buzynski, who has HIV and who is with the AIDS rights group, Itacso.

"This means that all laws which deny the freedom of people to cross borders because of HIV must be abolished," Buzynski said.

"This means all laws which criminalise or discriminate against homosexuals, drug users, migrants and refugees and sex workers must be abolished."

The World Bank, the world's biggest donor in the campaign against AIDS, yesterday pledged $150m a year to combat the disease in developing countries.

France recently announced it would increase its aid to international agencies that fight AIDS by more than tenfold, to $1bn.

Currently, however, more than 90% of money pledged to fight AIDS goes toward helping only the 8% of those afflicted in developed countries.

Some 17-million people are known to have been infected with the HIV virus, about two-thirds in Africa. — Sana-AFP
AIDS first day

raised on

£100 000

to a brisk start

AIDS Week off

Global war

Calls for

compassion
Prayers for AIDS sufferers

BY GLENDIA DANIELS

South Africans joined the rest of the world in observing World AIDS Day yesterday, marking the occasion in Johannesburg by holding hands and offering silent prayers with Health Minister Nkosazana Zuma.

At Bank City Square in the city centre, Vincent Veal — who calls himself an AIDS survivor rather than a victim — was applauded by hundreds of people who attended.

Zuma told the crowd that AIDS sufferers needed love and support, and should not be victimised at home or work. “There are no cures, only prevention. Don’t sleep around and if you do, use a condom,” she said.

Jazz musician Jonas Gwangwa created a festive atmosphere at the event, where people danced and were given free condoms, and hundreds of yellow balloons were sent up in the air.

The Health Department said more than 1 million South Africans were HIV positive. In recent media reports it was estimated that in three years’ time 18.7 million South Africans would be HIV positive and 11 million people would have died of AIDS.

And by the year 2010 at least 34 percent of the health budget will be used to treat AIDS patients, according to the Health Department.

Other events to observe World AIDS Day yesterday included:

- The Mofolo AIDS Team launched the “AIDS in the Family” project at the Mofolo Clinic in Soweto.
- Judy Sexwale, wife of PWV Premier Tokyo Sexwale, handed over R36 000 on behalf of Aidslink to Aids charities at the opening of a new wing at Hospice-in-the-South, Rosettenville.
- Traditional healers staged a community AIDS awareness march, organised by the Nyangazadzwe Traditional Doctors AIDS Project, in central Johannesburg, which culminated in a rally at Joubert Park.
- The Tembisa AIDS Coordinating Committee held a fun run, part of a week-long awareness campaign.
- AIDS awareness pamphlets compiled by Mates Healthcare were distributed at the Bree Street, Noord Street, Baragwanath, Alexandra and Daveyton taxi ranks.
- Westbury, Johannesburg, gangs handed out condoms at the Coronationville taxi rank, together with the Westbury Civic Association.
HIV-POSITIVE --- BUT HUNGRY FOR LIFE

by Vicky Stark

December 2 to December 6, 1994

Southeastern's (Copy to Souther)

Page 13.

December is World AIDS Day. As CDC data show, the number of people living with AIDS in the United States is increasing. According to the CDC, there were 1,347 new AIDS diagnoses in the U.S. in the first quarter of 1994, marking a 10 percent increase over the same period in 1993. The number of AIDS cases in the U.S. is now estimated to be 1,440,000, with 540,000 deaths since 1981.

The focus in post-AIDS epidemic is not just on treating and providing care for those infected with HIV, but also on preventing the spread of the virus. A key strategy is to promote safe sex practices, such as using condoms and practicing monogamy. However, many people living with AIDS face significant barriers to accessing these services, including lack of access to healthcare providers, stigma, and discrimination.

The issue of food security is also critical for people living with AIDS. Malnutrition can significantly impact the effectiveness of antiretroviral therapy and overall health. Various organizations are working to address this issue through food assistance programs and outreach efforts.

In addition to these challenges, many people living with AIDS face economic hardships, which can exacerbate their health issues. There is a need for increased support and resources to help these individuals secure stable housing, access basic necessities, and receive proper medical care.

Ultimately, addressing the complex needs of people living with AIDS requires a multi-faceted approach that includes education, advocacy, and community support. By raising awareness and promoting access to necessary resources, we can help ensure that those affected by HIV/AIDS receive the care and support they need to live fulfilling lives.
Everything you need to know about Aids

AIDS information and counselling is freely available from the following organisations:

- The Department of Health: 946-3366
- The Aids Information and Training Counselling Centre (ATTIC): 400-3400
- The Aids Foundation: 21-5794
- The Planned Parenthood Association: 448-7312
- The National Association of People Living with Aids: 418-1011
- The National Progressive Primary Health Care: 696-4154
- Catholic Welfare Development: 21-4639
- Shwayco: 593-2420
- Medical Resource Centre: 938-0447
- Aset: 448-3812
- Wozi Nani: 23-7385
- CPA: 461-4298
- Bellville Community Health: 951-5928
Assurers dig in

Employers should be able to refuse employment to someone who has AIDS. If they can't, says the Life Offices Association (LOA), this would set a precedent and employers would not be able to refuse employment for many other reasons. The effect on productivity could be disastrous, says Altus van der Merwe, chairman of the LOA medical subcommittee.

A watershed case over pre-employment medical testing is being fought in the Pretoria Supreme Court against the SA Police Service by the Wits University Aids Law Project on behalf of some HIV positive members of the police. They argue that the HIV positive status can be regarded as a disability under Section 8(2) of the interim constitution. So the refusal to employ, retrain or promote someone who is HIV positive is a breach of the constitution.

But the issue is not simply a test of constitutional rights. It can also be debated on the rights of others whose insurance benefits may be affected and on economic pragmatism.

Van der Merwe points out: "Any large-scale employment of people with a poor prognosis is not economically viable."

Human rights lawyers argue that HIV positive cases can remain productive in the workplace for up to 15 years. Van der Merwe says these are isolated cases in First World countries with First World care facilities. The SA experience is different: Statistics show more than 70% of HIV positive policyholders claim under death or disability policies within six years.

The rights of others in the group insurance pool — and presumably they are the majority — will be eroded because the actually calculated pool of benefits is either spread more thinly, or premiums would have to rise to contend with the new medical phenomena.

Noting SA's low productivity rate and 48% unemployment, the LOA report employs the economic argument that "the right of an unemployed HIV-negative person to obtain employment and training should not be overlooked... the question is, therefore, not whether HIV screening should be part of pre-employment medicals, but, rather, if SA can survive the economic consequences if we take away the ability of employers to improve productivity and to compete effectively in global markets." But that may not be an argument which human rights lawyers find compelling, so the LOA could have more success defending the rights of its policyholders.

Discrimination, as envisaged in the constitution, seems set for further tests of insurance practice. Sanlam legal adviser Riaan de Lange has studied whether some provisions of retirement schemes may constitute unfair labour practice and, specifying discrimination on the ground of sex or race, concludes "an aggrieved member can allege the discriminatory actions or rules are invalid, being against public policy. The concept 'against public policy' will now have to be interpreted with regard to the spirit, purport and objectives of the Constitution."
Using media to get the Aids message across

IAIN MACDONALD  
Weekend Argus Reporter

A NEW Aids campaign designed to reach right into the very fabric of South African society is poised for take-off, the Aids Support and Education Trust (Aset) has announced.

The campaign is for “people who haven’t got access to Aids information and education, especially in rural or township areas,” according to one of the campaign’s organisers, Gilles Griffin of Aset.

“It entails using the Press to get into areas other campaigns might not have reached, via advertisements and a coupon which can be completed or a helpline which can be called,” he said.

The campaign is further targeted at young people who are unsure about their sexuality.

“It’s getting to people who are halfway, teenagers experimenting as kids will do, rather than those who are specifically saying ‘I am gay’.

“The whole campaign depends on the Press. We’re looking for free advertising space in Australia, where the campaign started last year, there has been an extraordinary response.

“There, the only newspaper not to become involved experienced a drop in circulation. There was a lot of peer pressure.

“In Australia, in fact, the Aids infection rate is now dropping. They know what they’re doing, and we want to repeat that here.

“Radio might also be a good form to use here. It hasn’t been done in Australia, but we are going to look at it, though we’re not sure what form it would take,” he said.

The group consists of three AAA advertising students, Brian Weiner, Irvin Molamu and Lindsay Harrow, who are all working in conjunction with Aset.

The campaign does not seek to generate general awareness about Aids in a mass campaign, but “aims to change people’s behaviour by communicating with them on a one-to-one basis” the group says.

Inquiries: Gilles Griffin  
449-3912, Brian Weiner  
794-1998 or Lindsay Harrow  
609-2597.

Support grows for evicted squatters

MXOLISI MGXASHE  
Weekend Argus Reporter

EVOTION of squatters at the Jakalsvlei Canal camp at Langa clearly demonstrates the city council still has “an apartheid mentality”, says SA Communist Party (SACP) regional secretary Phillip Dexter.

Mr Dexter was part of a delegation of African National Congress, SACP and Cosatu officials who held a Press conference at the camp where they expressed support for evicted shack-dwellers.

Addressing more than 500 squatters after the departure of a heavy contingent of police who had escorted city council demolition teams, ANC regional secretary James Ngcule urged residents to resist further evictions.

“Tell your tormentors things have changed,” he said.

Mr Dexter said: “We are calling on all sympathetic political and church organisations to come here tomorrow and rally behind you because yours is a just struggle.”

Western Cape Cosatu regional secretary Alan Roberts said his union supported the squatters’ cause because there were many Cosatu members in their ranks and it was therefore “our business to find out what is happening to you.”

He said he had been shocked to see more than 50 police vehicles at the site using their “armed weight” over defenceless men, women and children — when they had failed to turn up in that strength in cases of taxi violence.
Case Three

The disease, he said, "I know not using it spreads a condom, ever though IGirlfriend, I will never use caught AIDS from his Marvela, 50, believes behe.

Case Two

know I will die, she said, from Jehovah's witness. I five months ago, after she looks 60, fell AIDS patient Bumice, aged 62.
CASE THREE

I know I will die, she said.

I'm going through menopause.

Her boyfriend visited her in the hospital after 3 weeks. She looked 60. Ten

years older, she thought. And this.

AIDS patient Bernie read

CASE TWO

The British doctor John J. Smith

CASE ONE

After his death, November 17 - two days

AIDS arrived on the

infection that had been

tested on October 13. The

48-year-old man, too.
Zambia’s AIDS toll floods Kafulwela cemetery

By BRIGHT MWALE, Lusaka

MOURNERS are digging graves at Zambia’s largest cemetery, because Lusaka’s 110,000 grave diggers cannot cope with the increasing number of burials, largely due to AIDS.

Last year 40,000 adults and 23,000 children died of AIDS in Lusaka, doubling the 21,000 orphans of the disease.

There are 800,000 known cases of HIV in the country, although World Health Organisation spokesman Dr. Moses Chikonde says there are probably another 200,000 unreported cases.

About 38,000 Zambians have full-blown AIDS, according to the 1999 figures.

The crisis at Leopard’s Hill Cemetery has resulted in Lusaka’s new mayor, Fiona Mwale, calling on Zambians to consider cheaper ways of disposing of bodies — such as cremation.

“We have no more land and no labour to bury people,” Mr Mwale said.

According to health ministry officials, AIDS and diarrhoeal diseases are responsible for the country’s high death rate.

As a result of the poor treatment of drinking water, cases of dysentery and cholera are an almost permanent part of life in Lusaka.

However, a health department official said AIDS accounted for almost half of every day’s deaths.

The burial crisis came to light when mourners — believing grave diggers were on strike — complained that the cemetery had no graves.

Councillor grave digger Augustine Hinda said each of Lusaka’s 110 workers was “expected to dig one grave of six feet deep a day.”

However, colleague Lopya Chinta said, but: “We took places every hour, before you know it, there are over 200 families waiting for graves.”
LIMITED OPTIONS. Children infected with AIDS have few places to turn to.
New boss to revamp AIDS campaign

By CAS 'St Leger'

SOUTH Africa's new AIDS chief has lashed out at previous awareness campaigns, saying they only served to heighten fear and increase the stigma attached to the disease.

Mrs. Quarraisha Abdool Karim, newly appointed national AIDS director in the Department of Health, says a big effort will be needed to put things right. When she takes up her post in the new year, her first task will be damage control.

The next step will be to lobby for free AIDS testing. After that, she will organise proper surveillance to counter AIDS cases being under-reported.

"We need to put things right. We need damage control to rebuild confidence in the AIDS programme," said Mrs. Abdool Karim.

The view that previous campaigns had driven AIDS underground was echoed by AIDS expert Dr. Clive Everon, who said the educational programme had been misdirected, resulting in infected people being reluctant to disclose their status.
Survey reveals Aids ignorance

Parliamentarians polled were split over whether the state should foot the bill for Aids research or not, the divisions extending across NP and ANC ranks.

CLIVE SAVER
Weekend Argus, Political Correspondent

Most opinion leaders in South Africa, including top business people and bureaucrats, are surprisingly ignorant about Aids.

A poll of people in senior positions in business, the media, the church, the military and public service has exposed a need for a boost to education about the pandemic.

Revealing results of the survey, Stellenbosch University professor Hennie Kotze noted there was a "degree of intolerance" towards people with Aids found among opinion leaders with right-wing affiliations.

All opinion leaders agreed that:
- Regular Aids tests for all South Africans should not be compulsory;
- People with Aids should be allowed to be treated in public hospitals;
- The state cannot afford to fund Aids research at the cost of primary health care;
- Contrary to the judgment in a recent Appeal Court case, most opinion leaders believe employees who have been tested HIV-positive should inform their employers;
- Illegal immigrants contribute to the Aids problem.

Professor Kotze said most respondents in the study seemed to know there was a difference between testing HIV-positive and having full-blown Aids.

Apart from those who were uncertain, most respondents indicated a person who had tested HIV-positive would not necessarily develop full-blown Aids.

Professor Kotze said parliamentarians surveyed were clearly divided on whether the state could afford to fund Aids research at the cost of primary health care needs.

Fifty-five percent of MPs surveyed said the state could not afford Aids research, while 33 percent said the opposite — even at the cost of primary health care requirements.

People from the business and bureaucratic fields who were surveyed said the state could not afford Aids research.

"It is interesting to note respondents from both the ANC and NP are divided on the issue of regular compulsory Aids tests for all South Africans."

Just more than 39 percent of NP and ANC supporters favoured regular tests, while 40 percent disagreed.
By Glenn McKenzie

HUMAN RIGHTS CAMPAIGNERS and University of the Witwatersrand lawyers have called for a Supreme Court inquest into the mysterious death of an HIV-positive prisoner in Pretoria a fortnight ago.

Mr Lourens Swanepoel (31), an HIV-positive prisoner with a history of jailbreaks, died in Pretoria Local Prison on December 2 — several days after laying assault charges against prison warders.

Wits University’s AIDS Law Project alleges that Swanepoel died after experiencing epileptic fits lasting for almost four hours.

Last month Swanepoel, an epileptic, escaped from the H F Verwoerd Hospital in Pretoria after being admitted for complications resulting from his disease.

He later returned to prison voluntarily after consulting Wits University’s Aids Law Project.

Swanepoel was allegedly assaulted by warders “acting in their capacity as officials of the Department of Correctional Services” soon after his return to prison, according to Law Project manager Mr Zackie Achmat. Charges were laid with police in Pretoria.

Last week a group of 40 legal, human rights and Aids organisations, along with the South African Prisoners’ Organisation for Human Rights, called for a judicial inquiry to investigate the cause of Swanepoel’s death amid allegations of neglect and abuse. The group also wanted to know the manner in which Swanepoel was diagnosed as HIV-positive and what his subsequent treatment entailed.

Achmat said prison officials had told Swanepoel before his escape that he had tested positive for the HIV virus.

“He was never informed that he was tested, and he was very distraught about the whole scenario,” said Achmat.

Correctional Services spokesman Major Koen Gerber issued a statement yesterday saying all allegations relating to Swanepoel’s death would be thoroughly investigated.

The result of a post-mortem examination held on Wednesday is not known yet.

“Should there be an indication of an unnatural cause of death, an inquest will be held,” said Gerber.
HIV death: plea for inquest

BY GLENDA DANIELS

The AIDS Law Project wants Minister of Justice Dullah Omar to establish an inquest into the death of a 31-year-old HIV-positive prisoner at the Pretoria Prison.

Lourrens Swanepoel died at the Pretoria Prison last week after "presumably" having "several fainting and epileptic fits". AIDS Law Project spokesman Ziahe Achmet told The Star.

"We are requesting that the Minister of Justice Dullah Omar establish a judicial inquest into Swanepoel's death," Achmet said.

An autopsy needs to be conducted by the police on Friday, but the results were not known at the time of going to press.

It is also alleged that Swanepoel was assaulted by warders a few weeks before his death and that he had not received proper medical care.

"His death is a complete tragedy and there are many other worrying things about HIV prisoners in general, like stigmatisation, being tested without consent, being assaulted, no counselling and no proper medical attention," Achmet said.

He added that his organisation was trying to negotiate with the Correctional Services Department to abandon the policy of segregating HIV-positive prisoners because it further stigmatised them.
Mpho Lekhonthula’s mission started when she met an HIV-positive man

Helping HIV-infected people

By Sharon Chetty

Mpho Lekhonthula, who spends her time helping Aids-infected people cope with their problems, is seen as the Angel of Sebokeng.

Her mission started the day she met a young man who was so traumatised when he discovered that he was HIV-positive that he wanted to kill himself.

"I spent the day talking to him and comforting him... I did not want him to die," recalled Lekhonthula, who was so touched by the young man's plight that she decided she wanted to help people like him.

She started the Ithemba Lethu Community Centre, a project that teaches people Aids awareness in the Vaal Triangle.

Ithemba Lethu has rapidly expanded over the past five months and, in recognition for her sterling work, Lekhonthula was nominated for the Sowetan’s Woman of the Year award last month.

Lekhonthula is a former health and biology teacher and has worked as a researcher with a primary health care group.

"I realised that Aids is a major killer but nobody was doing anything about it," she said.

"Whenever someone has died of Aids people pretend it was something else. The time has come to deal with this problem."

But Lekhonthula lost all contact with the young man with whom she had the brief encounter as he never went back to her.

However, a few weeks ago, the man wrote to the Sowetan, asking to be put in contact with Lekhonthula.

The man, who had given her a false name, said his name was Thokozani and wanted to thank Lekhonthula for helping him and apologise for the false name.

"If people were like you, sufferers like me would have a happy ending," Thokozani said in his letter. "I want to see you before my departure as I am nearing my destiny."

This week Lekhonthula said she remembered the young man and would gladly help him again.

"I always wondered why he never came back because I showed him where I lived," she said. "I think he was too traumatised that day to pay attention to anything."

"He was very depressed and felt that death would be the only answer. But after we spoke, he calmed down a bit and agreed to give life another try."

Lekhonthula described Thokozani as between 22 and 23. He had no idea how he had contracted the disease but admitted that he had "fooled around a lot."

The unemployed Thokozani was too embarrassed to tell his family about his condition.

"He also told me that although he had heard about Aids, he did not take it seriously as he thought it was just a way of his parents and the Government discouraging youth from having sex," explained Lekhonthula.

"We spoke for a long time about this and he agreed that he was wrong to think that way."

"After I showed him information from some books, he said he wanted to learn more and find ways of coping with his illness."

"He was already showing symptoms... he was holding in patches, lost a lot of weight and was very weak because he could not eat."

Lekhonthula said she would do her utmost to trace Thokozani. Although he said in his letter that he lived in Zone 14, Sebokeng, he did not give a house number or his surname.

Lekhonthula's advice to Thokozani is: "Please don't give up. Wherever you are, I will find you."

"I am willing to help and I'll go out and look for you. Whatever it takes, I'm positive I'll get you."

Mpho Lekhonthula can be contacted at (016) 94-5775.
Aids concert highlights need for compassion

By Edwina Booyzen

Learning about Aids does not have to be boring, pupils discovered at an Aids Concert held at Vygieskraal Stadium in Athlone last week.

To the rhythm of groups like Anampondo, Black Noise and Airborne, they learnt about abstinence, safe sex and compassion for people with Aids.

The concert, held to commemorate World Aids Day and attended by pupils from all over the Western Cape, was sponsored by the Department of National Health and Old Mutual.

"We need to acknowledge the realities we face with Aids," minister of health and welfare Mr. Ebrahim Rasool told the audience.

"More than 500 people are infected with the HIV virus in South Africa every day. These high statistics can only change if we start changing our behaviour and attitudes."

Mr. Rasool said young people need the support of those who have an influence on their lives.

"We know that in our society young people face many pressures from their peers, from partners and from society generally," he said.

"The number of teenage pregnancies point to high sexual activity among our youth, therefore parents' understanding of the physical development of their children needs to be heightened."

Mr. Rasool said Aids- and sex-education is crucial.

"Sex- and Aids-education needs to be taken seriously," he said. "It has to become part of our school curriculum."

"But while highlighting the realities around Aids, we need to reassure ourselves that there is hope."

"We can do something to prevent ourselves from contracting the Aids virus. We can practice safer sex."

"The use of condoms is important, because it also protects us against sexually transmitted diseases and unwanted pregnancies."

Mr. Christo Greyling, a haemophiliac who contracted the Aids virus seven years ago during a blood transfusion, shared his experiences with the students.

"It was difficult to come to terms with it at first, but after a while you accept the situation because there is nothing you can do about it," Mr. Greyling said.

"It is not a pleasant experience at all, but having compassionate people around you helps you through it."

Mr. Greyling said people's attitudes have changed a great deal over the past few years.

"The change in attitude over the last six years has been amazing," he said. "In the past people were scared to even talk to someone who was HIV positive, but slowly they are starting to realise that they can't get the disease from touching someone."

Pupils from various schools, including Maitland High, Groenvlei High and Jan Stocci Girls High entertained the crowd with songs and drama.

The "Ned Dombo Boyz" wowed their fans with a rendition of Boyz II Men's "I'll make love to you" with a caution to "do it only with condoms."

But the hit of the concert was definitely the Groenvlei High "posse" with their drama/rap/romance act. They paid tribute to both George Benson and Whitney Houston when they invited the crowd to sing-along to the strains of "The Greatest Love of All."

"We've given them all condoms," said a National Health official at the gate. "And judging from how many have been blown up or lie about on the field, we'll know how successful the concert was."
GRASSROOTS HEALTH: Community Health Workers recently took to the streets promoting a lack of government support of projects.

By Shamin Nell

Cape Town AIDS Time
Bomb Eking
Dangerously

Samu 15-12-2012

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Aids policy: Insurers slammed

Health Reporter

THE insurance industry has sought to "completely escape any consequences and insulate itself from the impact of Aids".

This is according to Edwin Cameron of the Centre for Applied Legal Studies at the University of the Witwatersrand, as reported in the latest edition of the SA Medical Journal.

The publication reports that Professor Cameron has "slammed the industry for refusing to provide life insurance to homosexuals and people living with HIV, or even to those thought possibly to be HIV-positive".

Speaking at a Life Offices Association forum, he said the LOA should "consider providing appropriate packages for people with HIV that include payment of post-test counselling".

Tom Moultrie of Southern Life told delegates the premiums which would be required to offer insurance to people with HIV "in a financially responsible manner" would be 30 to 40 times current premiums.

At this level it was "questionable whether many people with HIV would be able to afford insurance".

Mr Moultrie said the industry would have to find a way to provide cover to "people living with HIV, with the possible cooperation of the state and other organisations."
26 million Aids victims by 2000

By Glenn McKenzie (92)

NINE million African children will be orphans by the year 2000 because of Aids, a recent report by the United Nations Children’s Fund has said.

Calling Aids “the children’s tragedy”, Unicef’s State of the World’s Children Report predicted that in some regions about 10 percent of all babies will die from Aids. Two-thirds of all new cases were now in Africa.

“In some areas up to 50 percent of pregnant women attending ante natal clinics are HIV-positive,” said the Unicef report.

Sex education is essential to stop the epidemic.

“With no vaccine in sight only behavioural change offers hope of altering the course of an epidemic that could see 26 million people infected and an annual death toll of almost two million by the year 2000.”

Infections will continue to increase until “women have power to say ‘no’ to sex, to choose own partners, and influence sexual behaviour.”

Of the estimated R6 billion spent annually on Aids prevention, only 10 percent is spent in the developing world, where most infections are occurring.

★ See reports on pages 10 and 11.
Libby Peacock
Health Reporter

Cape Town is to host a major international conference early next year for people living with HIV and AIDS.

The conference, organised by the Global Network of People Living with HIV and AIDS (GNP), is expected to draw between 600 and 1,000 delegates from all corners of the globe, according to conference chairman Shaun Mellors.

The conference, from March 6 to 10, would highlight South African and African AIDS-related issues and provide a "secure environment" for people with HIV and AIDS to come together, he said.

The "working part" of the conference — focusing on different types of treatment, sexual lifestyles, surviving and understanding health care and human rights — will be open only to people with HIV and AIDS.

But the opening and closing sessions, as well as some other events, would be open.

Mr Mellors said South Africa had an important part to play in combating AIDS in Africa, as well as caring for those already infected.

South Africans with HIV and AIDS were still "pretty scared" to make a contribution, but it was imperative that they did so.

GNP had five priority areas: health, communication, human rights, developing technical skills and "outreach".

The rights of infected people were abused in many ways. A prime example was that some personnel agencies asked candidates whether they were HIV-infected and if they were, they were not considered for jobs.

Pascal van den Noort from Holland, executive director of GNP, said he expected the conference to attract "many high-placed" people from international funding and development agencies.

"The international buzz word is Cape Town."

He stressed that statistics and figures did not reflect the reality of people living with HIV.

"I don't believe in figures — they don't help. It's about people."

A future priority of GNP was to get a debate going with scientists probing the virus and to discuss priorities and funding with them.
EU aid earmarked for SA Aids programme

From LINDA ENSOR

LONDON. — A large part of the health budget of the European Union's (EU) aid package for South Africa this year will be earmarked for the national Aids programme.

Projects worth about R455,4m were approved by EU member states this month, in the fields of education, health, community and rural development, the promotion of small and medium-sized enterprises and good governance and democracy.

An official source said yesterday that of the R100m allocated for health, about R20m would be spent fighting HIV infection.

Support for district health systems amounted to R25m, while R11,5m was allocated to locally based health care programmes. R13m was set aside for technical support programmes.

A total of R300m would go for educational programmes such as bursary schemes, national literacy and adult education programmes, skills training and employment projects and European scholarship schemes.

Community development projects in both rural and urban areas got about R36m. R6,5m went to support and development programmes for small and medium-size businesses and R250 000 to trade unions.

The bulk of the R66m allocation for good governance and democracy went to the justice department.
or disability business is now written because the cost is unrealistic and employers have lost interest.

Yet early disability, leading to death, could actually help a scheme based on the traditionally defined benefits structure (still the norm north of the Limpopo). There are fewer time-serving employees to share the full-term benefits.

Sanlam's Chris Swanepoel says reaction to the Aids pandemic is split two ways. Assurers, which manage many of the larger employee benefit schemes, are designing options to offer trustees of employment benefit schemes; trustees realise the new responsibilities and the need for their funds' administration to come up with a table of benefits.

Sanlam chief medical officer Altus van der Merwe has advocated the right of employers to insist on pre-employment medical testing, arguing the case on pragmatic and economic grounds. He also makes the point that discrimination against workers with a poor prognosis — those with cardiac, cancer or renal problems — is already part of the system.

But, though Van der Merwe chairs the Life Offices' medical subcommittee, LOA director Jurie Wessels says that a general policy is not on the agenda of any of the association's committees: "Tendering and pricing for employee benefits' business is competitive, so it remains a matter for members to evaluate."

In theory, the assureds are not at risk. Baskir says they generally hope to break even on employee benefits' business but, where the claims experience is high, an assurer can escape by giving three months' notice.

The argument for pre-employment testing for Aids has little relevance, since it does not eliminate the period in which the HI virus is not detectable, nor does it cater for the fact that many disability and death certificates are unreliable. Further, though Old Mutual has for several years screened its own new employees, the assured would not be surprised if pre-employment medical tests were outlawed. Sacob has declared itself against pre-employment Aids testing, though it has never objected to other screening procedures.

If pre-employment medical tests are banned, actuaries consider they can improvise other screens, based on geographical and social background questions.

Options for trustees include:

- Replacing lump-sum disability payments with annuities. The theory is that this will be less of a financial drain on a fund because the annuity will be short-lived;
- Reducing the typical formula of three times salary to one but with an annuity to the spouse. The theory is the spouse will soon die;
- Establishing different funds for those who voluntarily undergo medical screening.

Swanepoel says no fund, as far as he knows, has requested this option "and it could raise many sticky questions."

Establishing different benefits for new entrants to a fund — if it is accepted that existing contracts cannot be amended;

Strictly defining what constitutes disability;

Long waiting periods before employees are accepted for group benefits;

Linking benefits to service periods; and

Self-insurance — Baskir suggests a fund could opt to meet disability benefits for two years but, if disability does not quickly lead to death, make this an insurance factor.

Old Mutual says premiums are based on the anticipated level of claims from the employer (fund). If Aids claims increase, premium rates will rise and employers will therefore bear the cost. Aids presents significant pricing challenges to insurance companies and special statistical methods are required to ensure that appropriate premiums are set.

The most common disability products are, says Old Mutual, permanent health insurance, which pays a monthly income benefit on recognised disablement; and lump-sum benefits. The monthly benefit will find more popularity since "in the case of an Aids claim, the income will on average be paid for a relatively short period." Benefits such as accidental disability and death benefits, not affected by Aids, are likely to grow in popularity.