

HEALTH & DISEASE - V. D.
1990

JULY — DEC.

Azapo backs tests for exiles

JOHANNESBURG.—The Azanian People's Organisation yesterday lent its support to any programme that would see returning exiles tested for the HIV virus.

The organisation argued that although the latest Aids statistics were "horrifying", they should not overshadow the prevalence of other diseases among the black population.

It also said the debate over whether Aids was a "white" or a "black" disease had led to cynicism in the black community, and any campaign to combat the spread of the virus had to take this into account if it was to be successful.

Azapo came out in support of "safe sex" in the statement and said that returning exiles should undergo tests to see if they were HIV-positive.

● In Maritzburg, meanwhile, the Natal Witness, in a move to support the Aids-awareness campaign, yesterday distributed free condoms in sealed envelopes with copies of the newspaper sold on the streets and at newsagents. — Sapa, Own Correspondent

R200m Aids fund

JOHANNESBURG.—The current estimate of 150 000 HIV-positive cases in South Africa may be out by as much as 50% either way, according to Sanlam's chief medical officer, Dr Althus van der Merwe.

Dr Van der Merwe said here yesterday that Sanlam had set aside R200 million as a reserve fund to deal with future Aids claims.

The screening of blood donors indicates that the number of HIV-infected people in South Africa is increasing, but Dr Van der Merwe said it was difficult to predict accurately what the prevalence rate of the

epidemic would be in five or 10 years' time.

He said the important fact was how seriously the population regarded the present need for behavioural change. "People should change their ways now and not wait until they see many people dying around them."

He also said companies should not dismiss employees who become HIV-positive. "Fellow workers should be educated that there are no dangers in working with an HIV-positive colleague."

● In Geneva, meanwhile, on the eve of the the World Health Organisation's third annual World Aids day, the WHO forecast

that the disease would cause more than 10 million African children to be orphaned this decade.

Mr Michael Merson, director of the UN's Global Programme on Aids, said the WHO estimated that one in 40 women in sub-Saharan Africa carried the HIV virus.

He told a news conference that about one in three children received the virus from infected mothers and those spared the disease faced life alone if parents develop Aids and died.

"We estimate that during the 1990s about 10 million uninfected children, mostly in sub-Saharan Africa, will be orphaned in this way," Mr Merson said. — Sapa-Reuter

Heterosexuals spread the disease — report

LONDON.—Aids is no longer just a disease of homosexuals and drug users — women and children are now developing it faster than other groups.

In a report released yesterday in advance of World Aids Day on December 1, the World Health Organisation (WHO) says heterosexual intercourse is now the fastest-growing means of infection by the Aids virus.

And WHO says men are more likely to pass Acquired Immune Deficiency Syndrome to women during intercourse than women are to men.

About one-third of the eight to 10 million adults around the world now infected with the Aids virus are women, the WHO estimates. But in five years, it expects as many women as men to be infected.

"As of 1990, over 605 of all HIV infections worldwide have been ac-

quired through heterosexual intercourse," the WHO report says.

"By the year 2000, it is expected that 75-80% of all HIV infections will result from heterosexual intercourse." More women with Aids means more infants with the fatal disease, because around 30% of infants born to Aids-infected mothers become infected as well.

To date there have been reports of about 400 000 children throughout the world suffering from Aids, the WHO says. But by the year 2000 it expects a global total of 15-20 million HIV-infected adults and 10 million infected infants and children.

"WHO expects that Aids will be a major global cause of death among infants and children — in a very few countries the biggest killer — during the 1990s," it says in the report. — Sapa-Reuter



Women's fight against that invisible little virus

It was metaphorical gang-rape on the mines. When the City Healthworkers' Acting Troupe presented the part of their Aids education play that shows a man beating up his wife after she demands he wears a condom, the entire audience of 1 000 migrant labourers stood up and cheered.

"Men," writes Dr Rosemarie Erben of the World Health Organisation (WHO), "can protect themselves against the sexual transmission of HIV (the human immunodeficiency virus that causes Aids). Women find it more problematic." The reason is simple: "For many women — whatever the cultural context — to suggest to their husband or partner that he use a condom is seen as evidence of the woman's infidelity or is felt by the man as defiance or insolence."

Erben believes that "this results at best in painful discussions and a breach in the relationship, or at worst in the woman being abandoned or beaten". She continues that "in cultures where the married woman is traditionally expected to bear many children, insisting on safer sex or refusing to engage in sexual relations is impossible".

A Johannesburg Aids educator adds that "women are also restrained from protecting themselves for economic reasons. In this society, a woman depends too often on a man for support, and if the alternative is being thrown out on the street, then it's little wonder that she will forego the condom and risk unsafe sex".

Little wonder too, then, that WHO has decided to focus this third annual World Aids Day on "Women and Aids". It is not only because one third of the world's 10-million HIV-infected people are women, it is because the appalling state of women's rights across the globe means that women have little or no power to protect themselves from infection.

And the male bravado at that mine performance proves that South Africa is by no means exempt from this pattern. There have been only 6 500 reported cases of HIV-infection in South Africa but, according to Johannesburg's Acting Medical Officer of Health, Dr Nicky Padayachee, South Africa has at least 100 000 heterosexual HIV-seropositive people in this country, and at least 50 percent of these are women.

Studies have proven that women are twice as likely as men to contract HIV through unprotected vaginal intercourse, which means that this percentage can only grow, particularly given social mores and conditions (like the migrant labour system) that render men more promiscuous than women.

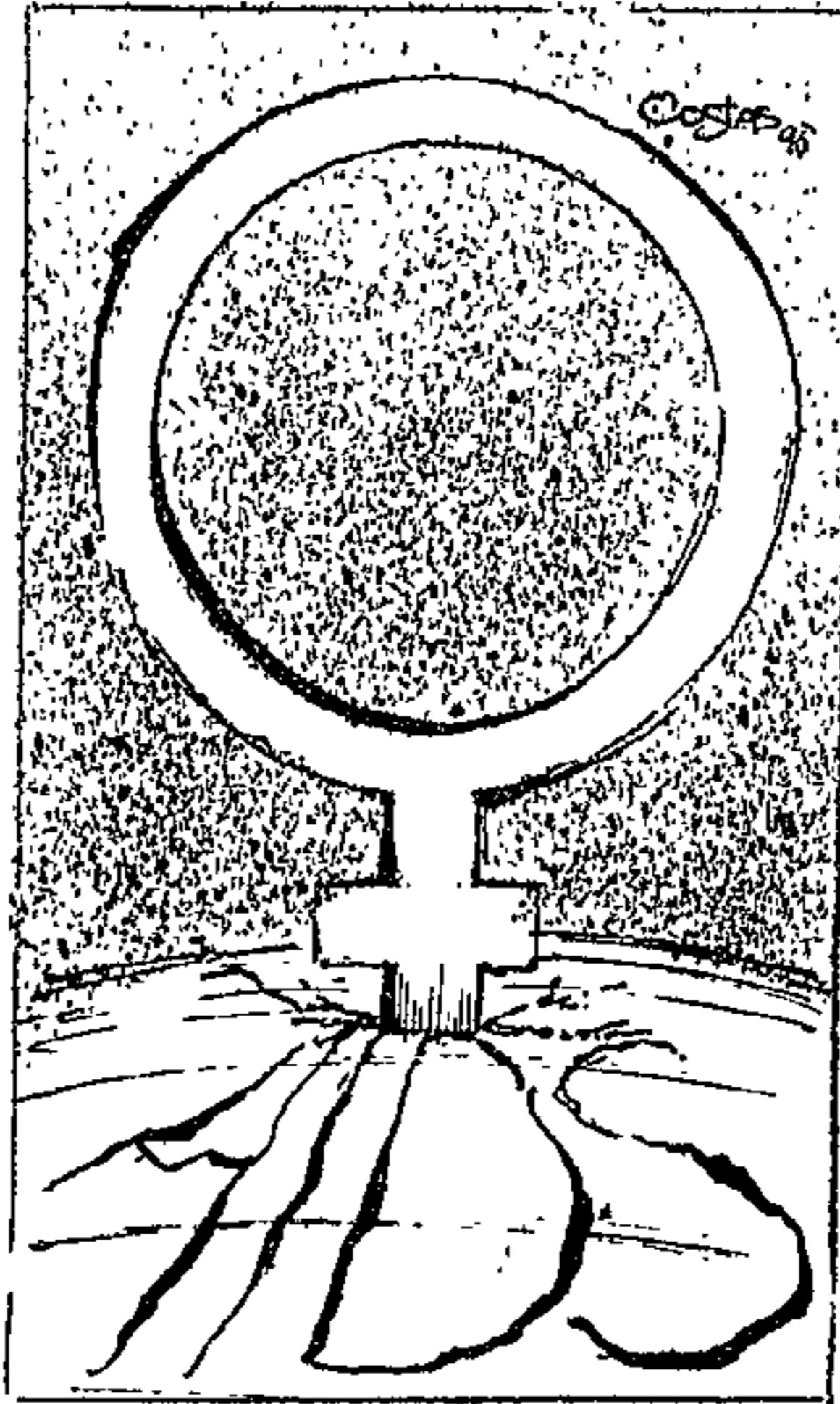
And between a quarter and a half of all HIV-infected women who are pregnant pass the virus on to their unborn children: in East and Central Africa, there is an entire generation of young children who are infected, or who are or will be orphaned.

The standard model for safer-sex education in Africa is that of family planning: just as a woman takes control of her own body by preventing unwanted childbirth with contraception, she can prevent unwanted illness and death with a condom. But this model falls short for two reasons, the one political and the other physiological.

The condom — like all birth control methods — has long been seen as an agent

Women, traditionally the carers and educators, may have to take the lead in the fight against Aids. But cultural, sociological and psychological barriers will not make this an easy battle to win.

By MARK GEVISSER



of colonial domination in Africa, and is regarded by many as a white means of population control that restricts black people's rights to have traditionally large families.

If, however, a woman can fight through the reams of rhetoric surrounding the condom and take the decision to protect herself both from childbirth and from infection by using it, she has an additional problem. Other forms of contraception can be used without the knowledge of a male partner — a woman can take the pill, have an IUD installed, or even use a diaphragm without her male partner being any the wiser.

But until the female condom is made widely accessible in Africa (it is currently being developed in Europe and the United States), protection against Aids requires the male partner's active consent. "Try shoving a condom on an unwilling penis," said one Aids educator.

And there is no doubt that South African penises, irrespective of their colour, are unwilling. "Men see it as an insufferable slight on their masculinity," says the Township Aids Project's Refiloe Serote, who has counselled dozens of couples in Alexandra and Soweto. Serote emphasises, however, that "women are often as unwilling. They are worried it will be taken as an accusation that their husbands have been unfaithful, or worse, that it will be an admission of their own unfaithfulness".

And so, says an Aids educator who works with the Johannesburg City Health Department, "it is simply unrealistic, and often very dangerous, for a woman to demand that her partner wears a condom. What we try to do instead is to counsel women only to suggest condom-use once a relationship is stable, and we give sug-

gestions as to when they should pop the question: don't pull out the condom as he is about to enter you and has only one thing on his mind. Rather, bring it up over drinks or while you are still dancing at the disco".

Corrine Hendry, a British Aids educator working in South Africa, believes that there is one positive side-effect to the pre-coital negotiations that accompany condom-use: they necessitate foreplay. "Safe sex practises can empower women — and men — to talk about their emotions and fears before jumping into bed." Hendry says she has already seen "the beginnings of a remarkable change" in sexual behaviour in Britain: "women are finally beginning to express what they want out of a relationship".

She believes that, while the advent of birth control has "made major strides in giving a woman freedom over her own body", it has had one negative consequence: "It has pre-empted discussion about sex, because all the responsibility is placed on the woman. She simply has to pop the pill, close her mouth, close her eyes, and submit. But with the advent of Aids she has to learn to talk again."

But in the time it takes for women to become empowered enough to talk and men enlightened enough to listen, South Africa's population could be decimated. "Our greatest problem in Aids education," says Hendry, "is that the only viable programme we have is a long-term one. Women's rights to political and sexual power need to be entrenched, and men's attitudes need to change radically. This is a social transformation that could take decades."

The first tentative steps towards this transformation are beginning to take place in South Africa. Witness the City Health Department's Aids play, developed and performed by black employees of the department, and presented to workers all over Johannesburg in the vernacular.

After the man beats up his wife and throws her out, he approaches a buddy for consolation. The buddy, however, chastises the man and says that he has been using a condom for months already.

At that performance on the mines, so outraged and shocked were the performers at the audience response, that the actor playing the buddy indirectly and extemporaneously challenged the miners by launching a vituperative verbal assault on his wife-beating friend: "People think it's a sign of manliness to beat a woman up. But all it proves is that you are conceited and arrogant, and you think of no one but yourself."

An Aids educator present at the performance recalls that "the response to this scene was astonishing. A deathly silence fell over the audience and when, in the final scene, the man apologises to his wife, they all broke out in applause". This has led her to believe that "the men's hostility was motivated more by unease than by anything else".

But even though the performers were first shocked and then encouraged by the response of the miners, a subsequent performance depressed them immensely. They performed at a squatter camp adjoining the Lebanon mine and, despite attempts to address the particular situation of

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Condoms for World Aids Day ⁹²

By JANIS FRASER, Weekend Argus Reporter
SATURDAY shoppers ambling around Greenmarket Square had a surprise giveaway gift today — a handful of condoms and a cheery caution on safe sex.

The handout left some people giggling and others stunned but most were interested and ready to read the literature being handed out by the Progressive Primary Health Care Working Group (PPHC) to mark World Aids Day.

Prominently displayed were the slogans "Love safely — Use Condoms"; "People with Aids can Work"; "Fight Aids — Not People With Aids" and "Aids is not a Gay Disease."

In a statement, the PPHC said: "Only through united action and a strong commitment towards education and compassion will we succeed in dealing with this virus.

■ The New York City skyline will dim for 15 minutes tonight as part of an international day to mourn those who have died of Aids, Weekend Argus Foreign Service reports.

In the US it is called "Day Without Art" because thousands of people from the art world have been killed by the disease. About 3 000 arts groups in the US, Canada, England and France will observe the occasion.

At the Metropolitan Museum of Art 15 works have been shrouded or removed from display to "bring home in the strongest possible terms the magnitude of the loss of life, and tragedy of unrealized promise," the Met director, Philippe de Montebello, said.

There will be special services and ceremonies to mark the day tomorrow.

■ See pages 6 and 12.

AIDS: KEY ROLE

FOR WOMEN

1/12/90

ODAY is World Aids Day. And when it comes to the battle against the deadly virus, women are right in the thick of things.

Not only are they contracting the disease in increasing numbers, but many are involved in the work associated with it as the effects creep further and further into daily life.

Many women are teachers, and Aids education and awareness is a vital weapon in the fight against the deadly disease.

And while busy doctors can administer professional care, seeing to the daily needs of the terminally ill is the responsibility of the nursing profession — many of whom are female.

Safety begins at home and ignorance is deadly — that's the clear message gleaned from Aids experts, sufferers and counsellors.

Aids strikes with no regard for sex, race or creed, and it's effects are felt by the whole family.

Mothers nurse their sick children, grandmothers take over family duties and the loss of a loved one is felt by all.

Mrs Jose Hall lost her son, Gustaf Smith, aged 30, to Aids last year.

"Women must know the best way to fight Aids is to get out of the old-fashioned methods of communicating with our children. We must tell them in detail about condoms and Aids prevention. They must know how you get it and where it comes from," she said.

"Coping is the hard part of it, but support, understanding and love is the bottom line. Once they're sick you can't do anything about it — you can't reject them, even though you want to run away from the problem.

"I think the old-fashioned method of sex education is the danger. I'd support greater sex education in schools, and the Aids patients who're willing should be brought into the open, so people can see the agony and horrors of a very sick person.

"My son was senile and blind towards the end. It was so sad, he was always such an intelligent, charming child."

"I think it's the women's responsibility to ensure the people close to her, like her children, or her domestic workers are adequately informed," said Aids counsellor Thea Marais.

"I tell women to try and speak to one other person about it every day. As the disease increasingly affects women, I'm looking to establish support groups for those who are HIV-positive," she said.

Some 659 people have tested positive for Aids in the Western Cape up to October this year, according to Dr Malcolm Steinberg of the Medical Research Centre in Parow.

He points out that these are request tests, and there are obviously many more people who are positive.

Of those known to be infected, 81 are black females, 17 are coloured females and 3 are white females. The balance is male victims: 188 are white men, 99 are coloured men, 94 are black men and the sex of 177 is unknown.

He says there's a lot that women can do in the area of sexual politics, a sentiment shared by Professor Gordon Isaacs, head of the department of social work at UCT.

"Women should recognise their role as an equal partner in sexual relationships," he urged. "She must get things for herself in the process of intimate behaviour, and therefore be more assertive."

This is not always easy in societies which have women in traditionally subordinate roles. Dr Dairmuir McClean, of the Child Health Unit at the Red Cross Hospital has spent the past year doing research among lesser privileged communities. His findings are both alarming and encouraging.

"If you look at the majority of lower-income bracket women in South Africa, their problem is that their role in society compounds problems that they'd face with Aids," he said.

These are:

■ Many underprivileged women have little influence on their men — their husbands or their older sons. Frequently their men have many sexual partners as part of the macho lifestyle.

■ These women accept the message of Aids more easily than the men. As far as sex education at school level goes, the girls catch on quickly, but the guys tend to think that it can't happen to them.

■ Condoms are viewed with suspicion in many quarters — as part of an unpopular, government-inspired family planning package, which has not taken people's real needs and situations into account.

■ It's easier for the women to see Aids as a family problem, and something that threatens their home, but men often see it as a personal or individual thing.

■ They feel a lot of health education is directed at them, but they can't see how their men are being educated, so they're asking for increased education in the workplace.

■ They know there will be more orphans, and



that the government should start preparing for that. Already nuclear and extended families are being stretched with teenage pregnancies, deaths etc.

■ They are calling for more confidence in health services.

■ They feel that unemployed have the biggest chance of getting infected, and Aids people should get some form of employment. They see the beerhalls and drinking places as being responsible for the spread of the disease, and they think the government should stop supporting beerhalls.

■ They also ask for male health workers to deal with men (women health workers are in the majority).

■ Traditional healers should also be involved in whatever gets developed. Ivor Dorrington, 34, discovered he was HIV-positive in February this year. Since then he has become too ill to keep his job, but has an active role in Aids counselling and support groups.

"Women must educate their children and take responsibility in their own lives," he said. "We must start at home, before we look at the schools or any of the other educational institutions.

"We are so busy looking at the crowds, but if the individual takes responsibility for his own life he can achieve a lot.

His advice to mothers with an HIV-positive son or daughter is simple: "Love them. People must realise there's a human being behind the disease, with emotions and needs. They may just need a hug now and then. That's what my mother does for me."

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Man in the street still largely in the dark . . .

Aids: When will SA get serious?

By JANIS FRASER
Weekend Argus Reporter

WHEN will the average South African wake up to the awful inevitability of Aids?

Probably when it's too late, medical men said flatly this week; schools programmes aren't under-way to any great extent, particularly at white schools, few businesses have an Aids awareness programme or a policy on employees with Aids even though all major cities have centres to provide professional training, information and support.

Scarcely a day passes without a national or international story and statistical projection, yet the man in the street is still largely in the dark because Aids is not touching him — yet.

Will awareness

He said the risk of an accidental needle prick during an operation was high and one argument being put forward was: "Why take that risk? The patient is dying anyway."

In America the safety precautions are now universal. Every patient is regarded as Aids infected and surgeons are insisting a patient is Aids tested before operating. Since it can take up to six months for an Aids infected person to show positive it's hardly a safe precaution.

Now — in addition to the obvious field of surgery — gloves, masks and goggles are standard for all doctors, nurses and dentists. "I would say any dentist here is taking a risk if he doesn't do the same thing," Dr Spracklen said.

In America, mouth to mouth resuscitation is a thing of the past. Unless there's an ambulance

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the money to prolong or improve the quality of an Aids sufferer's life runs out? When — as in many other parts of Africa — people are simply being sent home to die or are lying down to die under the nearest tree — and worst of all, when it strikes down someone near to them.

"Do you know with whom your partner was involved eight or ten years ago," asked one doctor. "Just think about it."

At the Somerset Hospital clinic this week, 15 HIV positive people seen in one day this week were genuinely unable to say when or by whom they were infected.

According to experts at an Aids seminar in Cape Town earlier this month, reliable figures indicate South Africa's population explosion threat will soon be a thing of the past. The Aids-free adult population will be on the wane within five years; the fear of an out of control population increase within five years be succeeded by the equally serious threat of a declining labour force.

Meanwhile, even in the Western Cape, which has been to a certain extent been a backwater, insulated by distance by the spread from the north, the warning bells are ringing.

Dr. Frank Spracklen, head of the Aids programme at Somerset Hospital, where most Aids patients are treated, and a member of the National Aids Advisory Group says one small sector of the population which has finally grasped the enormity and risk of Aids is the medical profession.

Natal case

"They've finally woken up. They're super-aware and beginning to get panicky, particularly surgeons."

The recent Natal case of the first doctor and nurse in the country to be accidentally infected by pricking themselves with an infected needle has probably added an extra jolt. Surgeons employed at hospitals are not allowed to refuse to operate on Aids patients, those in private practice may.

THE medical profession has finally woken up and is beginning to get panicky

patented screen to protect a first aider it's often a case of looking the other way. How long will it be before that applies here?

In South Africa money is the problem Dr Spracklen says, looking around the cluttered room from which he works. It can't be called an office because it isn't one. It's a tiled room on the seventh floor of Somerset Hospital which was once part of the clinic. The walls are white bathroom-tiled and there's a large sink under the window. The table which

serves as a desk is piled almost to head height with files. Chairs are plastic and basic. The shortage of money is obvious.

Dr Spracklen sees up to fifteen HIV positive and full blown Aids cases each day. Some come to the outpatients clinic, some are being treated in the hospital. It costs about R80 000 to treat an Aids sufferer a recent seminar in the city was told. Dr Spracklen's drug budget is R55 000 a year. The only drug to help stave off full blown Aids for a time and ease the suffering when it does develop is HTZ, which at R5,50 a capsule, costs around R500 a month for each sufferer.

He quotes one case: A positive mother and father with a negative baby. He applied in May for the funds to put them on HTZ — he's still waiting for a response as time, particularly for the baby, ticks on.

The confusion and appalling lack of information is illustrated by another case history. A young man in a small town near Cape Town has found that he is HIV positive. As in any close community the news has spread. People were genuinely afraid to come to the bank and the man has been fired. He is in despair and unable to find another job. Dr Spracklen is hoping to persuade the bank to give him a job in the anonymity of a larger branch.

The confusion and lack of acceptance could be summed up by the attitude of a group of HIV positive women who attend Dr Spracklen's clinic. They are pregnant and face the one in three chance of bearing an infected baby, which they will eventually be too ill to care for anyway.

All of them refuse to consider the offer of a legal termination of pregnancy.

Increasingly serious though the situation may seem in South Africa it pales in comparison with countries to the north.

Aids spectre ^{ALAS} changes with ^{21/11/98} the viewpoint

Number of TB patients now HIV-positive doubles

The spread of the Aids epidemic, studied in isolation, is indeed ominous. However, examined in the light of other factors, the spectre acquires a slightly less threatening pose.

HELEN GRANGE reports.

THE government recently expressed fear over the spiralling population growth, warning that this would lead to increased unemployment.

At the same time, Aids experts warned economists to prepare for a severe shrinking of the labour pool in the future as the killer Aids epidemic spreads.

These two issues, the population boom and Aids, and are often highlighted separately in dramatically ominous reports. But when they are juxtaposed a different picture emerges.

Experts in both fields agree that Aids will have little effect on the population growth rate in the short term. However, they contradict each other on Aids and population figures in the medium to long term.

Projected statistics of future Aids deaths and infections are varied, ranging from relatively moderate to alarmingly high. But according to authorities who have looked at the effects of the virus against the backdrop of population growth and other relevant factors, the scenario is not necessarily as shocking as some 'doomsday' reports have made out. Metropolitan Life actuary Peter

the most severely affected by the disease, and a shortage of unskilled labour will result.

He thinks it is "absurd" that the Urban Foundation projected a national population of 60-million with a black metropolitan population of 23-million by the year 2012.

"If Aids is taken into account, the population will probably be in the order of 40-million," he says.

Labour losses

In his manual, Facing Aids, André Spier predicts that at least four out of 10 workers will be affected by Aids within the next seven to 10 years.

Between five and 10-million would be infected with HIV in the year 2000 — and one-million lives could be lost in the 1990s, mostly in the economic sector.

The toll by 2020 could reach 25-million, reducing the predicted population from 80-million to 55-million.

Mr Spier does, however, concede that Aids may not have made much of a difference to the population growth by the year 2000 and that it would be 2010 and later before the disease gouged the population growth.

More pessimistic experts warn that Aids will spread dramatically within months if it is not controlled.

Alan Whiteside, an economist in Natal, predicts that four-million will die of Aids and about 12-million be infected by the year 2000. Potchefstroom University's Tjep Viljoen estimates that more than 100 000 blacks in the 5 to 64 age group are already infected with the virus and that between 150 and 200 more are infected every 24 hours.

The Argus Correspondent
DURBAN. — The incidence of HIV infection among tuberculosis patients at Durban hospitals has escalated to four percent — double that of last year.

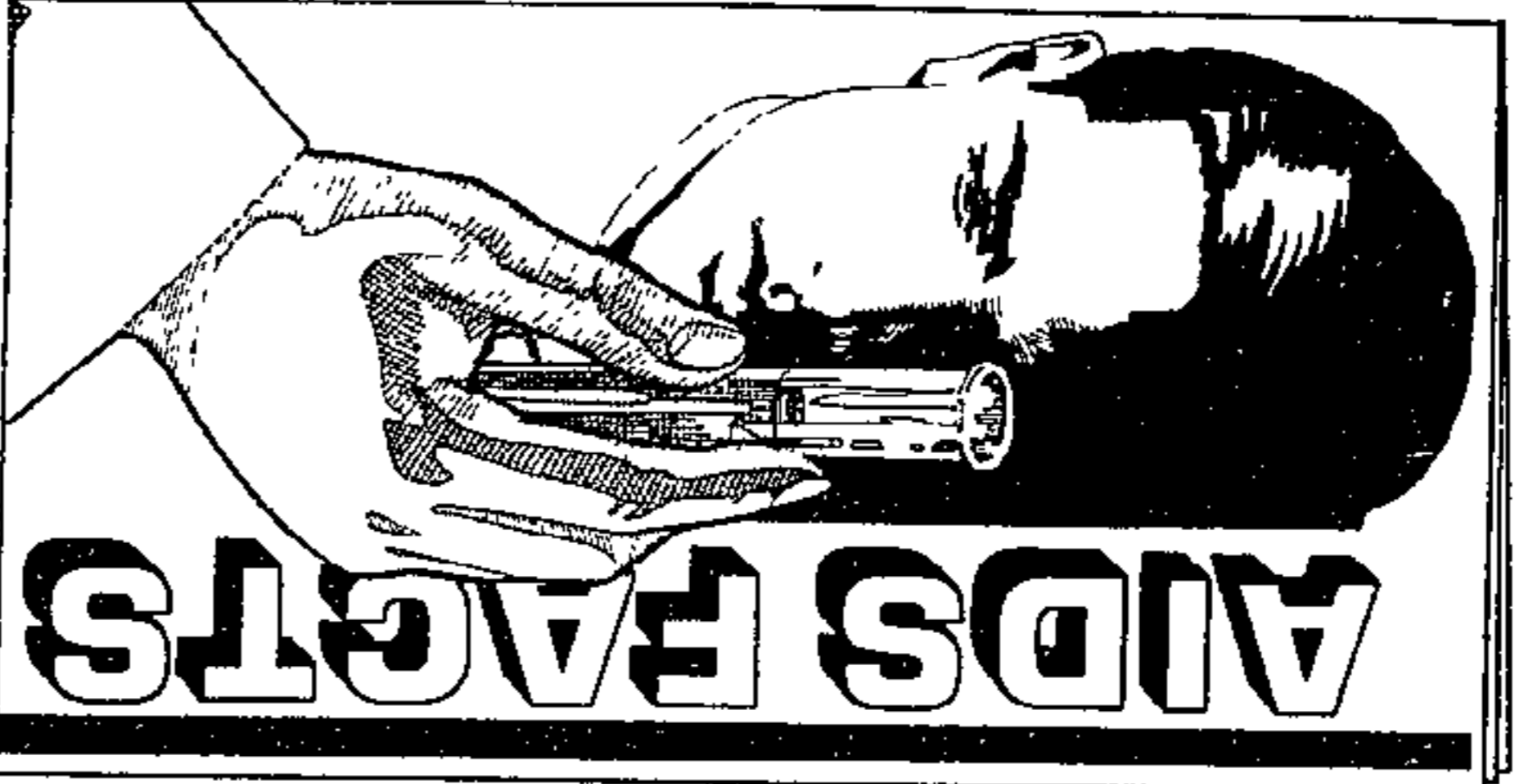
Dr Isobel Windsor, head of virology at King Edward Hospital (which does all the Aids confirmatory testing in Natal), said: "People who have latent tuberculosis and are HIV positive now actually get the symptoms of TB which is why we are also seeing more TB cases presenting at hospitals than before."

BLIND TESTING

The incidence in this group of people is merely a reflection of how Aids is escalating, she said. There are no accurate figures to show the infection among Sexually Transmitted Disease Clinic patients, ante-natal clinics or the general population.

A while ago it was stated that about two percent of the sexually active population was HIV positive and that infection in patients attending STD clinics was about three percent.

This kind of survey will no longer be done by the provincial laboratory and updated figures are not available for various reasons.



"We were doing blind testing (randomly testing patients without knowing their names and without their permission) and getting a good idea of what was happening in the community, but from a public health point of view we decided that HIV suffer-

ers should (after they have given their informed consent) rather be identified and then counselled if they are HIV positive."

Owing to a manpower shortage and restricted finances it is, according to Dr Windsor, not feasible to do both blind and informed HIV testing.

"It is a well documented fact that when HIV testing with informed consent is started there are many people who refuse the test and our figures (doing it the public health route) are no longer reflective of what is happening," she said.

SCARED OFF

Dr Windsor said many people were scared off by publicity, for example young black girls, whose high rate of infectivity has been highlighted in the Press.

Her laboratory is responsible for all the confirmatory Aids testing in the Natal/Kwazulu region. It is also still not fully computerised, which makes the gathering of reliable data almost impossible.

An initial Aids test called an Elisa (taken by a general practitioner and sent to a private pathologist for example) costs about R40.

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Doyle recently described as "unrealistic" some predictions that 50 percent of the adult population will be infected with the Aids virus by the year 2000. In terms of his model, the highest figure is 20 percent of the total urban and rural black population by the year 2000, reaching 27 percent by 2005.

Two-edged sword

The effects of the disease on population growth were likely to be two-fold. As HIV education made an impact, there would be a natural decrease in birth rates. This would be exacerbated by infant mortality.

The value of Mr Doyle's model is its ability to evaluate different scenarios and Aids prevention strategies. It plots the rate of HIV infection, assuming that meaningful changes in sex habits come about by 1995, or by 2000 — or not at all.

If such a change can be effected by 1995, the predicted number of infections 10 years on would be cut by about a third, the model concludes.

Although this model is more palatable than the worst case scenarios, economists are still nervous about the impact of Aids on labour.

According to Edward Osborn of Nedbank's Economic Unit, black unskilled workers in urban areas will be

ironically, against this backdrop, the government recently warned of an increase in unemployment through an ever-increasing population.

Growth rate

President F W de Klerk said the population was growing at 2-percent a year, while the available labour force was increasing at almost 3-percent a year. The current economic growth rate of 1,5 percent would have to rise to about 5 percent to accommodate new job-seekers, he warned.

Stellenbosch University's Institute for Futures Research has predicted South Africa's black population alone at 47-million by the year 2010.

To forecast how the Aids epidemic will affect future population is a problem with no easy answers, according to Andrew Wilson, a researcher at the Aids Centre in Johannesburg.

"The general feeling is that Aids will impact on the population growth, but whether the disease will eventually send it into a decline is not known."

The effects of Aids would be felt stronger over a period of time and would mainly attack the reproductive groups. Aids would also indirectly affect the population growth in that thousands of babies born to pregnant women who have the disease would not live.

First Aids specialists from African states arrive in SA

By **ESANN van RENSBURG**
Medical Reporter

THE first group of Aids specialists from African countries to visit South Africa has arrived.

The group, which is in South Africa at the invitation of the Medical Research Council (MRC), wants to find out more about South Africa's research programmes and assess the extent of Aids in Southern Africa.

The eight scientists from French-speaking countries are members of Opals, an international, non-governmental organisation which aims to provide medical information on Aids to health authorities, the media and all Opals members in Africa.

Research project

The group was particularly interested in the MRC's recent Aids research project that assessed the knowledge, attitudes and awareness of schoolchildren in Cape Town. It was keen to obtain the questionnaires used in this survey, a statement from the MRC said.

The president of the MRC, Dr Philip van Heerden, said the arrival of the group represented a milestone in South Africa's medical history. He hoped similar visits would take place regularly in the future.

"Aids, along with many other infectious diseases, respects no borders, so we need to talk to our neighbours to learn about disease trends and set up appropriate monitoring systems to help curb epidemics."

Ideal opportunity

He said that because Aids had reached South Africa later than the rest of Africa, it was an ideal opportunity to learn from countries which had dealt with the killer disease for several years.

"This is the first group to take up our offer of sharing knowledge and we hope that this initiative will gain momentum in the years to come so that, on the medical scene, Africa can be united in combating disease," Dr van Heerden said.

Professionals account for most AIDS claims

TANIA LEVY

THE fact that professional people accounted for the majority of AIDS-related disability claims during the past year was far more disturbing than the amount of money involved, Sanlam GM Francois Marais said yesterday. *Biday 29/11/90*

Sanlam had created a R200m reserve specifically to deal with AIDS claims, he said, but it was distressing to see that most claims came from people who had spent many years training and studying for careers.

A World Health Organisation (WHO) statement said about 45% of SA's workforce could be infected with HIV if nothing effective was done to prevent the epidemic's spread.

Sanlam yesterday donated its second R50 000 to the SA Institute of Medical Research (SAIMR).

Marais said by the year 2000, AIDS could be expected to kill more people in SA than all other diseases on a yearly basis.

At least one HIV-infected baby was born in SA every day and most mothers were too scared to tell the fathers, he said.

At Soweto's Baragwanath Hospital alone, 300 HIV-infected mothers had given birth this year, representing a three-fold increase on last year.

There were an estimated 3-million women around the world believed to be HIV-infected, social workers at a SAIMR symposium were told yesterday.

Emphasising the theme of World AIDS Day, Women and AIDS, the SAIMR said women were more vulnerable to the disease because of their subordinate role in families and society.

By 1992, more than 4-million children would have been born to infected mothers and an additional 10-million children would be orphaned as their parents died of the disease.

WHO estimated between 8- and 10-million people were HIV-positive and about 1,2-million men, women and children already had AIDS.

Statistics 'blur' the true picture

Biday 29/11/90

TANIA LEVY

THERE was too much emphasis on statistics in predictions of the impending disaster AIDS spelled for SA, Johannesburg deputy medical officer of health Dr Clive Evian said in an interview yesterday.

Four components of the disease "screamed out", far louder than any statistics, that the epidemic was unstoppable, said Evian.

Firstly, AIDS was sexually transmitted and experience with other sexually transmitted diseases (STDs) showed little success in getting people to change their behaviour. "We are dealing with human lust and passion," he said.

About 5% of black people attending STD clinics in Johannesburg and Soweto tested positive for the human immunodeficiency virus (HIV). About 1,3% of family planning attenders tested positive.

HIV's long incubation period was the second component to be considered, he said. AIDS could take up to 10 years after the person was infected to develop.

During that time there were no symptoms, yet the person could infect others.

Thirdly, AIDS attacked the immune system, so unlike other diseases, no antibodies were built up in the population. Thus its deep penetration into society was unstemmed.

Lastly, HIV was transmitted from moth-

er to child, he said. With the black population there had been as many AIDS cases reported among women as men.

Considering these four facts, nobody needed statistics to see that the epidemic would be terrible.

In addition, there were the social conditions which promoted poverty and family instability among most of SA's population. Unless the state, private sector and liberation movements saturated the public with information, SA would face disaster.

Education

The ANC and other organisations needed to tell supporters, at every rally and in all publications, that AIDS was not a government plot to control the masses and had to be taken seriously.

Evian said adverts and panel discussions should be broadcast on TV and radio every day, condoms should be made available at every government building, education about the disease should be a high priority at every school and increased funds needed to be given to local authorities for AIDS programmes.

Government had given a R210 000 subsidy to the Johannesburg City Council's AIDS Information and Counselling Unit, the council heard yesterday.

Events have 'overtaken' the Door project

Events have 'overtaken' the need for population control

STELLENBOSCH — Population control, rendered unnecessary in SA by AIDS, should be replaced by AIDS-prevention programmes, Prof H J Odendaal, of Stellenbosch University's Medical Department, said on Tuesday. *BIDay 29/11/90 (92)*

At a three-day conference, Odendaal, the head of obstetrics and gynaecology, said the AIDS epidemic would result in a labour shortage. *(Sapa)*

Among the more terrifying projections was one that every available hospital bed would be needed by AIDS patients within seven years.

Odendaal said there was only one way to curb AIDS: sexual habits had to change.

Education had to be concentrated on teenagers, the highest risk group.

Money devoted to family planning should be diverted to these ends, because there would be no population explosion. The birth rate would have to be maintained to replace those lost to the workforce through AIDS, he said.

— Sapa.

Poor prospects for pensioners

LINDEN BIRNS

PENSIONERS could find themselves in dire straits because of pension practices and the impact of inflation, the Actuarial Society of SA warned this week.

In a statement, the society expressed its concern that the long-term effects of inflation were not fully understood by many pension scheme members, trustees and employees. *BIDay 29/11/90*

"For instance, many pension funds give increases equal to two-thirds of the inflation rate. This is reasonable in the short run but leaves the pensioner in poverty in the long run," it said.

If inflation averaged 15% per annum, then pensioners would see their pensions lose 40% of its original value within 10 years, it said.

The onus was therefore on pension fund trustees to point out the benefits members would expect to receive at retirement will

subsequently be reduced by inflation.

In his research paper Mike Walker said that the very high investment returns earned over the past twenty years were partly a result of high inflation.

Walker urged that these high investment returns be used to insulate pensioners from inflation by regular, adequate increases.

The Actuarial Society called on its members and all other parties involved with pension funds to strive to give reasonable increases to pensioners. *(Sapa)*

These parties should recommend a strategy of maintaining a minimum purchasing power of pensions and pointed out that draft legislation in respect of guaranteed pensions increases was recently introduced in the UK.

© See Page 10

Star 28/11/90 92

Shocking estimate on Aids

By James Clarke

The World Health Organisation says 446 300 South African "blacks alone" will be HIV positive "by 1991".

According to the Panos Institute of London, South African blacks won't use condoms because they think it is "a Government plot to keep the population down".

The WHO estimate of almost 450 000 infected black South Africans conflicts with the official Government figure for November — given by WHO as 2 396 cases for all races.

Experts in SA to assess killer disease

CAPE TOWN — A group of eight scientists from French-speaking African countries is in South Africa to assess the extent of Aids in southern Africa and to find out more about local research programmes.

The group, invited by the Medical Research Council, was the first to accept a council offer to exchange information with the MRC.

The group's arrival was a milestone in South African medical history, MRC president Dr Philip van Heerden said.

"Aids respects no borders, so we need to talk to our neighbours to learn about disease trends," he said. — Sapa.

Cape Times, Tuesday, November 27 1990 3

Catching Aids in a pool 'is impossible'

PRETORIA. — It was impossible to catch Aids in a swimming pool, the National Health and Population Department stated yesterday.

The Department hoped to quell rumours which, it said, had been persistent ever since swimming pools were opened to all population groups.

To be infected with HIV (Human Immunodeficiency Virus) a substantial amount of the virus had to be present, the department said.

The water in pools diluted the virus's concentration, while chlorine also killed HIV.

It was almost impossible for Aids to spread through infected towels, the department said.

"Towels would have to not only be grossly contaminated with body fluids, blood, semen, etc, but also come into contact with defective mucous membranes of the recipient of the virus."

The virus could not live unless protected by reasonable amounts of protein material, like body fluids, the department stressed.

It said infections through pools or towels had never been established, not even among family members who lived with and shared household equipment with an Aids sufferer. — Sapa

'Cover-up' of AIDS in Africa to ensure foreign investment

SOME Third World countries have suppressed AIDS statistics following fears that foreign investment could be harmed, according to the Development Bank of SA (DBSA).

In its AIDS in Southern Africa report, the DBSA said while Zambia had been comparatively open about its AIDS problem, the extent of it had been suppressed.

Government sources in August last year indicated that there was an overwhelming fear that in the short to medium term, severe damage would be done to business confidence and to the economy if the full extent of the AIDS problem was acknowledged, the report said.

Zambia reported the second highest number of AIDS cases in the subcontinent, namely 2 291 since 1988, with the copperbelt and Lusaka being the worst hit areas.

Until recently HIV-related data in Zimbabwe was generally believed to be sup-

MARLETTE DU PLESSIS

pressed, with doctors being instructed not to include references to AIDS in death certificates, but government now appeared to be facing the problem with a new openness.

Zimbabwe reported 1 311 cases in 1989 compared with 202 and 119 cases in 1988 and 1987 respectively, with an extrapolation of these figures giving a million cases by 1994.

While data suggested that there might be more than 250 000 HIV-positive carriers in the country, AIDS was also currently the most common cause of infant death in Zimbabwe.

Up to December 1988, Angola had reported a total of 104 AIDS cases, but evidence suggested a high level of HIV-positivity existed among Cuban soldiers who served in Angola.

The report blamed unemployment and rapid urbanisation as aggravating causes.

It said issues that influenced and aggravated AIDS were primarily the economy of the country and the political situation.

Data showed that unemployment often resulted in women being forced into prostitution through poverty, with inevitable consequences for the spread of HIV infection.

Similarly, where there was political turmoil and civil war as in Angola, Mozambique and parts of SA, there was a breakdown in normal social behaviour and refugees moving from place to place might provide a pool of infection.

Malawi has reported 6 158 AIDS cases since 1988 compared with SA's 356 cases.

Since 1982 when the first two cases of AIDS in SA were recorded, there had been a total number of 455 reported, with nearly half of the cases occurring in the Transvaal.

Data also showed that the cumulative number of cases would be 217 000 in 1995 and 1,4-million in 2001 if the present trend continued.

Mine research cuts hit

Stessis wuajnc lan

Nov 26/11/90/92

Pulling strings punches home Aids message

With World Aids Day coming up on December 1, BRENDAN TEMPLETON reports on a group of puppeteers who use a bit of humour to help people avoid a deadly modern scourge.

A determined group of "Aids-busters" has hit Johannesburg — the city with the most sufferers of the disease in the country — with a vengeance.

And they have a collection of assistants well able to get the Aids threat message through to the public — if the right strings are pulled.

The group is called the African Research and Educational Puppetry Programme (Arepp) which makes use of puppets to communicate its message in a unique way that crosses the barriers of race, age, cultural and gender.

Arepp organiser Gary Friedman says the group



Aids busters ... Gary Friedman with outsize helper Joe.

has found humour is the universal language which attracts and fixes their audience's attention every time.

"Shock tactics just don't work. Our first aim is to entertain, then we put the message across in a light-hearted way. But it still reaches our target groups quite powerfully."

The group was formed in 1987 after a suggestion by Muppet creator Jim Henson while Mr Friedman was working with him in the United States.

They did not intend to focus specifically on Aids, which was the first topic they chose, but the very success of and increasing demand for their show meant they concentrated on nothing else for the next three years.

Funding for their project has never been a problem. Overseas governments and organisations like Oxfam have recognised the role Arepp can play and have donated generously.

Instead, their biggest stumbling block has been the demand for their skills and knowledge. They do not have enough full-time members and Mr Friedman says they intend recruiting two new teams next year to operate on the mines and in schools.

Their is not a one-off show either. With intense co-operation from community-based organisations, Arepp leaves behind them groups within communities which ensure Aids awareness does not leave when they go to another area.

The use of puppets has

proved to be a magical communication barrier breaker. In rural areas where it is not the accepted norm for people to talk openly about sex, the use of puppets crosses the divide and, through asking the puppets questions, the message comes across.

Also of vital importance is the counselling of those stricken with Aids. People need to realise they cannot be infected by simply hugging or kissing an Aids sufferer, Mr Friedman says. Sufferers need compassion and love, and should not be shunned because they have the disease.

Arepp is determined to make the true implications of Aids known to people in Johannesburg where between 10 000 and 100 000 sufferers are believed to be living.

In their path lie many stumbling blocks, not the least of them being political suspicion. Many blacks still see people persuading them to use condoms as part of a ploy by the Government to cut down on the black population.

Crippling

Rightwingers, on the other hand, see the horrific prospect of millions of black people dying in a few years as the answer to their political problems. They have not considered the potentially crippling effects a drastic cut-back in economically active workers could have on the economy in terms of skills and production, Mr Friedman said.

But it can happen to anyone. Using puppets, comics, question and answer times after shows and workshops lasting up to three days, Arepp tries to bring this fact across to people.

Mr Friedman believes traditional church advice has to go further than saying their flock should simply say "no" to sex. Ours is a promiscuous society which demands something more be done, he says.

Sexual education is critical. Teachers should be making children aware of the consequences of sex and its implications from at least the age of 10.

The topic for the World Health Organisation's World Aids Day on December 1 is "Women and Aids" which is intended to emphasise the specific role women can play in combatting Aids.

Mr Friedman says women often find themselves discriminated against by their partners when they insist a condom be used during sex.

Another misnomer Arepp wishes to put to rest is calling an Aids sufferer a "victim". This implies someone is to blame. The guilt aspect of the disease needs to be eradicated. Aids is a problem the whole society has to face.

Booklet on Aids for pay packets

92

Sowetan 26/11/90
A DURBAN-based company has come out with a booklet in comic-book form - probably the first of its kind in this country - which illustrates the use of condoms in the prevention of Aids.

This very frank and graphic comic book may soon be placed in the pay packets of employees of large industries.

Cartoons

The booklet, entitled *Linda and Zakes*, takes the form of cartoon characters who meet, "make eye-contact", are soon "crazy about each other" and are then faced with the Aids issue.

They attend a clinic where the application of a condom is explained and illustrated and on their next date they know what to do. Nothing is spared in the drawings.

Booklet

The producers of the book, AMD Hygiene Services of Durban, have about 400 corporate clients who have already responded to their Aids prevention programme, including showing interest in the booklet, which they modelled on a successful formula used in Sweden.

The booklet, which fits into a paypacket envelope, will be distributed to workers throughout industry at a cost of R2 per copy. If companies instal condom vending machines on their premises the condoms will cost 30 cents each instead of R1,30.

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Tragedy of AIDS wives

A YOUNG AIDS victim this week told how she was given the "death sentence" after her husband, who died of the disease, infected her and their baby.

She is one of a growing number of women who have discovered they contracted AIDS from their husbands and boyfriends.

Lucy, 23, a Cape Town secretary, told how her husband failed to tell her when he was diagnosed HIV positive.

"He waited seven months before he let on and by then he had infected both me and the baby I was expecting," she said bitterly.

"It was ghastly. I had no one to turn to and I watched AIDS ravage my husband for six months before he died.

"He died in April of skin cancer, but before that he got every illness possible."

The shattered woman said she had often suspected that her husband George, 27, a successful accountant, "hung around homosexuals".

Hell

"My life is hell," she said. "I am still trying to rationalise whether to love his memory or to hate him for infecting me.

"And I feel I am living under sentence of death waiting for the symptoms of full-blown AIDS."

Lucy is not coping with her life or her baby, who is always sick, and has decided to give him up for adoption.

Another innocent victim, Betty, a Pretoria mother of two young children, said she discovered she had AIDS when her husband became ill. He died last month.

"He developed what appeared to be flu which kept recurring. His glands swelled up and it turned into pneumonia," she said.

"When they found he had AIDS they tested me

'Husband infected me and my baby'

By FELICITY LEVINE

and found I was infected too."

The bereaved woman denies her husband slept with other women — or men.

Betty has no symptoms yet but she could "convert" to full-blown AIDS at any moment.

She supports two children, Andre, 3, and Claudia, 6.

Her husband's medical insurance only paid out R4 000 instead of R48 000 because he died of AIDS.

Like other victims she is bearing the AIDS stigma alone.

"People will discriminate against my kids if I tell them I have AIDS," she said.

Gillian, a computer ana-

lyst living in Benoni, is 26-years-old and has lived with AIDS for four years.

She found out she was HIV positive after her fiancé, an American engineer, became ill.

"I knew he was bisexual and suspected he was having a relationship with a man, but who thought about AIDS four years ago?"

Help

Gillian works as an AIDS counsellor in her spare time. She has also had other relationships with men since the diagnosis.

"Of course I take precautions and tell my partner," she said. "While I can I want to live a normal life and particularly to help others in my situation."

Johannesburg Health Department AIDS expert Dr Nicky Padayachee predicts 446 000 South Africans could be infected by next year.

According to the World Health Organisation 350 000 women worldwide will have AIDS within two years.

R1,8m is slashed off AIDS budget

By FELICITY LEVINE

THE government is "shifting" funds allocated for the fight against AIDS to other sectors.

Democratic Party health spokesman Mike Ellis yesterday disclosed that R1,8-million had been cut from this year's R5,4-million AIDS budget.

The money will be used for immunisation instead.

"I was told by senior officials at the Department of National Health that they had run out of money for immunisation," said Mr Ellis.

"They, too, are deeply concerned about taking funds from the small

amount allocated for AIDS."

The R5,4-million AIDS budget covers:

- A national education programme;
- A surveillance project to estimate the numbers infected;
- Research carried out by the National Institute of Virology.

Johannesburg Health Department AIDS expert Dr Nicky Padayachee slammed the cut as "irresponsible".

"Mozambique, one of the poorest countries in the world, spends twice what we do on AIDS," he said.

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Aids: Deportation threat

Staff Reporter

AIDS patients with foreign passports face immediate deportation under current legislation, Professor Deon Knobel said yesterday.

Professor Knobel, head of forensic medicine at UCT, disclosed this while arguing against making Aids a "notifiable" disease — one which doctors would be compelled to report to the state whenever they came across it.

Earlier this week, after reports that two health workers in Natal

were accidentally infected with the HIV virus, doctors there called for Aids to become a notifiable condition.

But Professor Knobel said making it notifiable would not assist either in preventing the spread of the disease or in protecting health workers.

Those who might have the disease would feel too threatened to present themselves for tests, particularly if they had foreign passports.

Those who knew they had the disease would be inclined to

withhold this information from health-care workers to avoid "exposure, discrimination and possible refusal of treatment".

This would endanger health-care workers, who are able to take routine precautions for each HIV-positive patient only if they know who they are.

• Next week is international Aids week, during which a host of Aids-prevention activities will take place at Groote Schuur Hospital and at municipal health clinics. One such activity is an anti-Aids march in Langa at 1.30pm on Monday at the clinic.

State must take a bold step in fight against Aids

W/Man 23/11 - 29/11/90

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AS the government moves to reinforce its efforts against Aids, questions are being asked why steps were not taken sooner. Nine years after South Africa reported its first case, the country has no high level interdepartmental forum to co-ordinate efforts, no comprehensive pooling of data and no programme for Aids education in schools.

These are now in the pipeline. An interdepartmental committee will meet in January, surveillance is being stepped up and young people have been targeted for a major education campaign.

And Health Minister Rina Venter may make an announcement next week to coincide with World Aids Day on December 1.

But last week Johannesburg's City Health department reported that 100 000 South Africans are already infected with the human immunodeficiency virus (HIV), which causes Aids. Much water has flowed under the bridge — pressure will mount on the government to act.

The Department of National Health and Population Development does not concede that it failed to act swiftly enough. "In 1985 it was a disease in the white homosexual community only," says Dr JH Lombard, director of medical services. "There were no women and no black people involved. The HIV was only identified in 1983 and there was then some suspicion that it was connected to homosexual practices. In 1985, when a test for the virus became available, we acted very quickly to protect blood transfusion services. And from 1986, we began issuing Aids information."

Director of Epidemiology, Dr Horst Kustner, says: "For many years, type two Aids — heterosexual transmission — was not an issue. I even had hopes that this might just pass us by. That hope was dashed at the end of 1987."

The department also argues that it cannot be held solely responsible for the Aids effort. "The containment of Aids is not a medical problem, it's a community problem and the private sector and community organisations will have to do their part," Lombard says.

But others in the field take a different view. Johannesburg's acting medical officer of health, Doctor Nicky Padayachee, says city officials "knew it was only a matter of time before there would be heterosexual spread. We knew this on the basis of evidence from other sexually transmitted diseases and the experience with Aids of other countries, and we acted".

Dr Malcolm Steinberg, head of Aids research at the Medical Research Centre, says

While the basic causes of Aids have to be dealt with at community level, the government departments should have taken a lead.

JOHN PERLMAN asks why the state has been so slow in its response to the disease



the number of cases should have had "nothing to do with the setting up of programmes to handle the epidemic. There was a complete lack of understanding that the fundamental causes of Aids would always have to be tackled at a community level.

"There should have been preparation and the department of health should have taken the lead. Aids does have many other facets which makes an integrated approach essential, but it is at root a health issue," Steinberg says.

The department of national health clearly intends to step up its fight against Aids, including a strong push for business support, but it is going to have to negotiate some tricky currents.

The involvement of community groups is seen as essential and the 10 Aids Training and Information Centres set up around the country are seen as the vehicle for this. Workers in these centres say they are well-placed to do this, but they are hopelessly short of resources. "We are being swamped," says one. Add in the complications of national politics — most of the R350 000 allocated in the national health budget to assist community Aids organisations was never applied for — and it be-

comes clear that there is a wide gulf to be bridged.

The department also plans to monitor the epidemic more closely, using local authority studies, blood transfusion services and other sources including its own surveys. Education efforts to date will also be assessed.

But the department will still not have access to all data. "We don't have access to all information generated at local level," says Kustner. "We have to wait until this is published or reported in the press."

The success of the inter-departmental forum will depend on other arms of government — and reveal the extent to which national health has been preparing for a joint effort. The SABC, for instance, is considering the department's application — not the first — to screen condom adverts. And programmes in schools depend ultimately on the education departments. In Johannesburg, for instance, city health is effectively barred from state schools.

"We have no right just to go into schools," says Doctor Manda Holmshaw, a clinical psychologist responsible for Aids education at national health. "There is not much sex education in schools but education authorities say it must come from them. We are trying to give them a greater sense of urgency."

Efforts in schools will also have to reconcile differing moral perspectives in government. Holmshaw says that "the more moralistic education is the less people react to it"; Kustner's view is that "people are justifiably wary of eroding what norms exist through the fight against this disease".

A further handicap is that the government is not yet ready for a campaign in schools. "There is hardly any material available," says Holmshaw. "We really have to start almost from scratch."

Lack of material and of trained educators, says Steinberg, is the biggest indictment of government Aids efforts to date. "The lack of these is the measure of the time that has been lost," he says.

Padayachee accepts the government is trying to move. "Little is served in asking why they didn't do these things before. What matters is what they do now. If within a year there is no major change, the number of HIV infected may have reached 200 000.

"But we can still have an impact. The government must start allocating more resources and not just to its own programmes. Every rand we spend now will save us R30 in years to come. Most of all, the government must start being bold. Difficult problems do have to be resolved. But in the end the health of the community must come first."

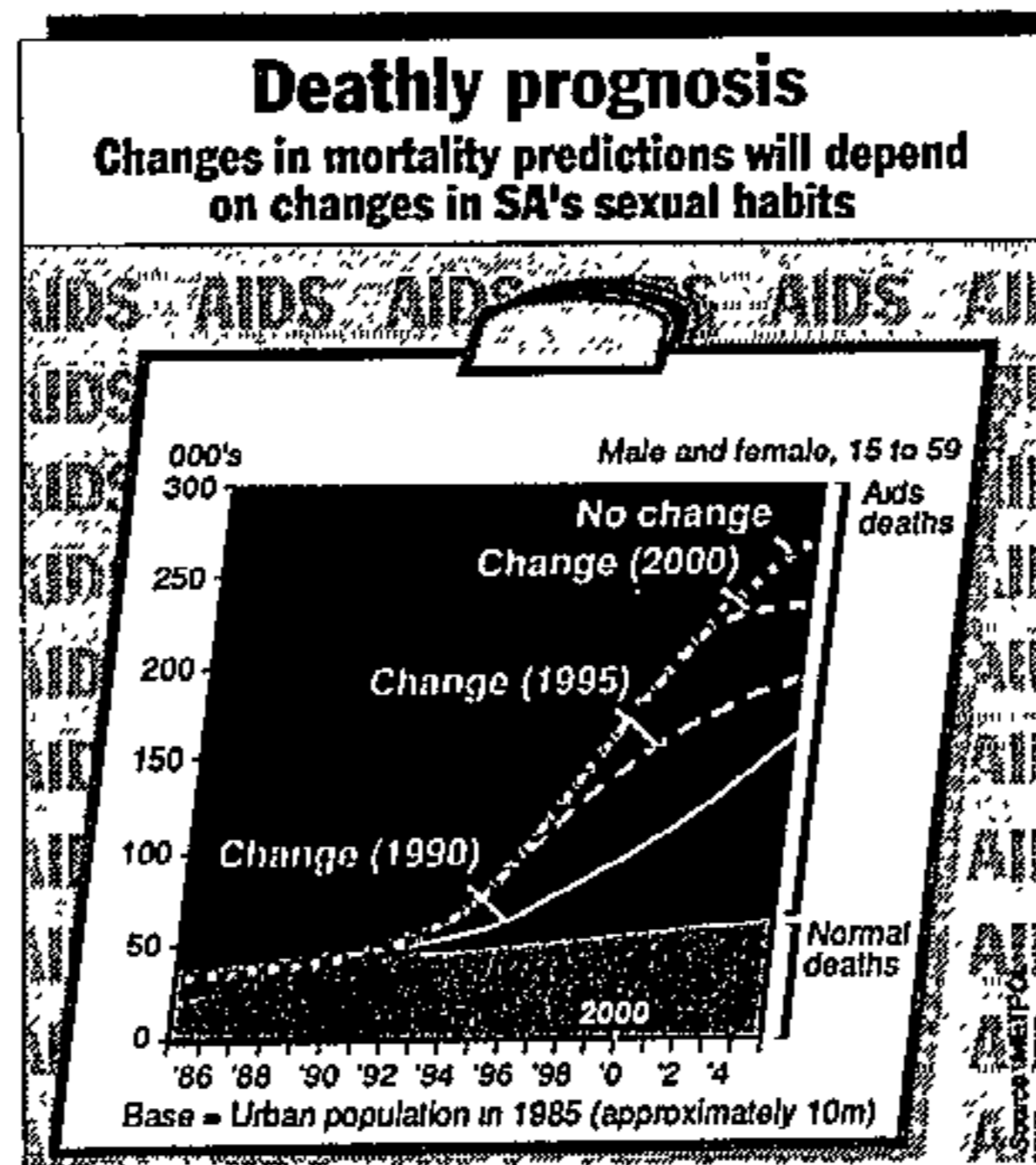
MEASURING HIV 92

At last, life offices can make a realistic assessment of the HIV (Aids) infection rate. The picture, while sobering, is far from the doomsday scenarios painted previously.

An actuarial model designed by Metropolitan Life's Peter Doyle has been accepted by the Actuarial Society of SA. With the data base now available on HIV infection, the model suggests that if there is no change before 1995 in sex habits, 27% of the popula-

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tion will be HIV-positive by the year 2005. To "normal" deaths will then be added four times as many from Aids-related causes.

Though actuaries in other countries have achieved satisfactory models, none could be imported because of SA's special demographics. Doyle and co-author Donald Millar created several scenarios, using different statistical inputs. The one presented to the Actuarial Society was considered the most realistic.



The value of the model is the ability to evaluate different scenarios and Aids prevention strategies. It plots the rate of HIV infection, assuming that meaningful changes in sex habits come about by 1995, or by 2000, or not at all. If such a change can be effected by 1995, the number of infections 10 years on would be cut by about a third.

Doyle's results explode the myth that HIV will spread exponentially until there is a zero number of HIV negatives. The epidemic grows exponentially in the early years, then tapers off as risk groups become saturated. Also, some people in risk groups will move into safer groups as they age.

Effects on population growth are likely to be twofold. As HIV education makes impact, there will be a natural decrease in birth rates. This will be exacerbated by infant mortality: Doyle's data leads to the assumption that 40% of infants born to HIV positive mothers will contract Aids immediately.

There was discussion among the 200 actuaries who saw Doyle's presentation about the options open to life offices — that is, excluding Aids-related deaths from policy benefits, or insisting on policyholders undergoing tests every five years. There was no unanimity. ■

Doctors are fleeing from Aids threat

IT has been confirmed that six foreign doctors fled King Edward VIII Hospital in Durban this year and went back to Europe because of the Aids threat facing the medical profession.

At the same time the recruitment of foreign doctors to South Africa is becoming more difficult because of the problem.

The medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos, confirmed that six intern doctors who came to King Edward earlier this year, took stock of the high level of HIV positivity, packed their bags and resigned as a result of the Aids threat. *Sowetan 23/11/90*

He said that 12 foreign interns were needed to make up the complement at King Edward (for next year) and it was not certain whether this would be filled because of the difficulty in recruiting foreign doctors to Aids stricken Natal where it is thought that at least two percent of the heterosexual black community are now HIV infected.

Revelation

Since the shock revelation that a doctor and a nurse from Natal (the first in South Africa) have become HIV positive after contamination from Aids infected instruments, fears among the medical profession have been brought to a head.

It has also come to light that surgeons, especially orthopaedic surgeons, prick their fingers, on average, during one out of every four surgical procedures. This was said by the chairman of the Natal Coastal Branch of the Medical Association of South Africa, Dr Fanus du Toit.

In the light of this, a strong warning was given to the profession by the head of the Aids Advisory Unit at the Institute of Medical Research, Dr Ruben Sher, Dr du Toit and the head of Orthopaedic surgery at the University of Natal Medical School, Professor Teddy Sarkin.

Contamination

Sher said: "I have been repeatedly warning doctors and nurses to take every precaution and to treat all patients as if they were HIV positive. Contamination is avoidable if people only take precautions. Too many medical staff think 'it won't happen to me' and these are exactly the people who have accidents."

Sher said that the chances of becoming HIV infected from a "needleprick injury" were one in 250. There had only been 28 cases of "needleprick" infection in the world of which two were now from Natal. He felt that if precautions were taken "their profession was safer than travelling to Durban over the Easter period or driving in a black taxi."

"There is an element of risk in being a doctor or a nurse, but there is also an element of risk in being a policeman or fireman. The thing is not to take chances and to protect themselves especially when doing invasive procedures especially where blood is involved."

Aids awareness drive begins in Rockville

92

Dwofen
23/11/90

By PEARL MAJOLA

WITH Aids Day (December 1) drawing nearer, community organisations have embarked on a drive to create greater awareness of the scourge.

Among the groups which will be observing the day is the Soweto Concerned Youth, an Aids education project started by the Christian Women's Enrichment Programme.

Aids Day events organised by the SCY will coincide with the organisation's first anniversary celebrations at Elkah Stadium in Rockville tomorrow.

The organisation has invited experts to speak on the disease. Community groups will set up stalls at the stadium where information about the disease will be provided.

There will also be "Puppets Against Aids" show.

Meanwhile, the De-

partment of National Health and Population Development has released disturbing statistics on Aids.

Since November 1, there have been 554 reported cases of Aids in South Africa, 55 more than in October.

Paediatric cases have increased from 32 to 71 since October.

Of the 554 cases, 198 were reported in the Johannesburg area, 41 in Soweto, 20 in Pretoria, three in Sebokeng, two each from Evaton, Bekkersdal, Klerksdorp, Krugersdorp and Pietersburg.

Other areas in the Transvaal reported one case each.

In Johannesburg, 119 died of the disease, 16 in Soweto and 15 in Pretoria.

City gears up for Aids awareness week

ARGUS 23/11/90

92

Medical Reporter

THE Cape Town City Council health department is planning a week-long Aids awareness campaign at its clinics throughout the city.

The campaign will run during Aids Week next week.

An information table will be available at the Civic Centre Concourse from 12.30pm to 2pm from Monday to Thursday and all day on Friday, November 30.

Play about Aids

The Community Arts Project will stage a play on Aids at 12.30pm on Friday and information pamphlets will be provided free.

The Department of National Health and Population Development has appealed to various women's organisations to get involved in combating Aids, according to a statement from the department.

The theme for World Aids Day on December 1 will be *Woman and Aids*, director-general of the World Health Organisation (WHO) Dr Hiroshi Nakajima announced earlier this year.

Dr Nakajima said the focus would reflect the increasing impact of Aids on women.

"It will also reflect the crucial role women play in preventing infection with HIV and caring for HIV-infected people and people with Aids," he said.

The department has also involved local authorities, non-governmental organisations, cultural organisations and the private sector in participation in activities to be held during Aids Week.

● A Durban based company has come out with a booklet in comic-book form — probably the first of its kind in this country — which illustrates the use of condoms in the prevention of Aids.

This very frank and graphic comic book may soon be placed in the paypackets of employees of large industries.

The booklet, entitled "Linda and Zakes", takes the form of cartoon characters who meet, "make eye-contact", are soon "crazy about each other" and are then faced with the Aids issue.

Explicit drawings

They attend a clinic where the use of a condom is explained and illustrated and on their next date they know what to do. Nothing is spared in the drawings.

The producers of the book, AMD Hygiene Services of Durban, have about 400 corporate clients who have already responded to their Aids prevention programme, including showing interest in the booklet, which they modelled on a successful formula used in Sweden.

The booklet, which fits into a paypacket envelope, will be distributed to workers throughout industry at a cost of R2 per copy.

If companies install condom vending machines on their premises the condoms will cost 30 cents each instead of R1,30.

Sto- 23/11/90
92

Aids tests done without prior consent

By Dawn Barkhuizen

Medical patients are being screened for Aids without their consent and in some cases doctors are refusing to treat HIV-infected patients, Grania Christie, head of the South African Institute for Medical Research's Aids Centre, said yesterday.

As Aids awareness grew, the medical fraternity was becoming "increasingly paranoid", Ms Christie said.

"Some doctors are thinking of leaving, and medical students are anxious about dealing with HIV-infected people," she said.

So far 28 health workers — mostly nurses — have tested HIV-positive after needle-stick injuries, according to the Medical Association of South Africa. No such cases had been confirmed in 1987.

Last week six doctors were reported to have quit a Natal hospital for fear of contracting Aids, and had returned to Europe.

Ms Christie said the Johannesburg Aids Centre had dealt with about 50 cases where general practitioners had refused to treat HIV-infected people.

It was increasingly common for doctors to test patients without their knowledge, she said. Several doctors had contacted the Aids Centre for ad-

vice on how to inform patients found to be HIV-positive.

Ms Christie said a number of nurses from clinics for sexually transmitted diseases had said they were drawing blood without doing pre-testing counselling.

Acknowledged Aids expert Professor Ruben Sher confirmed a growing fear among medical workers. He said he was aware that some doctors were refusing to treat HIV-infected patients and others were taking blood without the consent of patients.

Dr Yosuf Veravia, a specialist physician at the Coronationville Hospital in Johannesburg, said medical ethics dictated that patients give their permission before being tested for Aids, he said.

While the experts maintain that the risk of health workers contracting Aids is slight, Dr Veravia said not all health workers were taking adequate precautions and some hospitals were not insisting that these be adhered to. Particularly at risk, he said, were surgeons in overcrowded hospitals where the workload was heavy and speed was often vital in saving lives.

Professor John Pettifor, chairman of Witwatersrand University Medical School's Professional and Ethical Standards Committee said medical practitioners were sharply divided over the treatment of Aids victims.

Ethics v safety: Can doctors refuse to treat Aids patients?

A doctor and nurse have been infected with HIV, forcing the medical community to assess the treatment of people with Aids. Can they withhold their services and what precautions can they take?
By CARMEL RICKARD

THE news that two Natal health workers have been confirmed HIV positive after contracting the disease at work has underscored divisions within the ranks of the medical profession over how to deal with the risk of Aids.

Some doctors have become even more anxious about their own safety and that of their families, others believe this is an "hysterical" response and that there is less risk of a doctor becoming infected on the job than of being run over on the way to work.

Officials said the two infected health workers, a doctor and a nurse, sero-converted (became infected) after accidents at work involving contaminated blood.

This prompted reports that some doctors were seriously considering whether they would refuse to treat a patient with Aids.

However, doctors interviewed by *The Weekly Mail* said they did not know of anyone who seriously held this position — although several doctors have resigned from King Edward VIII Hospital in Durban to return to overseas hospitals where they believe the risk of Aids is less.

They said it would be unethical and could be illegal.

This has been confirmed by lawyers who said that doctors with a hospital contract were legally obliged to attend all patients, regardless of whether they were Aids patients.

The director of hospital services in the Cape, for example, has said that health workers employed by the department may not refuse to treat or perform essential diagnostic procedures on a patient with HIV-related disease and disciplinary action would be on the cards for staff who refused to treat in such a situation.

However, if the hospital were to be negligent and did not supply "standard protection", a doctor would be entitled to refuse to treat such a patient and might have grounds for legal action against the hospital for negligence.

The situation of a private practitioner is more complex.

Professor of criminal law at Unisa, "Sas" Strauss said private practitioners may refuse a patient "at will", with one important qualification — that in the event of a life or death emergency, such as cardiac failure, they could not refuse to attend a patient.

Two Natal University law professors, Jonathan Burchell and David McQuoid-Mason, add a further proviso: once a doctor has begun treating a patient there is a contractual relationship and the doctor is then "legally

obliged to continue with the treatment or at least ensure that the patient receives appropriate medical care from another doctor."

They added that if patients suffered as a result of negligence by their doctors, there could be grounds for damages including compensation for pain and suffering against the doctors concerned.

The Johannesburg deputy medical officer of health and head of the city's Aids prevention programme, Clive Eviar, said he feared the announcement that the Natal health workers had become infected was "likely to mean some members of the medical profession will use it as an excuse not to treat Aids patients."

He said he already knew of cases where it was difficult to find doctors to treat HIV patients.

"We have had a patient who needed a bladder inspection and we had to 'shop around' for a doctor who would do it.

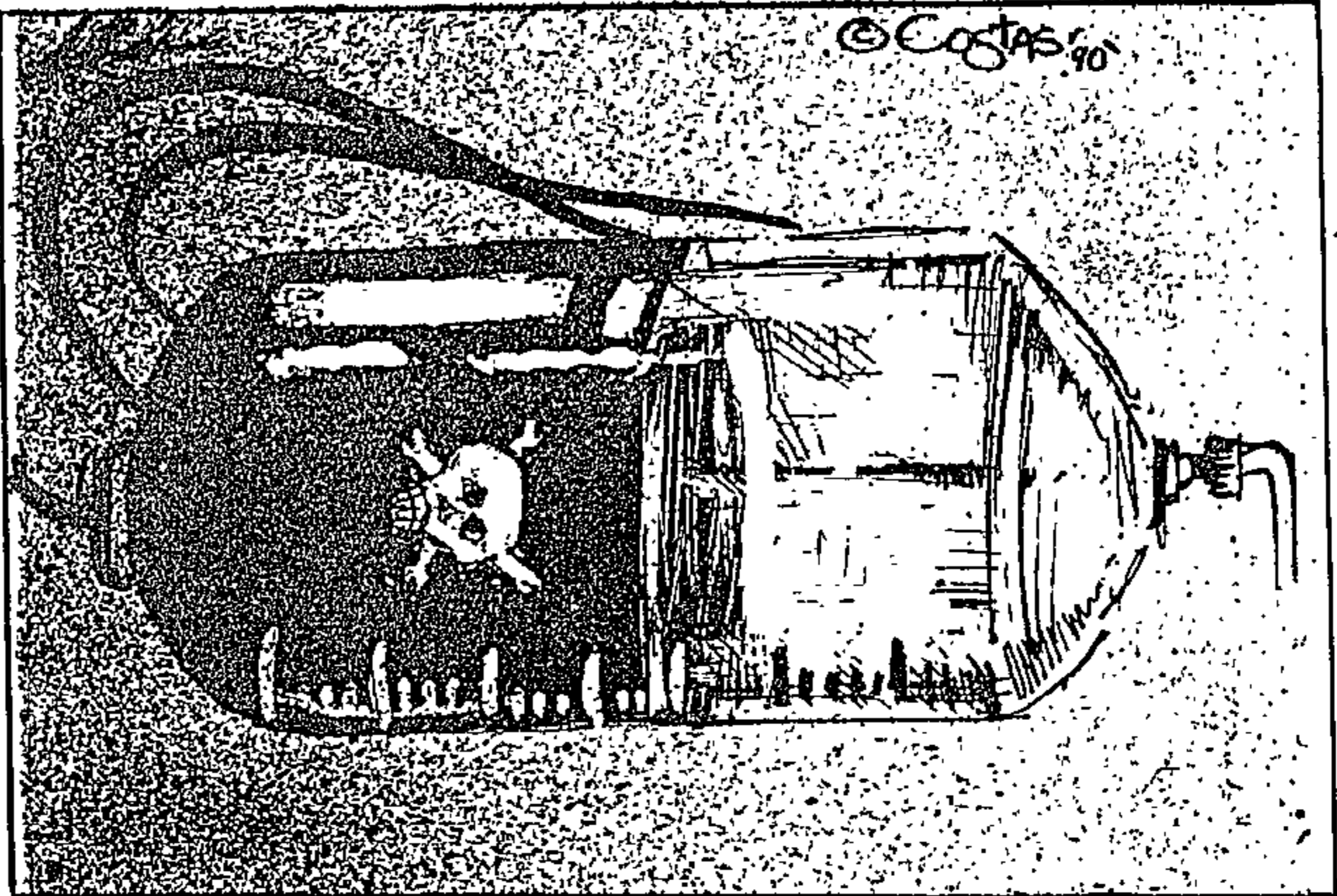
"It is not a new thing that doctors and other health workers are reluctant to see HIV positive or Aids patients.

"However, the sensational treatment of the Natal report will heighten this problem."

Eviar said that word soon spread about doctors who would agree to treat Aids patients. "Then all the Aids patients go there and these doctors are more at risk than if everyone stuck to their Hippocratic Oath and treated all patients. Then the risk to the individual doctor would be less."

He referred to an American medical journal which published the findings of research into 770 people exposed to contaminated blood. Of this group three sero-converted.

"This means that if you prick yourself with contaminated blood there is a 0,76



"It is often said that we are over-anxious and hysterical. But we have good reason for it." Despite his high level of anxiety on the subject, this doctor said he would not refuse to treat an Aids patient, but he would probably "modify" an operation on such a patient to make it less dangerous for himself.

He said in addition to the new gloves he routinely wore spectacles to stop blood splashing in his eyes. If he knew a patient was infected he would also wear a plastic gown so that no blood could make contact with his skin.

Like other doctors interviewed he said he would feel happier operating on people who had been tested, but he acknowledges that tests are not fail-safe.

"The (Aids) issue is discussed a lot by doctors. If I was unmarried, or 65 and not going to live much longer perhaps I would not be concerned about it."

A colleague in obstetrics was less anxious. He said the gloves might help with scalp wounds but that most injuries were from needles, for example while sewing up patients, and the gloves would not help in such cases.

He places his confidence in "exercising as much care as possible and improving my surgical techniques."

"With HIV education is the thing. Not only for the public but also for health workers."

"We need to educate staff about how to handle needles so as to avoid pricks. We need to improve expertise of the staff."

"I believe there is no need for panic but lack of education leads to fear and that leads to panic."

Who is correct in their response to the infection of the Natal health workers — the doctors who feel their lives are on the line, or those who believe this an "hysterical" response?

The head of the Aids advisory committee in Natal, Dennis Pudifin, said neither was "right".

"The best that can come out of this is as far as health care workers are concerned is that their awareness of the risks becomes increased and the caution they exercise is heightened."

"People with HIV infection need proper medical care as much as people with any other serious illness."

"It's not right to refuse to handle people with HIV infection. Equally, it would be unwise to be cavalier."

"If these two accidents increase people's awareness and the use of precautions, that is the best that can be hoped for out of their misfortunes."

"There is no need for an hysterical reaction but one would be unwise not to heed the lesson and thereby reassess ones precautionary procedures."

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Randburg in move to keep squatters at bay

B/day 22/11/90

RANDBURG Town Council has applied to the Transvaal Administrator to extend its area of jurisdiction by up to 80km² — an area the size of Soweto — to prevent uncontrolled squatting on its doorstep.

Randburg management committee chairman Andre Jacobs said yesterday the land applied for is to the north-west of Randburg and will include the area known as Cosmo City.

Cosmo City, on the R512 between Randburg and Lanseria, is under application to become a free settlement township.

Jacobs said one reason for the application was to control the standards of development that would take place close to Randburg.

"A lot of people have speculated that if Cosmo City is declared a free settlement area it will include low-cost housing and areas for squatting.

"We don't believe low-cost housing and squatting should be in the Cosmo City area but should be situated elsewhere."

CHARLOTTE MATHEWS

The council has tentatively earmarked land within the area for industrial and residential use.

"We are looking at allocating land for low-cost housing but it is not yet finalised. The residential area would also serve those who work in Randburg. One must look at the areas most suitable for the job opportunities and the transportation routes.



"Who knows, maybe it will involve an area for people that squat with the hope that they will ultimately upgrade."

He said in its application the council had assumed that the Group Areas Act would no longer exist next year.

"Where we have indicated residential areas, we have not said white or black. To us it is just Residential One."

Incidence of AIDS still rising

GERALD REILLY

THE heterosexual spread of AIDS in SA had continued to increase and it was reliably estimated that by the end of next year 446 000 people would be tested HIV positive, the National Health and Population Development Department said yesterday.

By early November the number of reported AIDS cases had increased to 554. The number of deaths was 250 — a 45% fatality rate.

Of the total number of cases, 422 were men and 132 women. Among men, most cases (198) occurred in the 20- to 39-year-old age group. There were 65 cases in the same age group among women.

The fact that the highest incidence of AIDS occurred in this age group showed that the disease would take a heavy toll on the economically active population, a de-

partment spokesman said. 92
Johannesburg had the highest number of cases — 198 cases with 119 fatalities.

Cape Town had 81 cases with 46 deaths, Bloemfontein 10 with five deaths and Durban 86 cases with 20 deaths.

Health Minister Rina Venter yesterday appealed to women's organisations to become involved in addressing the "frightening" AIDS threat.

She said the theme for World AIDS Day, December 1, was Women and AIDS.

The World Health Organisation (WHO) had estimated that by end-1992 more than 350 000 AIDS cases would have occurred among women — three times as many as at the end of the 1980s, Venter said.

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AIDS prisoners on hunger strike

(92)

South 22/11 - 28/11/90

By HENRY LUDSKI

POLITICAL prisoners in the Eastern Cape, including three Aids sufferers, last week went on hunger strike to demand their release in terms of the Pretoria Minute.

Port Elizabeth civil rights lawyers and ANC national executive committee (NEC) member, Mr Raymond Mhlaba, were this week granted permission by prison authorities to meet prisoners at Kirkwood's JC Steyn Prison.

Continued

It is believed that the three prisoners who earlier this year were identified as being HIV-positive this week continued with their hunger strike despite of other prisoners having called off their protest.

The three prisoners were transferred to the Eastern Cape from Cape Town's Pollsmoor Prison where they embarked on a week-long hunger strike and won their demands for improved conditions.

Mhlaba said that when he went to the prison last week, one of the prisoners refused to see him until all three of them were given permission to see him.

On his visit to the prison this week the ANC leader was expected to meet the three Aids sufferers and a delegation of five other political prisoners.

Battling

Lawyers and relatives of prisoners were this week battling to establish the reasons for the hunger strike which is believed to revolve around the anger and frustration in jails throughout the country over the lengthy delay in the release of political prisoners.

"When we meet them we will hear from the horse's mouth what the problems are, but I will be taking copies of the Pretoria and Groote Schuur Minutes so that I am prepared for any eventuality," said Mhlaba on Tuesday.

"Although the prisoners are angry about delays in their release, I believe they also have problems about conditions and privileges," said Mhlaba.

About 50 political prisoners are being

● Turn to Page 3

Aids victims in jail protest

South 22/11 - 28/11/90

● From Page One

held at the jail JC Steyn Prison situated about 100km outside Port Elizabeth.

The protest at the prison is the second hunger strike in the region in recent months as political prisoners throughout the country become increasingly impatient over lengthy delays in their release.

In October 20 prisoners in Grahamstown embarked on a five-day strike to demand that the government "abide by the spirit of the Pretoria Minute".

A flood of releases were expected following the historic Pretoria agreement which stipulated that the release of political prisoners should commence on September 1, 1990, and this process should be completed by April 1991.

Investigate

Human rights lawyers in the Eastern Cape were recently instrumental in setting up a committee to investigate Eastern Cape prisons where there have been complaints about conditions and the treatment of prisoners.

However, the SA Prisons Service spokesperson said they were satisfied that all people entrusted to its care were treated "humanely and in a responsible manner in accordance with internationally accepted standards".

A spokesperson for the Prisons Service referred to the announcement of the Minister of Justice, Mr Kobie Coetsee, on November 2 in which indemnity procedures were outlined.

"The procedure is the outcome of an agreement between the government and the ANC and is already pursued by ANC members and many others.

"The onus is thus on the prisoners themselves to utilise these channels to expedite their release."

The allegations that the government was not abiding by the Pretoria Minute was rejected, he said.

"The delay that is experienced is caused by people outside the government who are misdirecting and misleading prisoners willingly and unwillingly."

Aids now greatest threat to women

Sowetan 22/11/90

92

CONTRACEPTION is no longer the main aspect of health women have to worry about. The dreaded Aids disease has also come into focus, raising concern and demanding women's attention.

A third of the total Aids patients were women, according to psychologist and head of the local Aids Centre, Mrs G Christie.

These statistics, she said, had to be examined with "a serious eye", considering that if women were wiped out by the disease a lot of children would be orphaned.

Addressing a Transvaal United African Teachers Association (Tuata) seminar on "Women and Aids", Christie said the Aids epidemic had affected

By SIZAKELE KOOMA

women's lives tremendously and even robbed them of their dignity and right to express themselves as women.

"Aids' puts pressure on pregnant women to abort when tests prove they are HIV positive and encourages a policy of enforced sterilisation to be used on them.

Risks

"It threatens the livelihood of prostitutes, who are said to be high risks and exposes adolescent females to the danger of infection as older men seem to be going for them."

She said rape victims and women married to Aids-infected bisexual men experienced trauma following what happened to them.

Despite all this, they also carried the responsibility for curbing it.

"Women are the fabric of society and are required to hold families together. Their multiple roles in regard to Aids include the responsibility to give sex education to their children, assert control, practice safe sex and always say 'no'," she said.

For women to be successful in carrying out their duty to educate people about Aids, the present male-dominated and sexist society had to be changed.

Women had to be seen as equals of males in social, political and economic fields, Christie said.

Mr S Ramburuth, who spoke about the psychosocial aspects of Aids, said people's ability to deal with the disease depended on the rate at

which they were informed.

"The belief that Aids affects people of particular social groups works against efforts at dealing with the disease.

"It provides a complacency among those who believe they are not affected and this contributes towards the spreading of the disease.

"The tendency to connect HIV infection with morality also makes it difficult for infected people to deal with the disease.

"Society blames them and holds them responsible for the spread of the disease.

"All these attitudes are defence mechanisms that allow people to deny the existence of Aids and push the responsibility of dealing with the epidemic to those they believe responsible for spreading it," Ramburuth said.

Aids doctors quit SA

CMV News
21/11/90

92

DURBAN. — Six foreign doctors fled King Edward VIII Hospital here this year and went back to Europe because of the Aids threat facing the medical profession.

At the same time the recruitment of foreign doctors to South Africa is becoming more difficult because of the problem.

The medical superintendent, Dr Justin Morfopoulos, confirmed that six interns who came to King Edward earlier this year took stock of the high level of HIV positivity, packed their bags and resigned because of the Aids threat.

He said 12 foreign interns were needed to make up the complement at the hospital next year. It was not certain the posts would be filled because of the difficulty in recruiting foreign doctors to Natal, where two percent of the heterosexual black community are now believed to be HIV-infected.

Since the disclosure that a doctor and a nurse from Natal — the first in South Africa — became HIV positive after contamination from Aids-infected

ed instruments, fears among the medical profession have come to a head.

Surgeons prick their fingers on average during one out of every four surgical procedures, according to the chairman of the Natal coastal branch of the Medical Association of South Africa, Dr Fanus du Toit.

He set certain guidelines for doctors in private practice: "Treat every patient with a high level of suspicion, specially those who have lost weight and have advantageous infections (for example an unusual pneumonia), obvious homosexuals, those with multiple partners.

"In theatre, facial shields, goggles which prevent blood splattering into the eyes, double gloves and all other precautions should be taken."

Dr Ruben Sher, of the Aids Advisory Unit at the Institute of Medical Research, said contamination was avoidable if staff took precautions.

The chances of becoming HIV-infected from a "needlestick injury" were one in 250. There had only been 28 cases of "needlestick" infection in the world — including the two from Natal. — Sapa

New AIDS gloves

92

Spencer
2/11/90

A NEW cut-resistant surgical glove has been developed that apparently greatly reduces the chance of surgeons contracting Aids while working on HIV-infected patients.

A recent survey in the United States showed that orthopedic surgeons accidentally cut themselves on average four times a month during operations.

Threads

The glove, which is made from gossamer threads and is 10 times stronger than steel, will give doctors and other medical specialists greater protection when dealing with situations which could expose them to Aids.

A spokesman for the manufacturer said, "While the product is not totally cut-proof it does provide a great amount of security and peace of mind for those involved in surgical procedures and rescue work involving unknown patients" - *Sapa*

Life insurers agree on AIDS model

LIFE insurers, whose financial exposure to the AIDS crisis is greater than that of other sectors, have agreed on a future scenario for the disease which is less pessimistic in its forecasts than most other models. *By 2011/90*

Some predictions have estimated that 50% of the adult population will be infected with AIDS by the year 2000.

Sanlam chief actuary Chris Swanepoel said the new model predicted figures well below those suggested by other models, although he stressed the projected figure was still alarmingly high.

At a recent seminar on AIDS in SA, organised by the Actuarial Society of SA, life insurers agreed on the framework of a

GILLIAN HAYNE

new model which traced the likely future development of the disease. This model could provide the basis of a unified approach by life offices in the future.

Details of the model have not been fully worked out yet, but are expected to be known early next year.

The model, developed by Metropolitan Life actuary Peter Doyle, is based on the prevalence of the HIV virus.

It gathers data from four sets of people — those who donate blood, those who attend antenatal clinics, family planning clinics and sexually transmitted diseases clinics.

MEDICAL personnel have been warned to treat each patient as a potential carrier of the Aids virus.

The warning from Cape hospital superintendents follow week-end reports of a doctor and nurse in Natal who were tested HIV-positive after being pricked by syringes which contained Aids-infected blood.

A spokesman for Groote Schuur Hospital said special containers which receive all sharp instruments were placed in the hospital four years ago.

"Our medical personnel have strict instructions to place all sharp instru-

ments into these containers and not to handle used 'sharps' in plastic bags.

"They also have instructions of how to handle needles in such a way to prevent being pricked.

"Emergency supplies are available to treat any

Medical personnel warned over AIDS patients' treatment

such injury within minutes," he said.

He said the hospital personnel should try not to treat accidents as special situations.

"Safety precautions while treating patients with HIV are part and parcel of correct medical procedure that all medical

personnel should adhere to and practise."

Head of an HIV clinic in a provincial hospital, Dr Frank Spracklen, said he did not know of any other medical workers in South Africa who have tested HIV-positive after being pricked by needles.

"Medical personnel

have enough exposure to what the risks are when dealing with HIV-positive patients. Knowledge can never be perfect and one should never let one's guard down, but a lot has certainly been done to inform them of the dangers and of safety precautions," he said.

Superintendent of the Hottentots Holland Hospital in Somerset West Dr Cato van Wyk said all medical superintendents have issued warnings about treatment of HIV-positive patients.

"Medical personnel should protect themselves against any bacterial infection," she said.

"Doctors and nurses don't always take the necessary precautions and I think that the Natal cases will make them more alert.

"Plastic masks, gloves and aprons are available. The World Health Organisation estimated about four million HIV-infected people in Sub-Saharan Africa in 1989.

Sowetan Correspondent.

92
Sowetan
21/11/90

Doctor not told patient had Aids

Cape Times 20/11/90 (92)

By PETER DENNEHY

AN anaesthetist at Groote Schuur Hospital was deeply upset recently when he discovered that nobody had told him one of his patients was known to be a carrier of the Aids virus.

This was confirmed yesterday by another anaesthetist at the hospital, a senior doctor who may not be named. He referred the Cape Times to a Western Cape spokesman on Aids for comment on the matter.

The Aids spokesman said health-care workers handling HIV-positive patients were obliged to inform all fellow workers who were likely to handle that patient, of his or her condition.

"They have a right to be told," he said. "Not telling those concerned amounts to negligence."

The medical superintendent on

JOHANNESBURG. — A new cut-resistant surgical glove has been developed that apparently greatly reduces the chance of surgeons contracting Aids while working on HIV-infected patients.

A recent survey in the US showed that orthopaedic surgeons accidentally cut themselves on average four times a month.

The glove, which is made from gossamer threads and is 10 times stronger than steel, will give doctors and other medical specialists greater protection when dealing with situations which could expose them to Aids. — Sapa

duty at Groote Schuur last night said he was not familiar with this particular incident, but it was not impossible for something like this to happen.

Health workers who dealt with an HIV-positive patient should

be told of the patient's condition, he said. This was done by word of mouth, as a moral problem did arise with putting this information prominently on the patient's folder, for example.

"We do use colour-coded stickers on folders to make everyone aware, for example, that certain patients are infectious, in general, and should be handled carefully.

"Yet we regard the confidentiality of diagnosis highly, too."

He explained that it would not be appropriate to advertise someone's HIV-positive diagnosis, by means of a sticker on their file, to hospital porters who had nothing to do with the patient, or other passers-by.

● Doctors in Natal have put forward a request that Aids should be made a "notifiable condition", which means doctors would be legally obliged to notify the authorities of each Aids patient.

Puppets tell us all about Aids

Stc 2/11/90
92
"Puppets Against Aids", a small band of people using puppets to educate, almost playfully but deadly seriously, have planned an extended programme of performances.

Already this year Puppets Against Aids, a comprehensive Aids education and awareness programme, has toured Zambia, Namibia, Ciskei, Transkei and parts of Transvaal and the Cape Province. Next year Lesotho, Swaziland, Natal Zimbabwe and the Free State feature on the itinerary.

The puppets act out a simple drama which educates people about the dangers of this killer disease.

Venues are: November 24 during the World Aids Day Parade in Soweto; November 26 a lunch-time show in the Jack Mincer Park; November 27 lunch-time show in the Oppenheimer Park; November 28 at the Oriental Plaza; on November 29 and 30 at the Aids symposium at the University of the Witwatersrand; December 1 during the Youth Health Services Parade in Hillbrow.

— Medical Reporter.

Japan⁽⁹²⁾ finds new Aids^{Sowetan} 19/11/90 technique

TOKYO - A technique for detecting the AIDS virus in human blood that is more effective than existing methods has been developed by Japanese telecommunications giant Nippon Telegraph and Telephone Corp, NTT president Masashi Kojima announced.

The laser magnetic immuno-assay method was jointly developed by NTT's research and development unit and Japan's National Institute of Health, Kojima told a news conference.

Testing

More clinical testing will be necessary before this method can be used for medical treatment, he said.

The new method uses laser technology to detect a compound of magnetic particles and synthetic antibodies which have attached themselves to AIDS virus cells in AIDS-infected solutions.

Magnets are used to draw the magnetic particles together, and laser beams then pick out only those which have fused with the virus, an NTT spokesman said.

Effective

He said the laser magnetic immuno-assay method is 100 times more effective than other methods because the magnetic particles draw the AIDS virus cells together and facilitate detection.

Existing methods use various enzymes instead of magnetic particles. NTT's method is the first to use laser technology, he added. - Sapa-Reuter.



Time for ostrich approach to Aids to end, say doctors

Own Correspondent

DURBAN — Doctors, stunned by disclosures last week that two members of the medical profession had tested HIV positive, have gone on an Aids red alert.

Fearing that their lives may be in danger, several doctors at the weekend called for the veil of secrecy shrouding Aids to be lifted.

They have also asked for the disease to be made notifiable and demanded the routine testing of patients before treatment.

The medical profession was shocked last week when a young woman doctor at a Natal hospital and a nurse were found to be HIV positive — the first health workers in the country known to have been infected during the course of duty.

They were infected by "needle-stick" injuries.

"Everyone in the profession is at risk, particularly surgeons and those in the maternity units," a senior doctor said yesterday.

"It's a worsening situation and until a vaccine is developed, all one can do is be as careful as possible," he said.

Screening

A gynaecologist said: "I think we (doctors) have faced Aids like ostriches with our heads in the sand. The best way to deal with it is to start routine screening.

"Now I only do HIV tests on patients who are WR positive (have a sexually transmitted disease). If I found a patient was infected, I don't know how I would react. There would certainly be some fear and I would certainly take extra precautions," he said.

Another surgeon voiced his concern about the risk doctors are exposed to: "I

never really think about Aids when I am operating. I have had plenty of needle stick injuries during surgery, but it has been estimated that the risk of developing Aids, even from a needle stick injury, is very low".

He added: "Something has to be done. There should be screening of patients and immediate use of protective gear such as goggles and disposable gowns, and there should be full Aids cover."

Epidemic

The dean of Natal University's medical faculty, Professor Derek Arbuckle, said Aids confidentiality had perhaps been taken too far.

"We have to fight the epidemic with both hands, not with one hand tied behind one's back. This condition poses the greatest professional risk, yet we are more constrained in dealing with it than with any other.

"Some feel Aids should be

a notifiable disease and I tend to agree. Confidentiality applies in the context of any contact between a patient and doctor, and I don't think Aids should be seen any differently," he added.

Insurance brokers Dewar Rand is one of the first South African firms to offer cover for doctors who are found to be HIV positive.

The saddest aspect of the Aids crisis is the growing number of infected babies and young children.

Figures released by the Department of National Health and Population Development last week showed that 73 cases of Aids among children under the age of nine had been reported by the end of last month.

The figure was up from 30 reported by late September and 24 in August. Most cases were reported from the Durban and Johannesburg areas.

Cost of AIDS ⁹² S/Times 18/11/90 spirals

By RYAN CRESSWELL

CASH-STRAPPED health services in Natal have spent R8-million in the past seven months on protective equipment for medical staff because of the AIDS threat.

It is believed that health services in other provinces have had to fork out similar amounts for protective equipment this financial year, which began in April.

This huge expenditure came to light after Natal MEC for hospitals Peter Miller announced on Friday that two members of the medical profession employed by the Natal Provincial Administration had become the first HIV-positive cases in South Africa to be infected by contaminated medical instruments.

Needles

The two are a young woman doctor and a nurse from the Matatiele area. They apparently contracted the AIDS virus after being pricked by syringe needles, an occurrence known as sero-conversion.

Five other people in Natal have suffered similar accidents and are waiting to see if they will become HIV-positive.

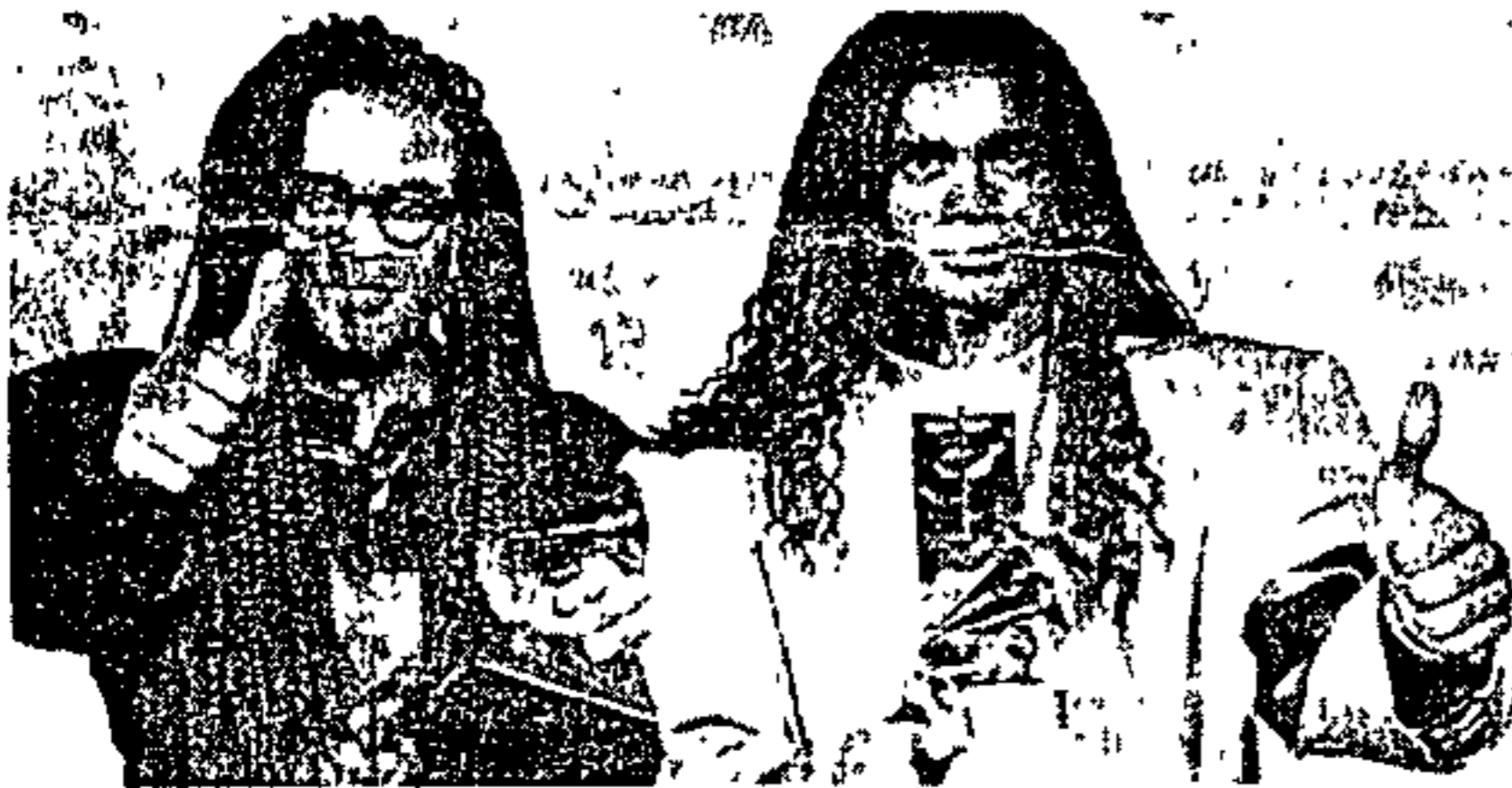
Mr Miller said yesterday: "We have tried to make things as safe as is humanly possible for our staff, but the expenditure has made an unexpected dent in our health budget."

Doctor, nurse Aids tragedy

Chit Tink
17/11/90

92

Top pop group Milli Vanilli did not sing a note



POP FRAUDS . . . Milli Vanilli's Rob Pilatus (left) and Fab Morvan pose with their Grammy awards after winning in the best artist category this year. Pilatus has confessed the group didn't sing a note in the song. Picture REUTERS

NEW YORK. — The rumours are true: Milli Vanilli — the pop duo whose music career earned them millions of rands — never actually sang on their multi-platinum debut album or hit singles.

The group's German producer, Mr Frank Farian, announced on Thursday that the bare-chested "vocalists", Rob and Fab, had been hoaxing fans for years.

The disclosure means that Milli Vanilli might lose their 1989 Grammy for Best New Artist.

Mr Farian would not say who the real singers were but added that they would appear on his next album — not a Milli Vanilli album.

"Girl You Know It's True" and "Blame It On the Rain" were both huge hit singles for the band.

Mr Michael Greene, president of the National Academy of Recording Arts and Sciences, said the singers may be stripped of their Grammy.

"If there's been a substantial, fraudulent, misrepresentation, I think there is a strong likelihood that the academy would have to take some action," Greene said from Los Angeles. — Own Correspondent and Sapa-AP

DURBAN. — A young woman doctor and a nurse, both from Natal, have become infected with the Aids after being pricked by syringes containing infected blood.

It is believed these are the first sero-converted (Aids infection from a needleprick injury) in Africa.

Mr Peter Miller, Natal's MEC in charge of health, confirmed yesterday that a young woman doctor at a Natal hospital and a nurse from the Zululand area have become HIV-positive.

The head of the Aids Advisory Committee in Natal, Professor Dennis Pudifin, said both the doctor and the nurse "are shattered by what has happened to them".

Both had become infected since "doing no procedures involving the use of needles . . . but appealing for their identities not to be disclosed".

So far, there have been seven people in Natal who have been pricked, but only two have sero-converted.

The doctor sero-converted within a month and the nurse found out she was HIV-positive about six months later.

Hospital workers face an escalating risk of infection from contaminated blood as the Aids infection figure in South Africa spirals.

Cape test

Latest statistics show that up to one in 100 black patients admitted are HIV-positive. It is predicted that this figure will climb to one in every 30 black patients within 15 months.

Up to seven Cape Town medical workers have pricked themselves with syringes containing infected blood in the past year.

Six of the seven have proved not to be HIV-positive.

The seventh case is believed to be a young nurse sister from Tygerberg Hospital.

The sister will know whether she has escaped the killer infection only when tests are completed next week.

A local Aids expert said last night the chances of being infected from a syringe were one in 300.

He said full protective measures including sterilisation and procedures were in operation at hospitals to protect health workers.

● About 100 000 people in South Africa are infected, with the total number doubling every year, according to a survey conducted by Johannesburg's City Health Department.

By the year 2010, between 10% and 40% of the black population may be infected by the Aids. — Own Correspondent and Sapa

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Mayor calls for peace in Khayelitsha

By CHRIS BATEMAN

CAPE TOWN Mayor Mr Gordon Oliver yesterday made a plea for peace in Khayelitsha, saying the only hope was for the ANC to resume talks with Cape Administrator Mr Kobus Meiring.

Mr Oliver's call — directed also to warring township community councils and ANC-linked civic associations — came on the eve of today's legal protest march in Cape Town.

The march is to call for the resignation of local township community councils and the lifting of the local unrest regulations.

A regional ANC delegation met Mr Meiring last month but called off last week's follow-up talks, citing "collusion" by Mr Meiring with the police in imposing the now-lifted curfew and the remaining unrest regulations.

Mr Meiring denied this, saying it seemed suspicious to have the ANC's "aggression" . . .

Murder — councillor in court

Court Reporter

A KHAYELITSHA town councillor appeared in court yesterday in connection with the murder of Mrs Nomsa Mapongwana, wife of Mr Michael Mapongwana, chairman of the Western Cape Civic Association.

Mr Zwelofikile Charles Mnikima, 33, was not asked to plead. He was granted bail of R400 in Mitchells Plain Regional Court.

Mrs Mapongwana died after being shot in the stomach on October 25.

The charge sheet was read by Mr G. Chetty, Mr B. C. Mankie was the prosecutor. Mr G. Meyer appeared for Mr Mnikima.

Chit Tink
17/11/90
278

Chilling warning SA Aids ⁹² decimation

By JANIS FRASER
Weekend Argus Reporter

W/lt AR643 17/11/90

POPULATION 15+

SOUTH Africa is facing a devastating Aids tidal wave poised to wipe out a huge percentage of its labour force.

But the country is so obsessed with the short-term impact of Aids that it is ignoring these long-term demographic implications.

That was the chilling premise Nedbank economist Edward Osborn put forward in Cape Town this week at a symposium titled: "Aids, will your business survive?"

He took the public and private sectors to task for costly "macho planning" to cope with the needs of an increased population which he believed would never materialise. He quoted authoritative projections which pointed to a nil above-age-15 population growth by the year 2000, coupled with a rapid growth in the number of HIV positive adults.

According to projections compiled by Old Mutual corporate actuary Graham Prentice — also a speaker at the seminar — South Africa's adult population figure would peak at just under 25 million in the year 2000. But because of Aids deaths, this would fall back to the present-day figure of 20 million by 2010.

Expansion 'pointless'

However by then, the projections indicate, over 40 percent of the adult population will be HIV positive, leaving a clear adult population of only 13 million.

There was little point going ahead with extensive low-cost housing schemes or the expansion of Eskom, Mr Osborn said. At the same time businesses should be concentrating on becoming capital intensive, keeping abreast of modern technology to prepare for a time when skilled, semi-skilled and even unskilled labour would be in short supply.

Answering questions from the floor, he said he inevitably foresaw the time when the State would be unable to pay for the treatment of Aids victims.

Care of the dying would have to left to the family.

"We will see the typical African situation of people dying under trees."

The present cost of treating one Aids patient was between R80 000 and R100 000. Extrapolating that into the 21st century would mean annual costs rising to over R80 billion, which would be an impossible burden for the State, bearing in mind the country's present total budget of around R70 billion.

He said he believed the medical profession and probably the media were being "too myopic" in their preoccupation with the immediate and near-immediate situation.

60-m population 'absurd'

"We do not have a perception of a tidal wave building up against us ... it is like wise men examining the level of the river at the mouth, seeing little change and assuring the people that all is well."

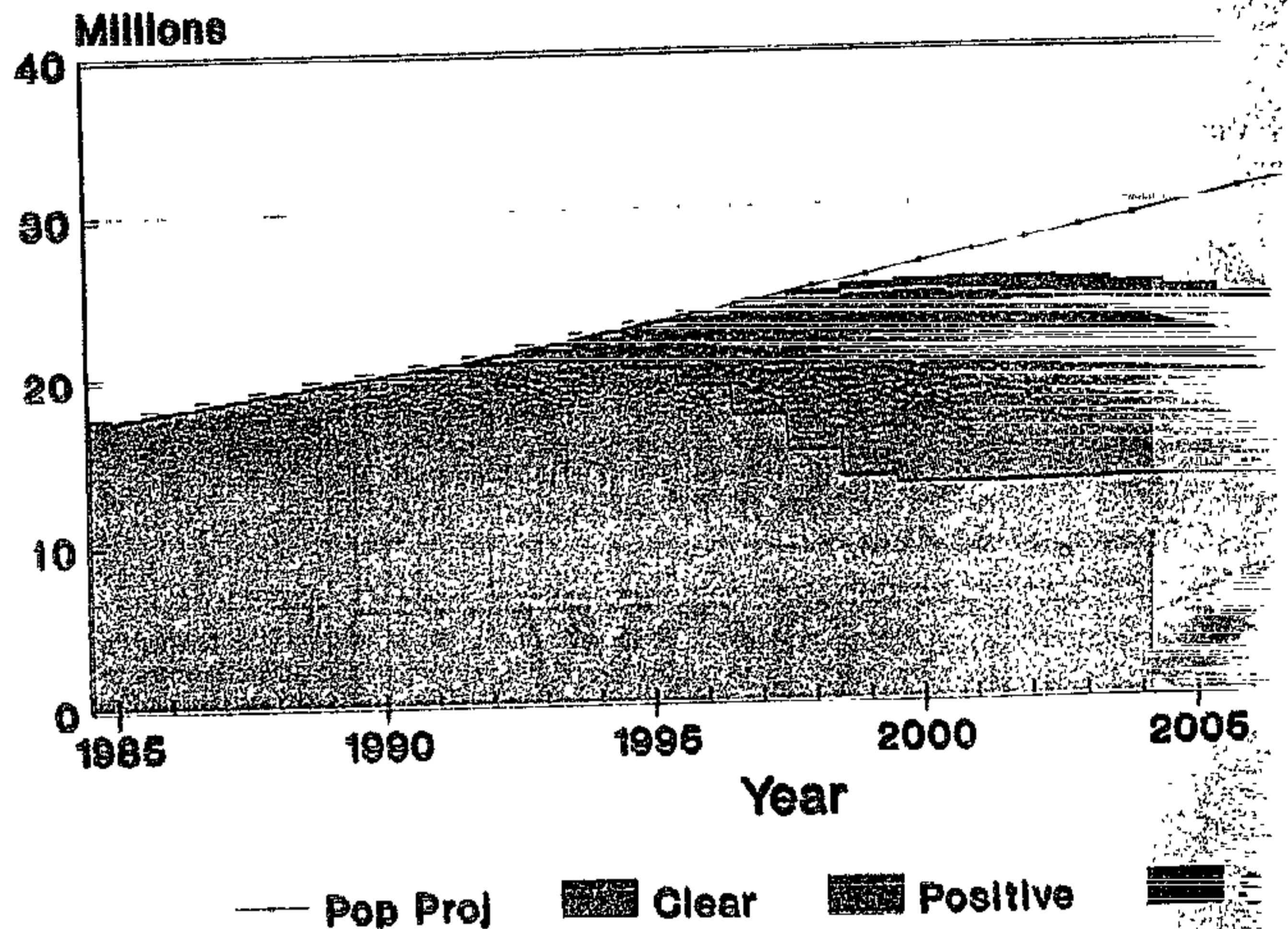
Acknowledging Mr Prentice's projections as those on which he would base his observations, Mr Osborn said an independent researcher with a leading industrial company had carried out elaborate mathematical work on the inherent growth functions of Aids which made the Old Mutual figures appear grossly understated.

"It is sufficient for my purpose to use Prentice's figures as indicative of the enormity of the epidemic and sufficient to bring out the issues involved."

The Urban Foundation, he said, was "almost absurd" to project a national population of 60 million and a black metropolitan population of 32 million by 2010 when, if the Aids factor was taken into account, the population would probably be around 40 million.

"There is a vast difference between 60 million and 40 million and it would be totally wrong and wasteful to plan housing development and urban development for numbers that will never materialise, at least in this time span.

"If overall population numbers are to return to today's level, why should there be any concern to provide for growth? Surely the emphasis must then shift to providing for any backlog and the reconstruction and upliftment of standards. For example, many townships or parts of townships are in need of total reconstruction and improvement of facilities such as water supplies, sewerage disposal, roads and lighting."



THE graph shows a population projection over the next 20 years of adults over the age of 15. The major magenta portion records the Aids-free sector, the blue portion indicates the rapid anticipated increase in HIV positive adults who have not yet become ill but will develop full-blown Aids within 10 years and the top red section shows those who will be dying as a result of developing full-blown Aids.

Possibly the most graphic illustration of macho planning, he said, was the country's electricity supply.

"We have today a capacity far in excess of the country's needs simply because of the application of past growth trends into the future. The rated generating capacity of power stations in this country is 32 400 megawatts and the peak demand reached for a few minutes on a cold July day in 1989 was 21 900 megawatts. We thus have a minimum excess capacity of nearly 33 percent, representing a book value of some R8 billion.

"I can add that another 10 000 megawatts generating capacity is on order. The vast expenditures on electricity generation, incidentally, have also had unexpected foreign debt obligations to which all economic and monetary policy is currently subordinated."

Mr Osborn said he believed the Aids epidemic, coupled with natural developments, was likely to lead to an upward shift in wage rates as a whole as well as a widening of the income distribution with a premium on skill.

Accurate forecasting

"This in a sense is a reversal of the trends of the 70s and 80s when there was an attempt to achieve a greater equality of wage incomes and rectify the injustices of the past."

Though he was hesitant to predict a general market trend, "what certainly is clear is that past growth rates and growth rates in the next few years of demand for a company's product will be a false basis for planning for the company in the medium and long term."

"The growth curves are likely to change quite markedly and the trick will be to forecast these, taking the new demographic and wage structures into account.

"The same of course applies to those companies exporting to African countries to the north of us. They have to take account of the even more disastrous demographic implosions there and the consequences to markets and economies."

'40 pc of black adults will be infected by 2010'

Jo'burg-Soweto now Aids capital of SA

Star 16/11/90 (92) ~~92~~

By Shirley Woodgate

Up to 40 percent of the total black adult population of South Africa may be infected with the Aids virus in 20 years' time.

This is the shock message of a report just released by the Johannesburg City Health Department.

It said the level of infection would depend on the availability of an effective vaccine, new drugs and the scope of preventive health education programmes.

The report said the Johannesburg/Soweto area is the Aids capital of South Africa where some 10 000 of the 100 000 people now infected with the virus have been diagnosed.

But the report said the killer disease's epicentre appears to be moving to Natal and KwaZulu.

Coinciding with the release of the report, Johannesburg's senior deputy medical officer Dr Nicky Padayachee issued an urgent appeal for greater efforts by Government departments to combat "the worst epidemic to hit the world since the turn of the century".

And Professor Ruben Sher, head of the of the University of the Witwatersrand's Department of Immunology added: "It is time the political leaders across the spectrum stopped talking politics and started talking Aids."

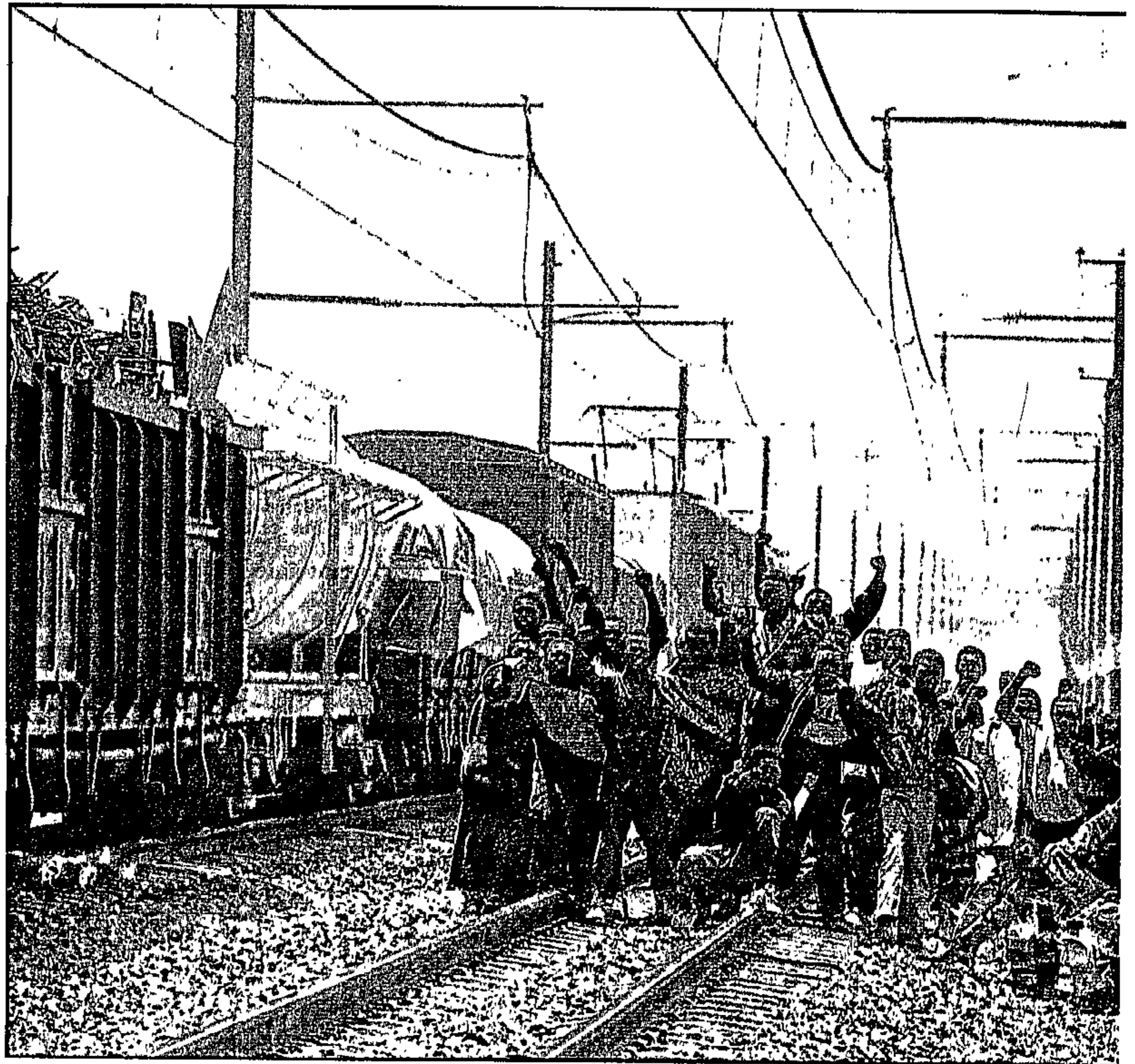
Shift

The report confirms findings that Aids, which was previously seen as largely a homosexual disease, has shifted heavily into the heterosexual arena.

Up to the end of last year, two-thirds of the country's reported Aids cases were transmitted by homosexuals.

However, a significant shift has occurred since the start of 1990 when more than half the reported cases have been transmitted by heterosexuals, mainly black.

Figures show that men account for nearly 80 percent of all reported cases.



Patrolling the perimeters . . . Xhosa men take up positions on the railway line skirting Zonkwezi where fighting broke out on Sunday night between warring factions. Report on Page 3.

Man shoots ex-wife then kills himself

By Anna Louw
East Rand Bureau

A mother of two primary school children is fighting for her life in hospital after being shot twice with a rifle

The woman was gunned down in her bedroom. The man then went to another bedroom, where he shot himself dead.

The couple's children, a boy and a girl sought help

R2-bn wiped off gold shares

Finance Staff

The combined effect of a strong financial rand and a drop in the gold price to below \$380 knocked nearly R2 billion off the market capitalisation of gold shares on the JSE yesterday.

This brought the gold



education programmes.

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Figures show that men account for nearly 80 percent of all reported cases.

Transvaal has the most cases, followed by Natal, the Cape and the Free State. "The SABC should seriously rethink its refusal to screen condom advertisements, and more education at schools level is essential in view of recent statistics from the Cape showing 70 percent of high school pupils are sexually active," Dr Padayachee said.

Professor Sher stressed that a side effect, largely overlooked by the media, was the effect of the Aids virus on tuberculosis.

The incidence of TB was far greater in South Africa than Aids, but the link was when the Aids virus, which depresses the immune system, reactivated TB which may be lying dormant.

"The Government is not providing enough money to educate the public about Aids and people themselves are simply not doing enough about safe sexual practice.

The World Health Organisation has predicted that an estimated 10 million infants and children in sub-Saharan Africa will develop Aids and die from the disease by the year 2000.



Patrolling the perimeters . . . Xhosa men take up positions on the railway line skirting Zonkwezizwe where fighting broke out on Sunday night between warring factions. Report on Page 3.

Man shoots ex-wife then kills himself

By Anna Louw
East Rand Bureau

A mother of two primary school children is fighting for her life in hospital after being shot twice with a rifle by her former husband in her home in Springs early today.

An ambulance spokesman said the man shot his former wife in the head and chest with the rifle before shooting himself in the head.

He died in a bedroom in the house.

The man went to the house early today and began arguing with his former wife.

The woman was gunned down in her bedroom. The man then went to another bedroom, where he shot himself dead.

The couple's children, a boy and a girl, sought help from neighbours.

Their mother was taken by ambulance to the Far East Rand Hospital, where she is in a critical condition.

The children were taken in by neighbours.

A police spokesman said detectives were at the scene investigating.

They have not yet released the names of the couple.

Widower, maid murdered

Staff Reporter

An elderly Johannesburg widower and his domestic worker were found murdered in their house in Sydenham yesterday afternoon.

Police said Chrysotomos Tellides (71) and Lillian Makgale (44) died of multiple stab wounds. Their bodies were discovered by a neighbour at about 3 pm in the Sneddon Street house. Police were immediately alerted.

Witwatersrand police liaison officer Captain Eugene Opperman said robbery appeared to be the motive.

Mr Tellides lived alone in the house following the death of his wife several years ago.

Brixton Murder and Robbery squad detectives were on the scene until late yesterday searching for clues.

Colonel Chris Earle, head of the Brixton Murder and Robbery Squad said today there were at this stage no suspects. "It appears as if this case will be very difficult to solve."

There appeared to be no signs of forced entry.

Mr Tellides is survived by three children, George, Maria and Johanna.

R2-bn wiped off gold shares

Finance Staff

The combined effect of a strong financial rand and a drop in the gold price to below \$380 knocked nearly R2 billion off the market capitalisation of gold shares on the JSE yesterday.

This brought the gold share index to 68 points below the previous year's low reached in June, closing at 1253.

Yesterday's drop was about R1 924 000.

The gold price lost \$5,20 in London yesterday to a close of \$379,25 after an \$8 fall in New York the previous day.

However, in New York last night, it closed \$1,50 up on the day at \$379,10.

Weekend will be warmer

No significant break is expected in the present dry weather pattern over most of the country for at least the next four days.

A Weather Bureau spokesman said showers had been reported in the Pietersburg area yesterday but sustained rain was needed.

The weekend forecast for the PWV area is "sunny and warm" with temperatures up to 26 dec C on Sunday. Over the Transvaal there will be a 10 percent chance of showers tomorrow.

● Weather details — Page 3

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'Aids is far scarier than I realised'

92
16/11/90

Doomsday forecaster says worse to come

The Argus Correspondent

DURBAN. — Aids "doomsday" forecaster Mr Keith Edelston, rapped for his frightening predictions two years ago, has an even bigger shock up his sleeve.

He is working on an update of his book, *Aids, Countdown to Doomsday*, which is planned for release early next year. And his new book is even more disturbing than the original, which he says was far too optimistic.

"The idealists will squeal, the vocal medical minority will get hot under the collar, and the realists will say: 'I told you so'," Mr Edelston said.

Mr Edelston, of the Johannesburg-based Aids Economic Research Unit, raised a storm of protest and was labelled "alarmist" when he predicted two years ago that 45 percent of black people would be dead or dying from Aids by 1996 and six percent of whites would die of Aids by the year 2000.

New figures

Now he believes that between 22 and 55 percent of the black population could be infected by 1996. At worst, infections could reach 70 percent.

Worst off will be the Durban functional region, mainly because of what he calls drivers' "tea breaks". Drivers from highly in-

fectured regions in the north reach the end of their run in the port city and perhaps sleep with local women during the two days they wait while their vehicle is off-loaded.

Among his predictions are:

- At worst, about 50 percent of Durban's sexually active black population will be HIV positive by 1993 and 70 percent by 1995. Durban's best case scenario (equivalent to the Cape's worst case scenario) is that 50 percent will be infected by early 1995;

- For the country as a whole, about 40 percent could be infected by 1994, and 60 percent by 1997;

- By the end of the century, all high-risk people, which could be as high as two-thirds of the population, will be infected. The highest number of deaths could occur

between the years 2000 and 2005.

- As Aids affects production in Central Africa and Latin America, South Africa's export earnings could increase dramatically.

In spite of the dire predictions, Mr Edelston repeated his "please prove me wrong prognosis".

"We have until 1992 to educate people," he said. "If education has not changed behaviour by the end of 1983, sheer numbers of infected people will make it unfeasible to continue spending vast sums on education. Then that money should be pumped into something else."

The Medical Research Council's Dr Robert Schall and Witwatersrand University's Dr Nicky Padayachee urged "real scientists" to highlight "the real danger, which is great enough without exaggeration".

47 SA deaths from Aids this year

JOHANNESBURG. — Aids has claimed 47 lives in South Africa so far this year.

The disease, which has claimed 250 people in eight years, is widespread among men between 20 and 40 years old, according to statistics released by the Department of National Health.

This year 47 patients out of 216 reported cases were killed by the disease, compared with 77 who died last year.

At least 263 people aged between 20 and 39 years have died since the disease broke out eight years ago.

The department said 554 cases had been reported, mostly in the major cities. Johannesburg had reported 198, Durban 86 and Cape Town 81.

The disease was most widespread among homosexual white men, of whom 248 had contracted the disease. — Sapa.

... was widely expected —
but warned that political turmoil
could send the sterling plummeting.

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Top US Aids team for SA

CAT Hits 15/11/90

Own Correspondent 92

WASHINGTON. — President George Bush is planning to send two senior advisers to South Africa in the new year to help lay the groundwork for a new regional Aids initiative.

Health and Human Services Secretary Mr Louis Sullivan and Mr Ronald Roskens, head of the Agency for International Development, are scheduled to be in SA from January 13 to 15.

● A local Aids expert last night agreed that only minimal steps were being taken to combat Aids in South Africa.

The ANC had been given "between R30m and R40m" to help treat members returning to SA from exile who may be HIV-infected, he said.

The ANC was "certainly" looking after its own members as it had "a problem" with infection among exiles, but wouldn't have any impact on the broad population.

Rank your own

Aids claims 47 lives in S Africa this year

87-1 (4/11/90) 92

Aids has claimed 47 lives in South Africa so far this year, as figures of victims rise steadily every year.

The disease, which has claimed 250 people in eight years, is widespread among men between 20 and 40, according to statistics released yesterday by the Department of National Health.

The figures, based on data supplied by the South African Institute of Medical Research, go up to the beginning of November.

This year, 47 of 216 reported cases were killed by the disease, compared with 77 last year, the department said.

At least 263 people aged between 20 and 39 had died since the disease broke out eight years ago.

The department said a total of 554 cases had

been reported since.

Most had been reported in the major cities of Johannesburg (198), Durban (86) and Cape Town (81).

The disease appeared widespread among homosexual white men, of whom 248 contracted the disease out of a total of 282 cases.

The majority of black people afflicted by Aids were heterosexuals, numbering 80 among males and 91 among females.

Two hundred and fifty blacks had contracted the disease since 1982, the department said.

Only five positive cases had been identified among Asians, all of them males.

Seventeen coloured cases had been reported, among them four females. — Sapa.

Aids could push up wages, says expert

CAF text 14/11/90

Staff Reporter

92

THE Aids epidemic could lead to an increase in wage rates as black unskilled workers in urban areas grew scarce in the marketplace, according to Mr Edward Osborn, of the Nedbank Economics Unit.

Speaking at an Aids seminar in the city yesterday, Mr Osborn said black unskilled workers in the urban areas were likely to be the most severely affected by the disease. South Africa's labour problem would swing from an excess of unskilled workers to a relative shortage of unskilled workers.

Careful account must be taken of massive demographic factors like the Aids epidemic, he said.

It was "absurd" that the Urban Foundation was projecting a national population of some 60 million people by 2012.

"If Aids is taken into account, the population will probably be in the order of 40 million people."

AIDS - COMPASSION MAKES SENSE, FEAR DESTROYS

— out of every 160 South Africans will be black. And unless we succeed in turning around the economy within this decade, 55 of those 64 will live in abject poverty and squalor.

That is mainly where the human immunodeficiency virus (HIV), the virus which causes Aids, finds its easiest victims.

We have two choices

(1) Follow the Conservative Party's Patriot recipe — separate, isolate and ostracise in order to buy "white survival in a sea of Aids" — that's how Die Patriot put it on October 12. This plague mentality will trigger a local and international backlash such as South Africa has never experienced.

(2) Accept and encompass the problem and take positive, creative action. Demonstrate

solidarity and compassion. This is the moral response and the only way to meet the unprecedented challenge of Aids.

Aids makes no distinction as to colour, creed or sex. Individual behaviour decides the odds, not the belonging to one or other risk or race group.

Compassion makes sense. Fear destroys.

In no other area is a moral response more important than in the workplace. Working South Africans live in two worlds as different as day and night: the world of work, which is integrated, and the world of daily living, which is still largely separated.

Aids will not leave the workplace untouched. At least four

out of ten workers will be affected by Aids within the next seven to 10 years.

What will our response be? Are we going to re-introduce separation in the workplace? Are we going to screen out, and pay off, millions of infected and diseased, irrespective of their capacity for productive work?

Morally aside, there are practical reasons why this would be the wrong response. For screening to be effective it would have to be repeated every three months on a total workforce of about 10 million. We are now talking about 40 million tests a year — costing R4 billion and achieving nothing.

If an employer tests existing

employees and finds them to be HIV-positive but perfectly capable of doing their job for another five to seven years, he

also takes on the moral obligation to provide counselling and preventive treatment at a minimum cost of R10 000 an em-

ployee — every year. Who will pay?

South African employers are at present free to choose whom they wish to employ and whom not. An Aids exclusion policy will lead to labour unrest, throwing the infected back into unemployment and poverty, which will dramatically accelerate the spread of Aids.

If, on the other hand, only a small number of businesses adopt a generous Aids policy, they will become inundated by HIV-infected people and those firms will find their proportion of infected workers much higher than the average.

For these reasons business has no choice but to take a unified, positive stance on Aids. It

must establish a binding code of conduct.

Like the recent agreement between government, employers and unions, a comprehensive Aids agreement needs to be negotiated, which would meet the standards of the International Labour Organisation and serve national, corporate and individual interests.

A practical corporate policy on Aids would have the following three main components:

(1) Treat Aids as any other disease or disability in terms of recruitment, transfer or dismissal policies. Restrict screening to jobs in which work arrangements can be manipulated for infected employees.

(2) Launch a comprehensive

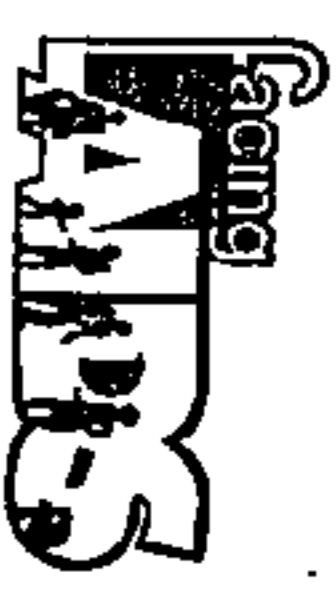
education campaign in the firm but fair rules governing working relationships between the infected and their co-workers. Involve workers and their unions from the start in the negotiations.

(3) Support the creation of community-based, cost-effective Aids treatment protocols and negotiate these with medical aid societies and health insurers.

Employees also have responsibilities.

In return for compassionate and fair treatment by the employer, employees need to review their behaviour as far as potential HIV-infection is concerned.

Only a national Aids policy and strategy supported by a wide spectrum of leadership can establish that sorely needed trust. □



Depart
FRIDAY
ACTIVE
SATURDAY



Depart
SUNDAY
ACTIVE
MONDAY



Depart
TUESDAY
ACTIVE
WEDNESDAY



Call to protect school seniors with condoms

w/E ARGUS 10/11/90
92

By JANIS FRASER Weekend Argus Reporter

CONDOMS must be made available immediately to senior school pupils and every school must have a trained Aids educator if the state hopes to win the education battle against the killer disease.

That's the strong warning of Aids expert Dr Malcolm Steinberg, chief medical officer at the Centre of Epidemiological Research for Southern Africa. He believes parents, teachers and pupils should become involved in lobbying for the primary and senior schools education campaign.

Sexual activity

Dr Steinberg said a study taken at four schools in the Peninsula demonstrated a distressing lack of knowledge among pupils about Aids and at the same time showed there was a high percentage of sexual activity.

With predictions on target of a doubling of Aids cases every nine months, there is a clear need for state intervention to provide facts about safe sex Dr Steinberg said.

"It is naive to only call for for abstinence."

He said teachers, parents and pupils must become involved. Credible people should be drawn from school communities to be trained as Aids advisers.

In the short-term, information which is already available should go out to all schools. In the medium-term, means should be provided to implement prevention with condoms accessible in all schools. In the long-term, the plan must be for sustained intervention, the only way to promote a behaviour change.

"I see the long-term as one year, the medium-term a couple of months and the short-term tomorrow," Dr Steinberg said.

He envisages trained educators coping with more than one school. "It is better that short bursts of input are repeated term by term."

"The thing becomes relative when a community is surviving on a day-to-day basis of despair."

Dr Steinberg will be one of a group of experts to address a top-level seminar next week on the economic implication of Aids in the business sector.

The one-day seminar will be held at the Cape Sun on Tuesday. Details: Dr John Simpson or Louise Banks, 25 2227.

AIDS baby boom

S/ Times 11/11/90

92

By FELICITY LEVINE

AT least one AIDS-infected baby is being born in South Africa every day — and most mothers are too afraid to tell the fathers the truth.

At Soweto's Baragwanath Hospital alone 300 AIDS mothers have given birth this year. The figure last year was 100.

AIDS expert Professor Ruben Sher said the only way for South Africa to avert disaster was for victims to face the truth and take proper precautions.

He estimated that one in every 150 women in PWV townships could be infected, but so far there were no infected white babies on record.

Angry

"AIDS is spreading at an alarming rate because people are promiscuous. Every time they move they take the virus with them," he said.

"We are in the acute stages now and people must stop denying it."

Official statistics give the number of children with AIDS as only 69 — but experts dismiss this figure as "the tip of the iceberg".

SA faces a lost generation of HIV-positive children

While unwilling to confirm the figures, specialists at the hospital agreed that paediatric AIDS was on the increase.

Paediatrician Dr Ian Friedland, who heads the Baragwanath AIDS unit, said:

"We do not officially screen for AIDS and have no means of keeping track of all the women who give birth here.

"Our conservative estimate is that at least 100 HIV-positive women gave birth last year, and 300 this year.

"The figure could even be greater."

Mothers are spreading the virus because they are afraid to tell their husbands and lovers they are infected.

The plight of these women is pitiful as they watch their babies die, knowing they are dying themselves.

This week young mothers who are out-patients at Baragwanath spoke of the agony of bearing their AIDS-burden alone.

"When I am at home and my child is not ill, I forget we are both dying. But, when she gets sick and I bring her to the clinic, the nightmare starts again," sobbed a 20-year-old Alexandra mother.

"I breast feed even though it spreads the virus to my child. If I stop, my husband will ask me why and I cannot tell him we have AIDS."

A beautiful 22-year-old Thokoza mum was shattered this week when she was told

she and her four-month-old baby were HIV positive.

Gazing down at her doomed child, she said: "I have not even told my husband ... I just tell him the child is sick."

"He would be angry with me. My mother, who has a hot temper, would beat me."

The baby is undersized, has chronically swollen glands and a cough.

She was admitted to Baragwanath a week ago with pneumonia. Now she is well enough to be discharged until the next bout of infection strikes.

Dr Friedland said 11 children and their mothers were under his supervision.

"The number varies because many never come

back once they are diagnosed positive," he said.

"Denial is a key reaction and getting them to tell their husbands or take precautions is extremely difficult."

Despite high-profile education campaigns, township men are still reluctant to take precautions.

Few people have changed their lifestyles and many men readily admit to having more than one partner.

A recently-diagnosed HIV-positive single mother from Soweto considers herself lucky because she does not have to tell her boyfriend they and their baby have AIDS.

"He was killed in a gunfight in Soweto last month, so I don't have the problem of telling him," she said.

The 18-year-old woman decided it was preferable not to have sex rather than take precautions.

Chronic

"I cannot ask a man to wear a condom. He will be suspicious," she said.

The single mother has just recovered from an attack of tuberculosis. Baby Siphos receives monthly shots of intravenous anti-bodies at Baragwanath to boost his immune system.

Doctors consider him a good candidate for the expensive treatment because his mum is punctual with her appointments.

"Given on a monthly basis, the serum keeps infection at bay and Siphos is one of our healthier babies as a result," said Dr Friedland.

"But there is no cure. AIDS babies are like children who are always sick."

"They have chronic symptoms of diarrhoea and enlarged glands and their growth is stunted," he said.

"They die when a bad attack of pneumonia strikes."

"Taking precautions is the only way to prevent AIDS, as the virus is sexually transmitted," he said.

"AIDS spreads because it has a long incubation period of up to 10 years during which you yourself may not be sick, but you can pass the virus on."

'Exploiting' scientists rapped

(92)

sovela 9/11/90

Staff Reporter

SCIENTISTS who try to exploit the media by feeding journalists sensational predictions about the Aids epidemic get a rap across the knuckles in the latest edition of the *South African Medical Journal*.

In an editorial, authors Dr Robert Schall of the Medical Research Council and Dr Nicky Padayachee of the University of the Witwatersrand, say sensational stories actually hinder Aids prevention because it is seen as a hopeless task.

What also happens is

that "doomsday forecasts are often so implausible that few believe them in the first place, and eventually they are proved wrong.

"In the process they damage the credibility of all Aids forecasts, including realistic warnings of a danger that is great enough without exaggeration."

But, the authors write, "this is not the usual attack on the sensationalism of the media. The

doomsday forecaster is not a journalist" but someone on the fringes of the scientific community.

"It is not the media that exploit science and the scientists, but the 'scientist' exploits the media and their eagerness for newsworthy items. Real scientists should highlight, in the popular Press, the real danger, which is great enough without exaggeration."

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Surgeons seeking protection from Aids

Jewett 9/11/90

92

By MOKGADI PELA

FOLLOWING work in California that shows HIV-infected blood can indeed infect human tissue - even penetrating surgical masks - British surgeons are pressuring health authorities to provide airtight body-exhaust suits.

The cry for "moon suits" was sparked by Stanford University research discussed at a London orthopaedics meeting.

The purpose of the suits is to prevent inhalation of blood carried in fine mists stirred up by power tools.

According to California researchers, the virus thrives in tiny aerosol blood particles that can penetrate surgical masks in much the same way as smoke does.

There is mounting concern among Canadian surgeons about the issue, said a senior orthopaedic surgeon, an article in *The Medical Post* stated last week.

Testing

Testing for aerosols about 18 months ago, Dr William Robinson of Stanford University's department of medicine in Palo Alto, and orthopaedic surgeon, Dr Greg Johnson of the Kaiser Medical Centre in Redwood City, dropped HIV-contaminated blood on a high-speed rotating drill and an oscillating saw-tools routinely used in orthopaedic surgery.

When human cells were exposed to air collected near the drill, they were readily infected.

"We used a fairly high dose of HIV to spike the blood, but it is not in cigarette smoke and in-

gency room and surgical personnel than in other medical staff, but absolutely no correlation between these rates and accidents or needle sticks.

Toronto orthopaedic

surgeon, Dr Allan Gross of Mount Sinai Hospital, agreed there was mounting concern over inhaled aerosols, although his unit's main concern is avoiding blood contact

with the eyes, nose, mouth and open sores.

The unit does all surgery in protective gear.

"We wear paper gowns, which are less permeable than cloth. For small procedures we wear goggles or welder-type visors and for larger ones we wear the full body-exhaust suit," he added.

haled HIV is very likely infectious, he said.

"There are a few tests in the literature that suggest that 70 percent to 90 percent of the smaller particles can penetrate masks," he added.

Contact

Apart from contact with upper respiratory tract mucous membranes, the particles may get as far as the air sacks of the lungs.

Jewett is hoping National Institutes of Health (NIH) funding will allow him to pin down the actual risk aerosols pose to operating room staff.

Furthermore, a study of Hepatitis B in 1 200 health workers at Massachusetts General Hospital in Boston found much higher rates of infection in pathologists, emer-

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If what is happening in the countries to our north is any indication, then South Africa can brace itself for an epidemic with devastating effects. The irony is that Aids is almost totally preventable.

Facing Aids, at R375, can be ordered from the Institute of Personnel Management, PO Box 31390, Braamfontein 2017.

The key: Trust and a single SA policy

ARGUS 8/11/90 92

IN the year 2000 nearly 84 in every 100 South Africans will be black. And unless the economy is successfully turned around in this decade, 55 of these 84 will live in abject poverty and slums.

That is mainly where the human immuno-deficiency virus (HIV), the virus which causes Aids, finds its easiest victims.

There are two choices:

- To follow the Conservative Party newspaper Patriot's recipe: separate, isolate, ostracise in order to buy "white survival in a sea of Aids" — that's how the Patriot put it on October 12. This plague mentality would trigger a local and international backlash such as South Africa has never experienced.

- To accept and encompass the problem and take positive creative action by demonstrating solidarity and compassion. This is the moral response and the only way to meet the unprecedented challenge of Aids.

Compassion makes sense; fear destroys.

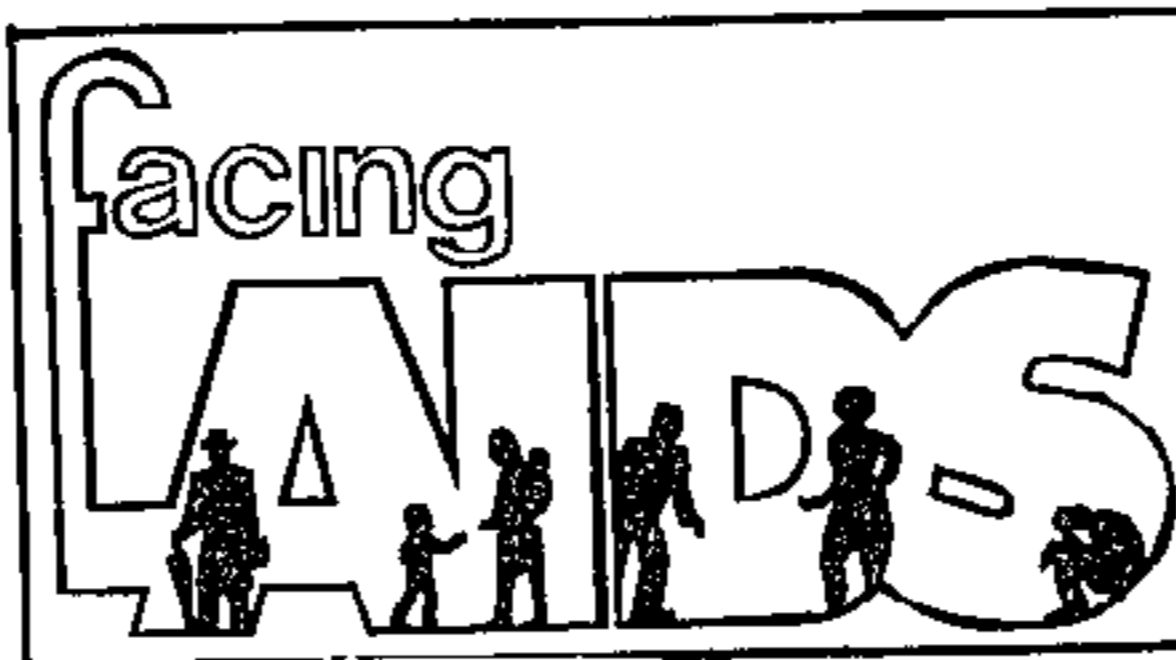
Aids makes no distinction about colour, creed or sex. Individual behaviour decides the odds, not whether a person belongs to one or other risk or race group.

Moral response

In no other area is a moral response more important than in the workplace. Working South Africans live in two worlds as different as day and night: the world of work, which is integrated, and the world of daily living, which is still largely separated.

Aids will not leave the workplace untouched. At least four out of 10 workers will be affected by Aids within the next seven to 10 years. What will our response be? Will we re-introduce separation in the workplace? Will we screen out and pay off millions of infected and diseased persons, irrespective of their capacity for productive work?

Morality aside, there are practical reasons why this would be the wrong response. For screening to be effective, it would have to be repeated every three months on the total workforce of about 10-million. This would amount to about 40-million tests a year — costing R4 000-million and achieving nothing.



Aids exclusion policy would lead to labour unrest, throwing infected people back into unemployment and poverty — which would dramatically accelerate the spread of Aids.

If, on the other hand, only a small number of businesses adopted a generous Aids policy, they would become inundated by HIV-infected people and would find their proportion of infected workers much higher than the average.

For these reasons, business has no choice but to take a unified positive stance on Aids and establish a binding code of conduct.

A comprehensive Aids agreement — similar to the recent agreement between government, employers and unions — needs to be negotiated and which would meet the standards of the International Labour Organisation and serve the national, the corporate and the individual interests.

A practical corporate policy on Aids would have to:

- Treat Aids like any other disease or disability in terms of recruitment, transfer or dismissal policies. Restrict screening to jobs that can manipulate work arrangements for infected employees.

- Launch a comprehensive education campaign and establish firm but fair rules governing working relationships between the infected and their co-workers. Involve workers and their unions in the negotiations from the start.

- Support the creation of community-based and cost-effective Aids treatment protocols and negotiate these with medical aid societies and health insurers.

Mutual trust

And the role of employees? In return for compassionate and fair treatment by employers, the employees need to review their risk behaviour as far as potential HIV-infection is concerned.

The history of the past 40 years has not been conducive to the establishment of a climate of trust between South Africans. The battle against Aids, however, can be won only on a basis of mutual trust.

Only a national Aids policy and strategy supported by a wide spectrum of leadership could establish that sorely needed trust.

If an employer tests existing employees and finds them to be HIV-positive but capable of doing their job for another five to seven years, he also takes on the moral obligation to provide counselling and preventive treatment at a minimum cost of R10 000 for each employee each year. Who will pay?

South African employers are free to choose who they wish to employ. An

High incidence of sex diseases in SA

By SIZAKELE KOOMA

GONORRHOEA and chancroid occur on an extremely high incidence in South Africa, a medical conference was told in Johannesburg at the weekend.

diseases in SA

Speaking on the causes and treatment of sexually transmitted diseases at the conference organised by the Pretoria Medical Discussion

Group, Professor S Miller, of the University of the Witwatersrand, said the incidence of chancroid in Johannesburg was higher than that of

other common genital ulceration diseases like herpes and syphilis. Up to 50 percent of males treated for sexually transmitted diseases had

genital ulcers.

Some of the diseases, Miller said, had shown a high resistance to treatment with penicillin.

High penicillin resistance, which is at about 40 percent, had been found in strains that have been seen in Natal, Highveld and the Eastern Cape.

Structure

The organism would either change its structure and not respond to the drug or breakdown the penicillin molecule.

"The resistance is caused by the indiscriminate use of antibiotics by people who think that any antibiotic taken before sex could prevent sexually transmitted diseases. Or prescription of a dose less than required for treatment of a particular disease," Miller said.



Tetracycline, which is one of the 'older' antibiotics, and some 'newer' drugs, he said, were used to treat penicillin resistant strains.

He said there were sexually transmitted diseases that did not confine themselves to the genitals only.

Arthritis

They could also appear in the legs and arms, presenting themselves as arthritis.

They also caused a high complication rate in pregnancies. They cause ectopic pregnancies, infertility, failed pregnancies and pelvic inflammations.

Professor E T Mkgokong, of Medunsa, spoke on bleeding in early pregnancy and said it could be caused by abortion, ectopic pregnancy and local lesions of the genital tract, among others.

Abortion, he said, was found in 10 to 50 percent of all pregnancies.

In the majority of cases of spontaneous abortion, the cause was related to maldevelopment of the foetus, chromosomal typing and isolated cervical incompetence.

Treatment included putting the pregnant woman in hospital until full term. Drug therapy could also be used to stop the bleeding and regress the pregnancy without any effects on the foetus.

Bleeding

If the pregnancy failed corrective surgery to the cervix, which could make subsequent pregnancies possible, could be performed.

Mkgokong said sex and touching of the cervix during pregnancy could precipitate labour and thus cause bleeding.

It was, therefore, not advised for women who had experienced bleeding during pregnancy.

WAR ROOM AIDS

IN THE year 2000 nearly 84 out of every 100 South Africans will be black. And unless we succeed in turning around the economy within this decade, 55 of these 84 will live in abject poverty and slums.

That is mainly where the human immunodeficiency virus (HIV), the virus which causes Aids, finds its easiest victims.

We have two choices:
* Follow the Conser-

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* Accept and encompass the problem and take positive creative action. Demonstrate solidarity and compassion. This is the moral response and the only

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Response

Compassion makes sense, fear destroys.

In no other areas is a moral response more important than in the workplace. Working South Africans live in two worlds as different as day and night: the world of work, which is integrated, and

the world of daily living which is still largely separated.

Aids will not leave the workplace untouched. At least four out of 10 workers will be affected by Aids within the next seven to 10 years.

What will our response be? Are we going to re-introduce separation in the workplace? Are we going to screen out, and pay off, millions of infected and diseased, irrespective of their capacity for productive work?

Morality aside, there are practical reasons why this would be the wrong response. For screening to be effective it would have to be repeated every three months for the total workforce of about 10 million. We are now talking about 40 million tests a year - costing R4000m and achieving nothing.

Tests

If an employer tests existing employees and finds them to be HIV-positive but perfectly capable to do their job for another five to seven years, he also takes on the moral obligation to provide counselling and preventive treatment at a minimum cost of R10 000 per employee - every year.

Who will pay?

South African employers are presently free to choose whom they wish to employ and whom not. An Aids exclusion policy will lead to labour unrest, throwing the infected back into unemployment and poverty, which will dramatically accelerate the spread of Aids.

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Threat of plague mentality

businesses adopt a general Aids policy, they will become inundated by HIV infected people and those firms will find their proportion of infected workers much higher than the average.

For these reasons business has no choice but to take a unified positive stance on Aids. They must establish a binding code of conduct.

Like the recent agreement between Government, employers and unions, a comprehensive Aids agreement needs to be negotiated, which would meet the standards of the International Labour Organisation and serve the national, the corporate and the individual interests.

A practical corporate policy on Aids would have the following three main components:

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* Support the creation of community-based and cost-effective Aids treatment protocols and negotiate these with medical aid societies and health insurers.

Trust

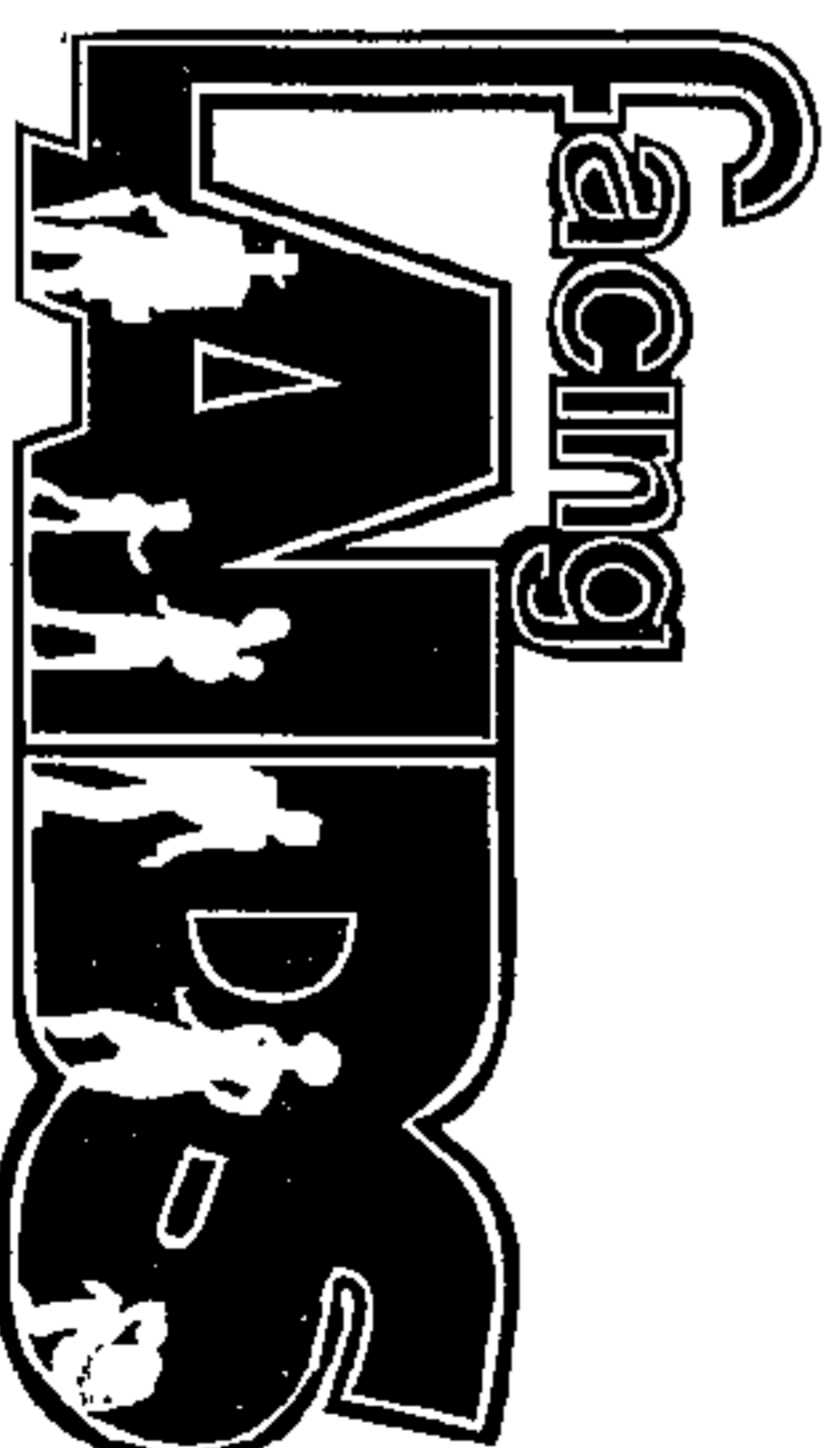
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THIS is the second of three articles by ANDRE SPIER, providing the key findings of a recently published Aids strategy manual for business, *Facing Aids*. The report has just been published by the Aids Policy Research Group and Syncom, a private-sector organisation which develops action programmes, policy alternatives and scenarios for all fields of business and related environments. The full report is available from the Institute of Personnel Management, PO Box 31390, Braamfontein, 2017, for R375.

Timebomb ticking away for SA . . .

It must be clearly understood that the Aids pandemic is only in its initial stage in South Africa. While it may have peaked in the gay community, it has now entered the heterosexual pool, comprising 20 million sexually active people between the ages of 15 and 50.

This means that the exponential or explosive phase is still in the future.

Conservative estimates are that over the next 10 years between one and 1,5 million South Africans will have died of Aids. That is only the tip of the proverbial iceberg.

Appalling death toll

With between five million and 10 million infected in the year 2000, these unfortunates will die an early death between 2000 and 2010. The total death toll could reach 25 million until 2020, reducing the total population forecast from 80 to 55 million for that year.

The implications are profound:

- Labour and skills shortages will begin to become acute from 1995;
- Professionals and their families will move to less infected countries;
- Immigration of skilled people may halt;
- Tourists will stop coming here;
- Hundreds of thousands of families will lose breadwinners and default on their financial obligations such as bond repayments, rates and hire-purchase agreements; and
- Child Aids will cut a deep swath in the infant population: (The count of infected babies born in Baragwanath was 300 for the whole of 1989 rising to 600 for the first six months of 1990. All infants will die within five years);

South Africa will be able to count hundreds of thousands of orphans before the decade is out — who will look after them? Who will pay for their education?

University students

Students are the sexually most active section of the population. Becoming infected at university means death after graduation and the loss of talent and human potential.

Indian universities screen all foreign students as a general precaution. Will regular testing — and a negative finding — become a condition for the continuation of costly university training?

Increasingly the law, now mostly on the side of Aids victims, will have to take the protection of the not-yet-infected into account. The legal profession faces unprecedented legal situations. Litigation could cost business hundreds of millions of rands, if what is happening in the United States is anything to go by.

The cost of treating the infected and the dying will be prohibitive. The average medical cost of one Aids death is R55 000, not counting treatment of R12 000 a year for the asymptomatic period.

Treatment for 600 000 infected would absorb the total present health budget. At some point in the not-too distant future, painful decisions will have to be made on the medical expenditure on Aids as a terminal incurable disease. Who is going to make those decisions?

By 1997 all available hospital beds will be needed for Aids patients. Since this is clearly not pos-



sible, where will all the people die and where will they be buried? How many million man-hours will be lost because of absenteeism for recurrent illness and attending funerals?

These and hundreds of other implications require our urgent attention. There is no such thing as "crossing the bridge when we are there".

We are there.

Aids hunts man in three successive waves. The first wave is the silent spread of infection transmitted by the human immunodeficiency virus, HIV, mainly through sexual intercourse and the sharing of contaminated needles.

The second wave, which is now manifesting itself in Africa with a vengeance, is the widespread progression from infection to full-blown Aids. The third wave is the backlash of society against Aids: Victimisation, denial, exclusion, fear and anger. This wave is fuelled by sensational reporting, the use of scare-tactics to enforce behaviour changes and the revival of old prejudices.

Unchecked it leads to a "plague mentality" which can be as destructive as the disease itself.

'Aids scary enough without being hyped by scientists'

By VIVIEN HORLER
Staff Reporter

Accus 7/11/90 92

SCIENTISTS who try to exploit the media by feeding journalists sensational predictions about the Aids epidemic get a rap across the knuckles in the latest edition of the South African Medical Journal.

In an editorial, authors Dr Robert Schall of the Medical Research Council and Dr Nicky Padayachee of the University of the Witwatersrand, say sensational stories actually hinder Aids prevention because it is seen as a hopeless task.

What also happens is that "doomsday forecasts are often so implausible that few believe them in the first place, and eventually they are proved wrong.

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But, the authors write: "This is not the usual attack on the sensationalism of the media. The doomsday forecaster is not a journalist" but someone on the fringes of the scientific community.

"It is not the media that exploit science and the scientists, but the 'scientist' exploits the media and their eagerness for newsworthy items."

The authors said scientists should first publish their forecasts in scientific journals with detailed accounts of how they reached their conclusions.

"What will largely determine the size of the epidemic is the size and the timeliness, of prevention efforts.

"So we should reject sensational forecasts, heed the realistic warnings and pursue all possible efforts with the greatest energy to prove the negative forecasts, even the realistic ones, wrong," the authors said.

● Facing Aids, page 9.

Aids — compassion makes sense, fear destroys

By
7/11/90

(92)

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Employees also have responsibilities.

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Only a national Aids policy and strategy supported by a wide spectrum of leadership can establish that sorely needed trust. □

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TUESDAY
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WITH MILLIONS OF SOUTH AFRICANS likely to die of Aids, what should society be doing? What about manpower? How will hospitals cope?

How should society be preparing itself when four out of 10 of your colleagues are likely to have the dreaded virus in 10 years' time?

Facing Aids, a comprehensive strategy manual for business has just been published by the Aids Policy Research Group and Syncom, — Synergy Communication, a private sector think-tank.

Its principal author, ANDRE SPIER, has written this article as part of a series for *The Argus*.

Facing Aids can be ordered from the Institute of Personnel Management, P O Box 31390, Braamfontein 2017 for R375, including GST.

WHEN a doctor tells his patient that he or she has been tested positive for Aids, the first reaction is one of shock and denial: "Why me?"

It is not much different with nations. Former United States President Ronald Reagan did not mention Aids once during the first six years of its spread through the gay communities in America.

Until recently Africa refused to acknowledge that Aids was a major threat to its survival, that whole villages were being wiped out.

No more. Now that the silent first wave of insidious infection has surfaced in the growing number of people who are manifesting the terrifying symptoms of full-blown Aids, nation after nation is turning to the grim realisation that Aids will not go away by itself. It must be faced.

South Africa seems to have reached that turning point. Doctors, nurses, Aids researchers, epidemiologists and actuaries have long recognised the implications of the disease.

Serious threat

Now it is dawning on politicians over the whole political spectrum that Aids is a serious threat to the whole of society.

Aids is not just another illness. It is a completely new and unique killer disease with the capacity to decimate human societies.

In the words of Dr Potter, an Aids doctor in the Central African Republic: "Are we doomed to lose a whole generation? If I were some fiendish madman wishing to exterminate mankind, I could think of no better ploy than designing a virulent organism transmitted by sexual contact with a long symptomless incubation period, and then letting it loose in an amoral society."

HIV, the human immuno-deficiency virus which causes Aids, is transmitted by homo and heterosexual intercourse, the sharing of contaminated needles by drug users, transfusions of contaminated blood and blood products and from mother to the unborn child under certain conditions.

HIV cannot be transmitted by casual contact, coughing, sneezing, mosquitoes, shaking hands and sharing the normal facilities of day-to-day life at home, in the community, or in the office.

There is not a single documented case of Aids caused by such transmission modes.



On October 12 1990, *Patriot*, a Conservative Party newspaper, stated (on the authority of an anonymous doctor), that all these day-to-day contacts (including sharing toys and sweets) do transmit Aids.

The paper used these gross scare tactics to argue against the abolition of the Separate Amenities Act, claiming "we whites pay the bills and we have the right to survive in an Aids sea".

Aids has entered the political arena with a vengeance. If such simple contact could transfer HIV, humankind would have no hope of surviving with or without shared amenities.

Once in the bloodstream, this deadly virus gradually destroys the immune system by hijacking its headquarters. HIV sneaks into the chromosomes of critical immune cells, taking over the genetic command of these cells.

In the process these cells are gradually destroyed, opening the door to a number of serious infections and cancers, leading to a slow and agonising death.

No cure

There is at present no cure for Aids for two main reasons.

Firstly, the virus disappears into our own body cells.

Secondly, it changes its outer appearance so incredibly quickly that no vaccine can cope. It is highly unlikely that a definitive and affordable cure will be available within a decade, if ever.

Our only weapon at present is education for prevention.

In Africa at least 500 000 people have already developed or died of the full-blown disease. Between 25-million and 50-million people are HIV-infected (no one knows the exact figure) doubling at least every year.

Each HIV victim has a 90 percent chance of acquiring Aids and dying an early death.

The total future death toll is

hard to calculate but could be well over 100-million.

A large percentage of HIV victims will die of tuberculosis and other diseases (before Aids can manifest itself) as a consequence of weakened immune responses.

The epidemic in South Africa is some three to five years behind the rest of Africa but is almost certain to catch up. So far only some 500 people have been reported to have succumbed to Aids in South Africa.

The speed at which the epidemic spreads is measured by the time the number of infected people doubles, the "doubling time". This is at present close to 9 months.

There are signs that the doubling time is getting longer but we do not know by how much. Most epidemiologists are convinced that Aids will continue to spread well into the next century.

In South Africa between 60 000 and 70 000 are infected by the virus now and will be sick or dead within the next two to ten years. This is the official picture for October 1990.

By June next year the official number will have risen to 150 000 and nine months later to 300 000 and to 1.2-million by June 1993.

10-million infected

Such doubling of the figures cannot be sustained indefinitely, since by 1997 the total population would be infected, which is impossible.

But 10-million infected by the year 2000 is a distinct possibility if there is not massive intervention — starting now.

A large number of researchers believe the present infection figure is much higher. The highest mentioned is 800 000, more than ten times the official figure.

The implication would simply be that the epidemic has progressed two to three years further down the road than is officially acknowledged.

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Nations' shock, denial turns to grim acceptance

P.T.O.

WVARRON AIDS

IT MUST be clearly understood that the Aids pandemic is only in its initial stage in South Africa. While it may have peaked in the gay community, it has now entered the heterosexual pool, comprising 20 million sexually active people between the age of 15 and 50.

This means that the exponential or explosive phase is still in the future. Conservative estimates are that over the next 10 years between one and 1.5 million South Africans will have died of Aids. That is only the tip of the proverbial iceberg. With between five million and 10 million infected in the year 2000, these unfortunates will die an early death between 2000 and 2010.

Forecast
The total death toll could reach 25 million until 2020, reducing the total population forecast from 80 to 55 million for that year. The implications are profound.

Testing
Indian universities screen all foreign students as a general precaution. Will regular testing - and a negative finding - become a condition for the continuation of costly university training? Increasingly the law, now mostly on the side of Aids victims, will have to take the protection of the not-yet-infected into account.

Patients
By 1997 all available hospital beds would be needed for Aids patients. Since this is clearly not possible, where will all people die and where will they be buried?
How many million man-hours will be lost because of absenteeism for recurrent illness and attending funerals?
These and hundreds of other implications require our urgent attention. There is no such thing as "crossing the bridge when we are there". We are there.

Plague
Unchecked it leads to a "plague mentality" which can be as destructive as the disease itself.

Vengeance
The second wave, which is now manifesting itself in Africa with a vengeance, is the widespread progression from infection to full-blown Aids. This stage is only starting in South Africa.

Where is the battle plan...
In designing a battle plan, we now have to deal with all three waves simultaneously.
We have to stem the tide of infection, to find humane and affordable treatment protocols for the diseased and an all-out education effort to prevent the South African society from breaking apart from under a plague mentality.

Aids hunts man in

Where is the battle plan...
Sudler 6/11/90
92

Aids — the end of denial

(92) Star 5/11/90

WHEN a doctor tells a patient that he or she has been tested positive for Aids, the first reaction is one of shock and denial: "Why me?"

It is not much different with nations. President Reagan did not mention Aids once during the first six years of its ravaging spread through the gay communities in America. Until recently Africa refused to acknowledge that Aids was a major threat to its survival, that whole villages had been wiped out.

No more. Now that the silent first wave of insidious infection has surfaced in the growing number of people who are manifesting the terrifying symptoms of full-blown Aids, nation after nation is turning around to the grim realisation that Aids will not go away by itself. It must be faced.

South Africa seems to have reached that turning point. Doctors, nurses, Aids researchers, epidemiologists and actuaries have long recognised the implications of the disease.

Now it is dawning on politicians over the whole political spectrum — Aids is a serious threat to the whole of society.

Aids is not just another illness. It is a completely new and unique killer disease with the capacity to decimate human societies.

In the words of an Aids doctor in the Central African Republic: "Are we doomed to lose a whole generation? If I were some fiendish madman wishing to exterminate mankind, I could think of no better ploy than designing a virulent organism transmitted by sexual contact with a long, symptomless incubation period ... and then letting it loose in an amoral society".

HIV, the human immunodeficiency virus which causes Aids, is transmitted by homosexual and heterosexual intercourse, the sharing of contaminated needles by injecting drug users, transfusion of contaminated blood and blood products, and from mother to the unborn child under certain conditions.

With, literally, millions of South Africans likely to die of Aids — perhaps 10 million and more — what should society be doing? What about manpower? How will hospitals cope? What are the political implications?

How should society be preparing itself when four out of 10 of your colleagues are likely to have the dreaded virus in 10 years' time?

"Facing Aids", a comprehensive strategy manual for business, has just been published by the Aids Policy Research Group and Syncom.

For the first time in South Africa, all the facets of Aids and the implications for society and the economy have been pulled together, enabling business to design an effective Aids strategy.

Its principal author, ANDRE SPIER (above), says the strategy manual deals in considerable depth not only with the



facts of Aids, but analyses the political, legal and economic implications.

Strategies to counter the devastating effect of Aids on our education and health systems are proposed. The core of the manual is dedicated to Aids in the workplace: how to conduct an Aids audit and risk analysis, how to work with labour unions and employees in designing a fair and effective strategy for facing Aids.

"Facing Aids" can be ordered from the Institute of Personnel Management, Box 31390, Braamfontein 2017 for R375, including GST.

This is the first of three articles drawn from the manual.

HIV cannot be transmitted by casual contact, coughing, sneezing, mosquitoes, shaking hands, and sharing the normal facilities of day-to-day life at home, in the community, or in the office.

There is not a single documented case of Aids caused by such transmission modes.

On October 12 1990, Patriot, a Conservative Party newspaper, stated (on the authority of an anonymous doctor), that all these day-to-day contacts (including sharing toys and sweets) do transmit Aids.

The paper used these gross scare tactics to argue against the abolition of the Separate Amenities Act, claiming "we whites pay the bills, and we have the right to survive in an Aids sea".

Aids has entered the political arena with a vengeance. If such simple day-to-day contact could transfer HIV, leading to infection, humankind would have no hope of surviving, with or without shared amenities.

Once in the bloodstream, this deadly virus gradually de-

stroys the immune system by hijacking its headquarters. HIV sneaks into the chromosomes of critical immune cells, taking over the genetic command of them.

In the process these cells are gradually destroyed, opening the door to a number of serious infections and cancers, leading to a slow and agonising death.

Tomorrow — the implications for society and the economy

There is at present no cure for Aids, for two main reasons. Firstly, the virus disappears into our own body cells. Secondly, it changes its outer appearance so incredibly fast that no vaccine can cope.

It is highly unlikely that a definitive and affordable cure will be available within a decade, if ever. Our only weapon at present is education for prevention.

In Africa at least 500 000 people have already developed or died of the full-blown

disease. Between 25 million and 50 million people are HIV-infected (no one knows the exact figure), doubling at least every year.

Each HIV victim has a 90 percent chance of acquiring Aids and dying an early death.

The total future death toll is hard to calculate, but could be well over 100 million.

A large percentage of HIV victims will die of tuberculosis and other diseases (before Aids can manifest itself) as a consequence of weakened immune responses.

The epidemic in South Africa is about three to five years behind the rest of Africa, but almost certain to catch up.

So far only about 500 people have been reported to have succumbed to Aids in South Africa.

The speed at which the epidemic spreads is measured by the time in which the number of infected people doubles: the "doubling time". This is at present close to nine months.

There are signs that the doubling time is getting longer but we do not know by how

much. Most epidemiologists are convinced that Aids will continue to spread, well into the next century.

In South Africa, between 60 000 and 70 000 are infected by the virus now and will be sick or dead within the next two to 10 years. This is the present official picture.

In June next year the official number will have risen to 150 000 and nine months later to 300 000, and to 1.2 million by June 1993. Such doubling of the figures cannot be sustained indefinitely, since, by 1997 the total population would be infected, which is impossible.

But 10 million infected by the year 2000 is a distinct possibility unless there is massive intervention — starting now.

Not a small number of researchers believe the present infection figure, to be much higher. The highest mentioned is 800 000, more than 10 times the official figure. The implication would simply be that the epidemic has progressed two to three years further down the road than is officially acknowledged.

Aids is a disease of human behaviour and thus almost totally preventable. It is difficult enough to explain the devious nature of Aids to even highly educated people; to semi-literate populations, the task is almost hopeless.

Until the second wave of the epidemic — mass dying — presents itself for everyone to see, people will persist in unsafe sexual behaviour and continue using shared needles for injections of drugs.

Two factors seem to guarantee the spread of Aids in Africa, including South Africa: widespread poverty and the sexual habits of African males.

In the words of Dawn Mokhobo, a social scientist: "Sexual excesses, especially when practised by males, are generally hallowed or viewed as prestigious. Much as these practices facilitate the spread of Aids, they also reinforce the traditional attitude of male supremacy and male sexual prowess".

Aids is now a challenge to all human institutions. □

Facing AIDS

Sowetan 25/11/90 92

WITH, literally, millions of South Africans likely to die of Aids - perhaps 10 million and more - what should society be doing? What about manpower? How will hospitals cope? What are the political implications? How should society be preparing itself when four out of 10 of your colleagues is likely to have the dreaded virus in 10 years time.

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Today we start the first of the series of extracts from the manual.

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Spectrum

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Preparing to meet the killer disease

Sowetan 25/11/90 92

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Infected

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Star 3/11/90

92

HIV carrier had 80 men in one month

DURBAN — Results of a shock Pinetown survey released yesterday show the extreme extent to which many young people of all races in the area are sexually active — one HIV positive girl had 80 different partners in one month — and how they shun disease prevention methods, thus leading to a rampant spread of Aids.

The survey was conducted among 1 142 patients who attended the Sexually Transmitted Diseases Clinic at the Pinetown City Health Department earlier this year.

The girl who had the 80 sexual partners in one month does not take precautions and is still sexually active and infecting others, the survey has shown.

This person is not alone in her behaviour but represents part of a sexually active group of youths (not necessarily prostitutes), said the Medical Officer of Health for Pinetown, Dr Raymond Will.

Hundreds of people with sexually transmitted diseases in Pinetown, of whom many are HIV infected, disclosed that they had

ELAINE KING

multiple lovers. In fact more than 70 percent of the group surveyed, disclosed that they had had more than one partner, ranging from between three and 80 a month.

One person admitted to having 60 lovers in a month, another person had 40 while three teenagers told health authorities that they had at least 20 sexual partners in a month. For some the fact that they were HIV infected and still sleeping around was a "great joke".

When the permutation of these sexual relationships is worked out (for example 80 times multiplied by the number of partners that each of the 80 lovers may have had and so on) the figures run into hundreds of thousands of potentially HIV infected people, say medical experts.

Only 16,8 percent of more than a thousand people said that they had only one sexual partner while a "shattering" 99 percent of them did not use condoms.

"At least 70 percent of people with sexually transmitted diseases had more than one sexual partner in a month. The worrying factor is that 90 percent of these people had never used a condom, 9 percent only very occasionally while only

1,1 percent of people in this high-risk category ever used condoms," said Dr Will.

More than half of the group, which represented people from each population group including whites, coloureds and Indians, were women while the vast majority were black and the largest group of HIV positive was aged between 20 and 23.

"We found that 3,2 percent of the people surveyed were HIV positive," said Dr Will.

The attitude of one HIV positive 18-year-old girl who had three new lovers in a month and who was counselled by Dr Will's staff epitomises the problem.

"We counselled the girl on various occasions and on the third time when she came here with her mother we asked her how she felt and she told us that she and her mother had had a good laugh about it," he said.

"We have to start somewhere and keep trying. The problem is that many HIV positive people who feel and look well have difficulty accepting the concept. There is no way we can stop their sexual wanderings despite intensive and repeated counselling. The message is just not getting through the way it should," said Dr Will.

Anti-Aids programmes to get boost from State

NATIONAL anti-Aids-programmes are to receive a boost from a Cabinet approved high-level interdepartmental committee, Health and Population Development Minister Rina Venter announced this week.

A decision to this effect was taken on October 24, a statement on Monday said.

The committee would promote Aids prevention and awareness programmes within the public and private sectors, co-ordinate and evaluate projects and identify the role of various Government departments within the various programmes.

It would consist of director-generals of several State departments, appointed by Venter, and its first meeting was due for January 23 next year in Cape Town.

The step confirmed the Government's commitment to fully utilise the public sector in combatting the virus, Venter said.

She added the State was continuously concerned with the potential threat of Aids for the population and the national economy, and stressed it was important for State initiatives to be optimally effective. - Sapa



Mr Welcome Cekwana of Evaton North poses with his prize which he won for displaying the Sowetan sticker on his vehicle. He got it from Sonap station.

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Fighting a Doomsday disease

Star 31/10/90 (92)

LAST week the Minister of National Health and Population Development, Dr Rina Venter, spoke out in Vanderbijlpark on the implications of Aids in a manner that left no doubt that urgent action was needed to combat this incurable disease.

"It poses an unequalled challenge to health services in the world. If only half a percent of the South African population contracted the disease, there would be more Aids patients than available hospital beds in both the private and public sectors put together," she said.

"The costs linked to treatment could be equal to the total present health budget for the country."

It came as no surprise then, when Dr Venter this week announced the establishment of a high-level, inter-departmental and therefore multidisciplinary committee to tackle the problem at a national level.

The committee — to convene for the first time in January — will be made up of the directors-general of various State departments. Its aims will be to identify the role the departments could play to promote the anti-Aids programme (as yet unannounced) and to co-ordinate and evaluate projects.

What will the committee face and how was the news of its establishment received?

World Health Organisation (WHO) figures for people who have developed Aids stood at 283 021 at the end of August this year, of which 71 078 were in

An estimated 8 million people — 5 million of them in Africa — are infected with Aids. South Africa cannot escape the implications, and a top-level Government committee has been formed, writes Medical Reporter **CARINA LE GRANGE.**

Africa — 463 of them in South Africa. Today, the South African official figure has already exceeded 500.

Officially, Dr Venter's department estimates 60 000 people are HIV-infected — and will, accordingly, develop Aids. Unofficially, some experts have put the figure as high as 800 000.

More disturbing are projected figures estimating the incidence in the future. Only 10 years from now, some experts say, 10 million people in South Africa will be infected; one million will die.

The Government and experts seem all to be in agreement about one thing: the key to combating Aids is education and information.

Grania Christie, of the Aids Training and Information Centre, says of the new committee: "On the one hand the Government has been very slow to respond to the crisis of Aids — it is certainly about time they took it more seriously and developed a co-ordinated effort to

combat the disease.

"But while it is a positive step, I have a lot of reservations about just establishing another committee — to me the problem is obvious: more money is needed, more education should be promoted and there should be more mass media campaigns."

Keith Edelston, head of the independent Aids Economic Research Unit, said a study he had been involved in under the auspices of the Medical Research Council had recommended ongoing work on the economic problems posed by Aids.

On criticism of the worst-scenario predictions on Aids and HIV incidence by the year 2000, Mr Edelston said: "We cannot accurately predict what will happen because our medical friends cannot or will not predict the future course of the disease.

"But that is no reason, if you cannot estimate numbers, not to prepare. What we say is that any company must now look at the best it can hope for, the worst it has to fear, and the truth must lie somewhere in between."

On the Government's announcement, he said there was a definite need for some central body to act as a co-ordinating service that would function between the various activities to combat the disease.

This body should also set up an adequate central data bank, accessible to all working in the field. □

Govt to fight AIDS
on a national scale

B/Dam 30/10/90

92

PRETORIA — Cabinet has approved the establishment of a high level inter-departmental committee to combat AIDS on a national scale.

Announcing this yesterday, National Health and Population Development Minister Rina Venter said it would consist of directors-general from a number of state departments.

The Cabinet, she said, felt it was important to fight AIDS not only as a health problem. The social and economic implications of the spread of the disease was also acknowledged as vitally important.

Venter said the committee's appointment confirmed government's commitment to fully utilise the public sector in combating AIDS.

"The state is concerned at the potential danger AIDS holds for the popula-

GERALD REILLY

tion and the national economy."

The committee's functions will be:

- To identify the role state departments can play;
- To promote the programme at all levels within the public and non-public sectors;
- To co-ordinate and evaluate projects.

Co-ordinate

This, Venter said, should ensure the fullest use of the state's ability to deal with AIDS.

The committee's first meeting will be in Cape Town on January 23.

SA Medical Research Council's AIDS Advisory Group member Ruben Sher said the new committee was not only an attempt to co-ordinate the onslaught against the spread of the

disease. It was also an attempt to spread the responsibility beyond the Health Department.

The problem had obvious implications for other state departments, he said.

Latest figures showed 499 AIDS cases had been reported in SA with a significant increase among women. The increase among children was also alarming, a National Health Department spokesman said.



Top-level govt bid to curb Aids

*Capl Times
30/10/90 (92)*

Political Correspondent

A HIGH-POWERED government committee is to be set up to boost the drive against Aids.

Dr Rina Venter, Minister of Health, said yesterday that cabinet approval had been obtained for the committee which would be made up of directors-general from various state departments.

It would promote a range of Aids prevention and awareness programmes within the public and private sectors.

Dr Venter said the cabinet had emphasized that combating Aids was not only a health problem.

"With this step the government's commitment to utilize the public sector to the

optimum in combating the virus, is confirmed."

The Aids committee would also co-ordinate and evaluate projects and identify the role of government departments within the programmes.

The state was concerned with the potential danger Aids held for the population and the national economy.

It was most important that state initiatives were as effective as possible, Dr Venter said.

The first meeting is scheduled for January 23, in Cape Town.

● Meanwhile, a recent New York poll shows that 29% of blacks believe or think it possible the US government created the

Aids virus in a laboratory to infect blacks, The New York Times said yesterday.

Only 5% of whites felt it could be — or was — true and 83% of all respondents said it was almost certainly not true.

The article cited an interview with Mr Keith Brown, a black man whose brother died of Aids, who believed his death was caused by racists.

Mr Brown said one had only to look at the statistics of who was suffering more from Aids:

"You can't be black and not feel that Aids is an experiment, some kind of plot to hit an undesirable minority," he said. — UPI

ART TIMES 26/A/PO

Aids threat to health resources

By ANTHONY JOHNSON 92

EVERY available state and private hospital bed in South Africa would be filled with an Aids patient if just 0,55% of the population became infected with the disease, the Minister of Health, Dr Rina Venter, said yesterday. "The costs involved in treating the patients would be equal to the entire health budget for the country," Dr Venter told a Vaalmed conference in Vanderbijl Park.

Dr Venter said that projections on the spread of Aids in South

Africa during the following decade diverged widely.

Estimates of the precise implications for the provision of health services in the future were an unknown factor at present, which made long-term planning difficult.

However, it was clear that Aids was one of the worst disasters of the 20th Century and would pose an unequalled challenge to the health services of South Africa and the world.

The success of strategies to combat Aids would depend large-

ly on the willingness of people to adopt safe social practices, she said.

Dr Venter said South Africa had only four hospital beds per 1 000 people, compared with 12 in Russia, 10 in Europe and two in the rest of Africa.

She said more than R1 billion would be needed during the 1990-91 financial year to meet health needs in South Africa.

Only 20% of the South African population could afford their own health services.

HEALTH

AIDS AT WORK (92)

About one in every 300 people at work is HIV-positive and the number of Aids carriers — now about 100 000 — is expected to double every nine to 12 months, mainly in urban areas of the Witwatersrand and Natal. *FM 19/10/90*

One result is that Aids education at work is increasing. Many major companies have started programmes for executives and employees. Dr Clive Evian, Johannesburg's deputy MOH in charge of Aids prevention, says the council's Aids-education play has been performed before 30 000 workers; and council experts have had discussions with executives about Aids and corporate strategy.

While Aids is not spreading in SA at the same rate as in central Africa — where whole areas have been depopulated — the rate of increase is rapid enough for concern. The city council says it recently tested 30 prostitutes: 10 are HIV-positive and all are back on the streets. One official describes them as walking timebombs — and apparently many prostitutes' clients offer higher rates for sex without a condom. HIV-positive patients are Aids carriers and may not develop Aids-related diseases for up to 10 years after contracting the virus. It is estimated that by the end of next year 40 000 people

CURRENT AFFAIRS

FM 19/10/90

(92)

will test HIV-positive in the greater Johannesburg area alone.

Evian recommends that companies run low-key but sustained campaigns. "The epidemic is silent, it's still invading the community, and most people believe it won't happen to them or anyone they know."

Evian believes that within six or seven years most companies will have experience of HIV-positive or Aids sufferers working for them. The council has pamphlets, posters and videos in four languages on Aids for distribution to interested groups and businesses.

In a snap *FM* survey of seven major companies, only one reported resistance among employees to Aids education. None will say whether it has HIV-positive staff members.

Old Mutual, which (along with Southern Life) tests new employees for HIV (and has not yet recorded a single HIV-positive), has been conducting a low-key staff campaign

for some time. Aids pamphlets have been inserted in pay packets and in the medical division waiting-room an Aids video is constantly screened, says personnel & services GM Bryan Bradford.

He adds the group has eight fully trained counsellors to whom HIV-positive employees can talk. "We treat it as we would any life-threatening disease." In addition, Old Mutual will soon employ a full-time social worker to deal mainly with Aids education. Bradford says there are some variations between staff levels: for instance, an executive will also receive training on how to deal with HIV-positive staff.

A Southern Life spokeswoman says the group conducted seminars some years back with staff, clients and brokers, but has no continuous educational programme — though this is being reviewed.

Anglo American has several training programmes and expects its overall Aids policy

to be approved by the board soon. An Anglo spokeswoman says the strategy is two-pronged: create a general awareness of Aids and counsel high-risk patients who are treated at clinics for venereal diseases.

The Chamber of Mines has similar criteria for its well-established Aids programmes, which it runs in 10 languages and lends to interested companies. These sophisticated programmes are designed for blue-collar workers, managers or health workers. It has found that drama productions are most appropriate for illiterate or poorly educated workers.

The Chamber has already spent R2m and plans to spend R500 000 over the next two years on Aids education. It has 200 nurses and other personnel dealing solely with Aids education and distributes free condoms.

□ Johannesburg City Council contact number for more information on Aids education: (011) 642-6464.

Act soon on AIDS, warns researcher

92

SA HAD 18 months to prevent AIDS developing to the dramatic proportions likely in the rest of Africa, Natal University economic research unit senior fellow Alan Whiteside has said.

The full impact of AIDS would not begin to be felt in SA before 1995, he said, but sounding a warning about its possible consequences might dramatically reduce the number of people dying of AIDS in about eight years' time.

In a paper for the Development Bank of SA published last week, Whiteside said the direct cost of AIDS to SA would not be lower than R162m in 1995, and could be as high as nearly R3bn.

Excluded

The direct cost of AIDS, estimated at R15 000 per patient, was only 20% of the true cost, so it was clear AIDS would be a major drain on the economy, he said.

International actions on apartheid have meant SA is the only southern African country not to receive assistance from the World Health Organisation (WHO) or other international donors.

SA was also the only country in central and southern Africa not to have implemented a WHO programme.

Whiteside said government and the ANC had made joint representation to the organisation earlier this year.

SA's AIDS death toll could be drastically reduced if it aimed to slow

TANIA LEVY

the doubling rate of HIV infection to 15 months, the lowest rate which could be realistically attained.

At present, HIV incidence in SA doubles every nine months.

If the doubling rate was lengthened to 15 months, about three million people would be HIV-infected by the year 2000 and one-million people would have died. However, if the present trend continued unabated more than four-million people would die of AIDS by the year 2000 and about 12-million would be infected with the virus.

Whiteside said about 6% of the black population aged between 15 and 60 would be HIV-positive by the end of next year and 18% by the end of 1992 if the disease continued to spread at the current rate.

Although these figures were daunting, it was imperative to remember these were HIV infections which had yet to occur and could therefore be prevented, he said.

Initial state reaction had been inadequate, with R1m spent on AIDS prevention in 1987 and R5,4m spent last year.

Whiteside said collective business had to put pressure on government for an intensive AIDS education campaign and in addition set up their own regional education centres where employees lived, he said.

Before the disease reached epidemic proportions, companies had to develop an internal AIDS policy and should analyse the effect of AIDS on inputs, products and markets.

19/10/92
B/10/92

AIDS

AVERTING DISASTER

Projections on the number of Aids deaths are issued with grim regularity. But little research has been done on the consequences for the economy. Now, a new study takes a detailed look at the economic impact of Aids and perhaps more important, suggests what business can start doing to respond to the impending crisis.

Alan Whiteside, of Natal University's Economic Research Unit, who researched the study, *Aids in Southern Africa*, believes there is little time left to avert the full impact of Aids on SA's economy.

"SA has about 18 months. If we don't act in that time, then we face the Zimbabwean, the Malawian, or possibly even the Ugandan situation."

The study, commissioned by the Development Bank of SA and released last week, outlines the response that business should make. It notes that while many large companies are introducing Aids awareness programmes for employees, it is the middle tier and smaller concerns, as well as government and the general public, that need to start working towards averting a disaster.

Economic impact

Whiteside's projection, which roughly coincides with recent Old Mutual predictions, shows that if the current trend continues, 21 700 people could be dead from Aids by 1995, and 1,37m by 2 000. So far, there have been 500 reported deaths.

The direct impact on the economy — the cost of medical treatment and containment of the disease — will be at least R162m by 1995 and could be as high as R2,97bn by 2000. But Whiteside says the direct cost represents only 20% of the true cost, "so it's clear that Aids will be a major drain on the economy."

What can business do now, bearing in mind that those who die in 1995 already are infected today, but that the 2000 projection still can be altered because the would-be victims have yet to contract the disease?

Whiteside makes three suggestions. First, companies should develop an internal policy that includes an educational programme to get employees to understand Aids; screening, which is fraught with problems but should still be considered; a formal procedure when an Aids-infected employee is no longer able to work; and clearly defined rules for medical cover, expenses and absenteeism.

The second area is protecting employees. This includes making them aware of the risks of unprotected intercourse, making provision for emergency medical treatment and providing emergency kits for staff travelling to high-risk areas. The study also suggests the possibility of establishing a "walking blood bank" by giving blood tests to staff — those who are not HIV-positive could then donate blood to colleagues in an emergency. This, of course, raises questions of an indi-

BUSINESS & TECHNOLOGY

vidual's right to privacy. And what would happen to employees who refuse testing?

Finally, with the full impact of Aids expected to hit SA in five years, companies should start on Aids-impact analyses now.

Of course, these analyses would differ greatly according to the type of business or industry but should examine the source of a company's inputs (the supply of inputs from countries hit hard by Aids, such as in central Africa, could be jeopardised); and the production process, which may require a shift of capital from areas that could be affected by Aids and a move towards more capital-intensive production if labour shortages caused by Aids are expected.

Whiteside says markets also should be evaluated. Local markets dependent on discretionary spending could be vulnerable and export markets should be assessed for their ability to continue purchasing. Another suggestion: a look at the possible effects of Aids on competitors.

A gloomy picture, but Whiteside sees a recent positive development: political reform has given SA access to what other African countries have learnt.

"The tragedy is that we have a First-World situation with regard to our press, medical facilities and all that goes with it, and a Third-World situation where the disease is going to hit hardest. We are going to measure the level of water as the ship slowly sinks beneath us with considerable, indeed admirable, accuracy. Whether or not we can plug the holes is another matter." ■

CONTINUOUS speculation about the likely number of future AIDS sufferers in SA has paralysed our ability to take preventive action now. There is an urgent need to turn our gaze away from the crystal ball and focus our attention on the reality of the present.

What is this reality? From January 1 to June 21 this year, 58% of reported SA AIDS cases were attributed to heterosexual contact. This represents a 35 percentage point increase when compared to the total cases reported before the beginning of the decade.

During this same period, reported cases of infected infants accounted for the single biggest increase in any transmission category.

This epidemic can no longer be viewed as a "gay" disease or a result of "promiscuity". While the threat of infection is facing the majority of sexually active South Africans, the catastrophic affliction of childhood AIDS has begun to knock on the hospital door.

The Sixth International Conference on AIDS, held in San Francisco in July this year, affirmed that progress in the search for a vaccine or cure for this infection is slow. The unfortunate truth that remains is that prevention is the only defence against the relentless spread of this epidemic.

SA is witnessing an intensive social conflict and many of its people are in a day-to-day struggle for survival. Competing issues like food, housing and jobs are clouding the threat of a possible fatal infection and the need for preventive action. Given this reality, it is not surprising that forecasts of an impending catastrophe have started to emerge together with stern warnings of their dire consequences as well as inappropriate measures to limit the damage.

Employers are now considering screening more widely their prospective employees in order to reduce the number of infected individ-

Action on AIDS is the only way to allay fears of the future

MALCOLM STEINBERG

2/10/91 17/10/90

uals entering their workforces. Protective assurance schemes, such as life insurance and medical aid changes in order to ensure their viability.

Earlier moves to increased automation and mechanisation are seen as a strategy to overcome growing skill shortages. Speculation is that these would result from emigration of skilled personnel and difficulties in attracting skilled immigrants to a country seriously threatened by AIDS.

What is lacking is the willingness to acknowledge important circumstances that may make possible alternative scenarios.

It is unlikely that the SA AIDS epidemic will continue unabated into the 21st century and mirror the central African situation. SA is experiencing the AIDS epidemic later than any of its northern neighbours. Fewer than 1% of South Africans are currently thought to be infected with the AIDS virus. World Health Organisation studies in central Africa report comparative figures of 20% to 30%. Health services and technological resources to deal with aspects of

the AIDS epidemic are readily available in our country.

While SA's neighbours are still unable to block completely the spread of the AIDS virus through blood transfusions, this important mode of transmission has long since been eradicated locally.

Mass organisations such as Cosatu and the ANC, as well as the SA government, have openly acknowledged the seriousness of this infection. This is in sharp contrast to the persistent

denial of an AIDS problem made by most other African countries while in the early throes of an epidemic.

These circumstances are as important to consider as the eight to nine months it takes at present for the number of infected people to double in SA.

But are these relatively healthy circumstances sufficient to dismiss the horrific future projections? This is best answered by considering further aspects of the present unfolding scenario.

Calls for the introduction of school-based education programmes for the prevention of infection continue to fall on apparently deaf ears. This contradicts the recognition that adolescents, while formulating their sexual behaviour, are more likely to heed information about safer sex practices when compared to adults.

In the workplace, recommendations that employers screen employees for the AIDS virus are now emerging. This is despite conclusive evidence that casual transmission of infection is impossible. Those identified infected individuals who are well enough to perform normal functions are no threat to their fellow

employees and are disadvantaged by this practice.

Even more concerning is the complete absence of sustained regional and national AIDS awareness programmes. This goes against findings that once-off campaigns have negligible long-term impact.

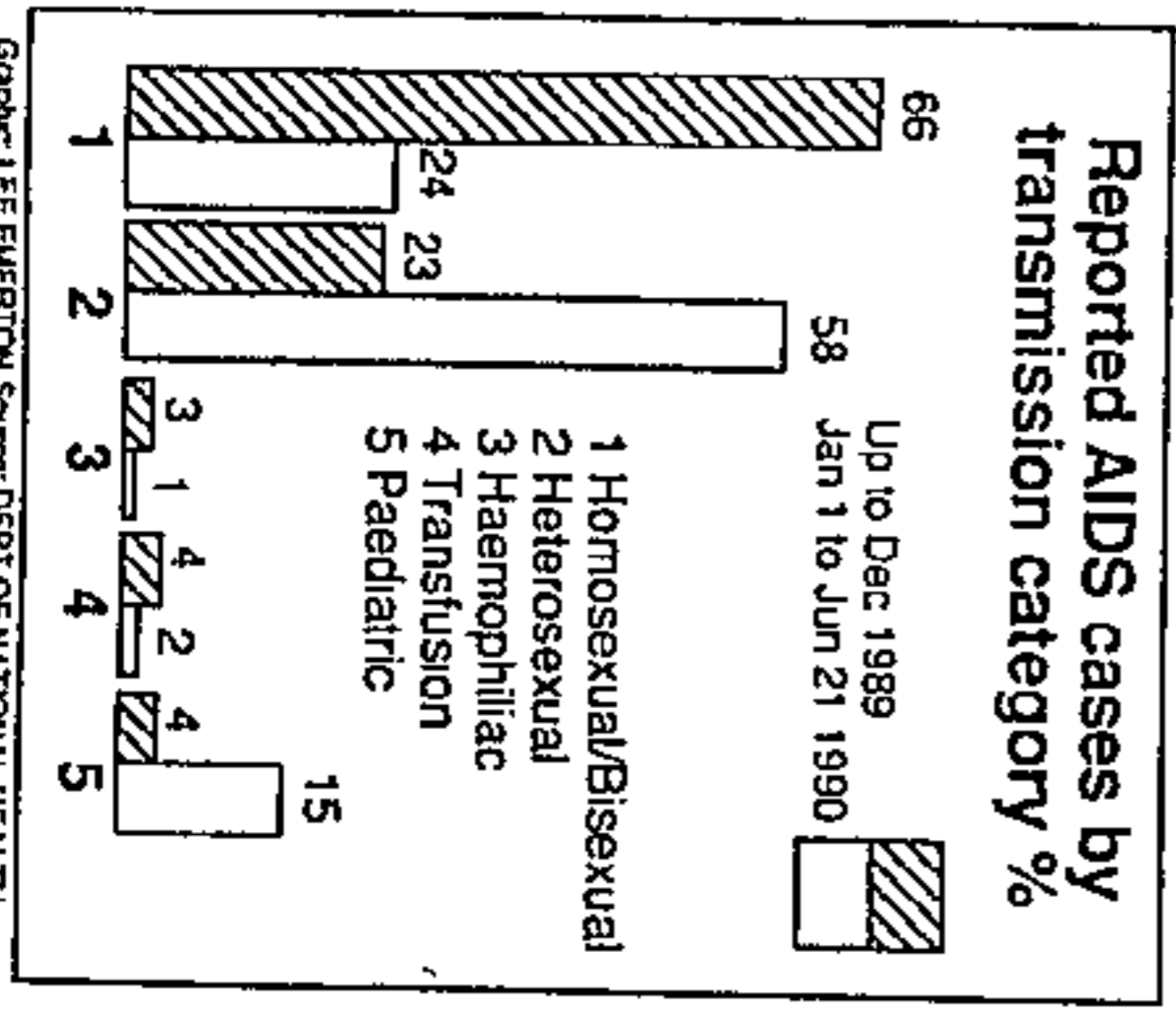
This is the unfolding scenario, in which the approximately 150 000 infected individuals thought to exist in SA now find themselves.

The AIDS epidemic is forcing us to consider our most important resource — the people it threatens to infect. Our initial response, as individuals and organisations, was to deny the potential threat posed by this disease. Then we reacted by blaming those we saw as its likely perpetrators. Now, as we begin to realise the enormity of the threat, our fear has driven us to resort to evasive rather than preventive action.

While the long-term projections of the AIDS epidemic have allowed our worst fears to surface, the time has come to broaden our perspective and firmly address the immediate tasks. Each organisation has an important role to play in an attempt to slow this epidemic.

If we are successful it will be due to our ability to achieve real political change and with it the improvement of basic living conditions that at present make it difficult to be involved in caring human relationships. It will be due to our boldness to allow our children to be told of the realities of the present and the need to learn preventive behaviour. It will be due to our insistence on making the workplace a medium of education. It will be due to our compassionate care of those unfortunate enough to become infected. But mostly it will be due to our refusal to be immobilised by a worst-case scenario and our ineffectual attempts to "limit the damage".

Dr Steinberg is head of the AIDS research programme for the Medical Research Council's Centre for Epidemiological Research in Southern Africa.



Graphic: LEE EMERTON. Source: DEPT OF NATIONAL HEALTH.

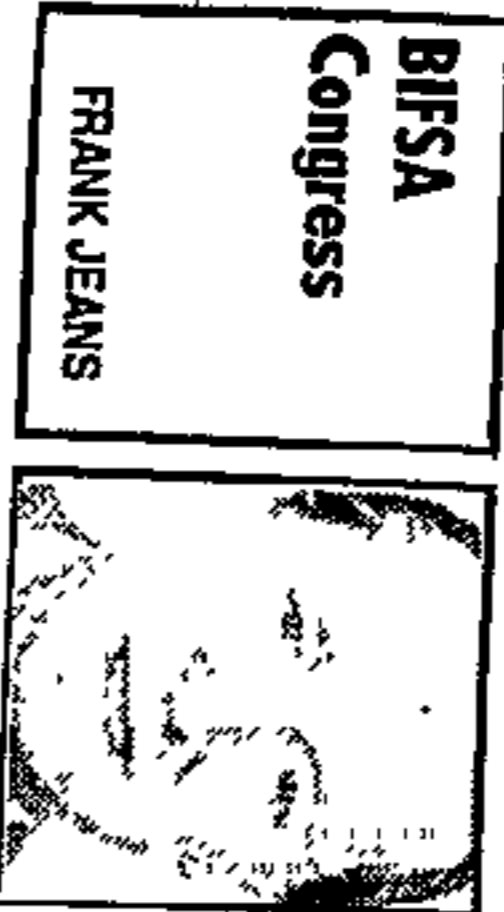
Bifsa warned of devastating effect of Aids on workforce

Within 10 years, Aids will have a devastating effect on world economies and labour-intensive industries such as construction and mining will be severely hit as workforces dwindle.

This was the shattering prospect put forward to the annual congress of the Building Industries Federation (Bifsa) in Durban yesterday.

Dr Dennis Sifris, who founded the HIV clinic at the Johannesburg General Hospital and is an authority on the Aids epidemic, told delegates:

"Statistics vary but it has been forecast that if only two percent of the population required treatment for Aids, there



BIFSA Congress
FRANK JEANS

would be a 10 percent drop in industrial production, a 16 percent decrease in consumer durable output and a 32 percent decline in corporate profits.

"These figures are calculated on a company's loss of labour, declining markets for its products and the costs of Aids medicines for the infected."

Dr Sifris, who has been involved in Aids research since 1983, said the disease could be

called "keystone to planning for the 'nineties" and that a greater understanding of its potential impact on business was essential.

Economic bloc

Looking at economic developments in the wake of the new political advance in South Africa, Rusty Evans, Deputy Director General, Africa, of the Department of Foreign Affairs, said South Africa would be cornerstone in the formation of a southern African economic bloc.

"This bloc is becoming a more realistic proposition because of the decline of European interest in Africa, coinciding with the improvement in South Africa's

acceptability among international communities."

"Opportunities abound for closer economic co-operation and liaison with neighbouring countries."

Mr Evans sees these countries with resources which, if properly managed, with the help of modern technology, as becoming viable business areas.

"This is where South Africa has a particular role in the sense that we can be an access platform for development because we have a certain infrastructural base that is viable."

"We could be the access point for foreign technology and capital which would then permeate into the rest of Africa."

Aids set to decimate SA labour

CML TUVS
16/10/90
92

DURBAN. — By the year 2004, 60% of South Africa's labour force could be wiped out by the effects of Aids.

This was the grim message given by the head of the HIV Clinic at Johannesburg General Hospital, Dr Dennis Sifris, to the country's major builders when they met for the annual congress of the Building Industries Federation of SA (Bifsa) here yesterday.

He said the disease, unknown a decade ago, would affect between 15 million and 20 million people worldwide by the turn of the century, according to figures issued by the World Health Organisation (WHO).

The financial implications of Aids were just as daunting — ultimately the cost of Aids would be carried by the private sector and the state, which, in fact, meant the man-in-the-street.

He warned businessmen of the devastating effect Aids might have in SA in the Nineties and stressed that no

industry or company could afford to plan for the future without taking the effect of Aids into account.

It was vital that every company should formulate an Aids policy which should include a commitment to Aids education and prevention.

Education programmes should be community-based and would have to be sponsored by industry.

● The spread of Aids has triggered a resurgence of tuberculosis, which kills three million people a year, the WHO said in a report released today.

It estimated that about three million people infected with HIV, the virus responsible for Aids, were also infected with tuberculosis.

It said one of the main reasons for the resurgence of tuberculosis was the spread of infection with HIV.

The WHO report estimated that 2.4 million people in sub-Saharan Africa had both HIV and TB. — Own Correspondent and Sapa-Reuter

Shock report on Aids

GMT TIMES 13/10/90

92

Political Staff

BETWEEN 1,15 million and 6,3m people could die from Aids in Southern African within the next 10 years, a shock new Development Bank study has found.

Depending on the doubling time from between six months and 15 months for the number of people infected, the number of HIV-positive people in the region could total between 4,3m and 12,7m.

At an estimated cost of R15 000 a patient, this could cost South Africa R162m a year by 1995 and R10,3 billion by the year 2000.

The results of the study, which was conducted by Mr Alan Whiteside of the Economic Policy Research Unity at the University of Natal in Durban, was released by the bank yesterday.

The bank's director of policy analysis, Dr S F Coetzee, said in a foreword

6 million people may die in next 10 years

to the study that "the Aids epidemic poses a serious threat to the future development of the region.

"As this report indicates, the cost of the disease will be staggering, while it could also affect political stability, socio-economic development and prospects for future investment in the region."

Despite his estimates of the direct cost of Aids, Mr Whiteside said, the bulk of the cost of Aids to society would be indirect, both because of the

time lost when a person was sick and because of the years lost because of premature death.

Although it was very difficult to assess the political and social impact of the disease, it was clear that Africa would suffer uniquely from Aids.

"A major concern in South Africa is that this is a divided society and Aids could be even more divisive.

"As Aids becomes an increasing problem, it will put great pressure on society.

"It appears that one of the ways to

reduce tension would be for the government, political groups and community organisations to formulate a joint approach.

"If it is at all possible, Aids must be lifted out of the political arena. It is a problem that transcends party-politics and requires a concerted response by all leaders."

Aids could be expected to have an impact on Southern Africa in the '90s, he said.

The epidemic had spread rapidly from Central Africa and was now a serious problem in Zimbabwe, Zambia and Malawi and it was rapidly on increase in the rest of the region.

"Aids is possibly the most serious threat to development in sub-Saharan Africa in the decade ahead.

"It is hoped that governments will have the foresight to act now to prevent what could be a monumental catastrophe," Mr Whiteside said.

SCWETAN Friday October 12 1990

Mother of new-born baby is Aids carrier

92
Goswami 12/10/90

A WOMAN who gave birth at Kalafong Hospital about two weeks ago has been diagnosed as an Aids carrier, a spokesman for the hospital confirmed yesterday.

The victim, whose identity is being kept secret to protect her and her family, is the fifth woman to be tested positive for Aids in the maternity section at the hospital since last year, according to Kalafong Hospital

By MONK NIKOMO

superintendent Dr. Julius Kunzman. Kunzman said, although the five women, including their new born babies, were infected with the virus, they did not show symptoms of the disease.

According to reports by British scientists, Aids symptoms take about 10 years before showing.

Kunzman said the victims had been warned by the hospital's authorities not to have any sexual relationship as they would transmit the killer disease to their partners.



Government joins private sector to combat Aids

Article
12/10/09
92

By BRUCE CAMERON
Political Staff

THE government is trying to establish a foundation in partnership with the private sector to fight Aids.

The move comes against the latest figures being produced by Aids researchers which show the incidence of HIV positive cases is now doubling every six months in South Africa.

A spokesman for the Department of National Health was loath to comment on the proposed foundation apart from confirming that the department "is looking into the possibility of establishing a foundation".

Divers to examine Pacificos

By HENRI du PLESSIS
Shipping Reporter

THE supertanker Pacificos, still slowly heading for the Mozambique Channel with her hull badly damaged, will be stopped in calm water today for an inspection by divers.

The Pacificos has spilled more than 10 000 tons of oil into the sea since she was severely damaged by stormy

Mr Mike Ellis, Democratic Party health spokesman, said in an interview that he hoped the government did not intend to abrogate its responsibilities by attempting to establish the foundation.

According to people involved in the negotiations the main purpose of the foundation would be to raise funds to finance an Aids campaign.

The government has indicated that it sees Aids as a "social" and not a "health" problem and feels the private sector should be closely involved in combating the spread of the disease.

Mr Ellis said that the government's Aids programmes have not been "overly impressive so far".

An Aids Foundation could be seen as a way for the government "to opt out of its responsibilities and this possibility cannot be ignored".

"It is also probably directly related to the severe state of our economy and the fact the government does not have the money to embark on expensive programmes no matter how necessary they are.

"If this is the case the foundation must be seen in a positive light as the potential saviour of hundreds of thousands or even millions of lives."

Mr Ellis said a foundation

might prove less reluctant to embark on real educational programmes than the government had been.

He pointed out that the government had been criticised for its ineffective action in fighting Aids.

"There is a very real need for an extensive and on-going educational programme which would include radio, television and the Press as well as a programme for use in schools.

"Many medical doctors are claiming that the number of Aids carriers will double every six months from now making it essential that every child and every adult in the country is aware of the dangers and in particular how the disease is spread and how it can be prevented."

South Africa has also been criticised for being one of the few civilised states in the world that is not funding the treatment of people affected by Aids.

The treatment is expensive and way beyond the means of most people.

● The Argus Foreign Service reports from London that the spread of Aids among heterosexuals has increased dramatically.

According to the Department of Health's latest figures, nearly five people a day are being infected in Britain.

10 000 Aids cases in Nam

crit. units 12/10/89

92

From KEVIN JACOBS

WINDHOEK. — Independent Namibia's health and education services will have to come to terms with an inherited problem of Africa: Some 10 000 of its people may have Aids.

War disruption, inadequate education, traditional and church-led resistance to information programmes and preventive measures and health systems divided by apartheid have collectively camouflaged the extent of a problem which could be doubling every six months.

Two decades of war and tightening security control on the northern region abutting Angola and Zambia disrupted and curtailed many community-health programmes. But now with hostilities ended, health managers face the potential threat of widespread Aids infection among some 41 000 Namibians who came home from exile in the two northern neighbours, both high-risk nations.

National Health Department secretary Dr Lourens Erasmus acknowledges an effect on the spread of Aids, from war disruption, to northern bor-

der communities. "People are far more likely to follow a promiscuous lifestyle.

"We have not quite seen the effect of this but we will in the next few years."

Statistics disclosed recently by his department show 131 reported cases of HIV virus carriers since 1986. But the figure jumped by 18 between July and August this year.

But officials in the field agree that the problem is far wider than officially reported cases. Dr Erasmus estimates possibly 100 cases of Aids carriers for every one reported, translating into at least 10 000.

"We are facing rapidly increasing figures without even doing screening tests," said Dr Karen Burkhardt, a member of the Aids Advisory Committee. "Tests are done only on clinically suspicious cases. This is the tip of the iceberg."

Dr Andreas Obholzer, another committee member, said: "Information and education are our only defence against Aids. Ignorance is not bliss, it's death."

Pharmaceutical chief praises Aids brochure

CAL Times 11/10/87 92

MR WILLIE KOCK of Bloemfontein, president of the Pharmacists Association of South Africa, is full of praise for the way in which the Department of National Health and Population Development is raising awareness of Aids.

This is being done by means of a brochure which is available countrywide free of charge.

More than 2 000 pharmacies are helping to make the brochure available.

"This brochure spells out the entire extent and implications of Aids better than anything attempted on the subject so far in South Africa," he said.

"The brochure is factual, pulls no punches and leaves nothing to the imagination.

"It is extremely well laid-out and covers everything anyone might want to know about Aids.

The way in which various aspects appear under separate chapters makes it easy to look up specific things."

Mr Kock says his pharmacist colleagues were particularly surprised by the number of inquiries they had received about the brochure.

"My colleagues said the advertising and publicity campaign drew many people to their pharmacies in search of the brochure."

It is simply written and printed in nine languages — English, Afrikaans, Zulu, Xhosa, Tswana, South Sotho, North Sotho, Tsonga and Venda. It is available from dentists, doctors, pharmacies, clinics and hospitals.

It may also be ordered from the Department at Private Bag X63, Pretoria 0001.

SMK 10/1989 (92)



Aids estimates: take your pick

The trees that line Harare's avenues make useful poster stands. "Aids is everyone's problem" stated a recent batch, only to finish with "Jesus Christ — the only hope". Some doctors, too, reckon the time for terrestrial solutions may be all but past.

Zimbabwe has avoided the worst sorts of response to Aids (unlike Kenya, whose President has called for carriers to be isolated). It is rightly proud of its blood transfusion service, which in 1985 became the third in the world to screen donors' blood for the HIV virus that leads to Aids.

Last year, however, Zimbabwe spoilt its record. The government, fearing loss of tourists or face, decreed that the official death toll be reduced from 380 to 119. At about the same time, most research into the epidemic's development was stopped.

Things have got better. Workshops and travelling theatre groups once more explored Aids to villagers, and training is offered to the country's 35 000 traditional healers. Aids deaths are now counted up and published periodically, the official death toll at the end of June being 761 (less than half Zambia's but much more than

those of Zimbabwe's other neighbours).

The official figure is undoubtedly deflated, but the death toll is less controversial than the incidence of HIV infection. The average time between infection with the virus and death from the disease is at least seven years. Most of those now dying were therefore infected in the early 1980s, when Aids was barely recognised. The death toll sheds little light on the spread of HIV since 1984, when the epidemic took off.

Indiscretion

In 1987 a government official let slip that 250 000 Zimbabweans were reckoned to be infected with the virus. Extrapolations from that indiscretion are alarming.

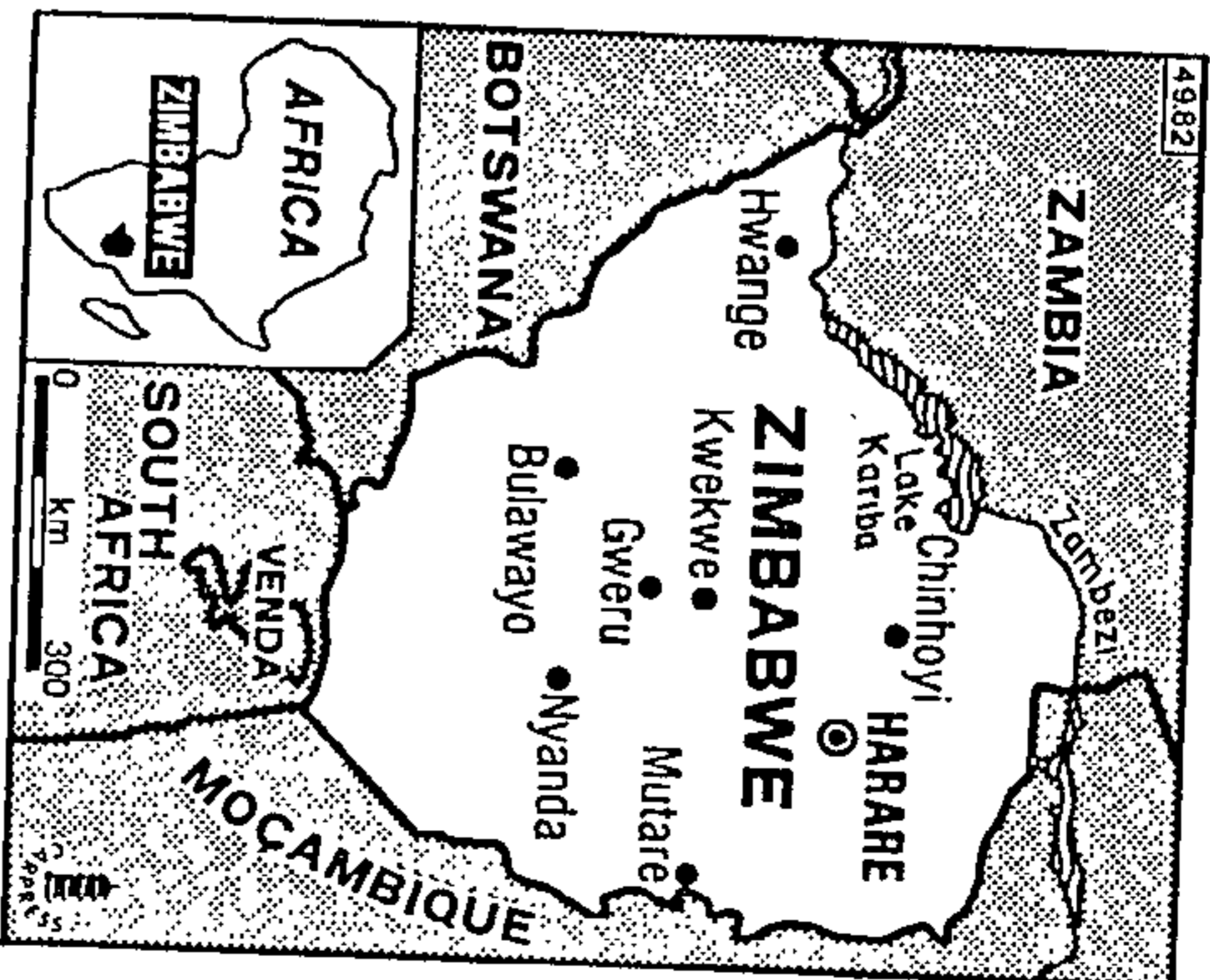
In the earliest stages of the epidemic elsewhere in Africa, the numbers infected are thought to have doubled in a year. If that was so in Zimbabwe, 1 million could now be infected — a quarter of the adult population. Some private estimates are higher still, but the virus spreads more slowly as it moves from the more sexually active to the less so, and as the uninfected proportion of the population grows

smaller.

Heterosexual promiscuity may spread the disease faster in Zimbabwe than in richer countries. Many Zimbabweans were until recently polygamous: a survey in 1984 showed that one woman in eight was a second or third wife. The fading of polygamy may tempt men to choose bedmates from a wider field.

Zimbabweans do not like condoms. Harare's municipal authority gives away 1.2 million a year, so the average man about town gets five of them. The few sold by chemists are not enough to prevent the spread of other sexually transmitted diseases, whose prevalence usually reflects that of Aids. Last year 900 000 adults were treated for venereal diseases; one clinic in a poor suburb of Harare treated 900 children under the age of 12.

The mobile are especially at risk. The virus spreads along truck drivers' routes. Poor and rich seem equally vulnerable — poor men may leave their wives in the country and resort to prostitutes; rich men may attract more bedfellows. — The Economist



tract was signed. The general idea

5711 (92) 10/10/89

W African Aids strain hits US

The Star's Foreign News Service

NEW YORK — A second type of the Aids virus, which has already ravaged large parts of Africa, has been introduced to the US West Coast by a West African man who is said by officials to have led an "extraordinarily active" sex life.

The man, from Sierre Leone, is said to have had sex with between 20 and 40 women in California since he arrived in the US 10 years ago.

HIV-2 — or human immune-deficiency virus type 2 — is com-

mon in West Africa but rare in the United States.

Nearly all confirmed 105 000 Aids cases in the United States to date were caused by the main Aids virus, HIV-1.

The infected man, who has lived in Los Angeles since his arrival in the US in 1979, hasn't developed Aids himself.

Doctors say the chances of his having infected his many lovers seems slight.

The man, whose identity is being withheld, had "protected

sexual contacts over a long period of time" with one woman, according to one health official.

She has apparently not been infected with the virus.

"That is reassuring," the official added.

A second lover has also not been affected.

Officials expect to find only two or three more of the 20 to 40 women.

Until now, only seven cases of HIV-2 infection have been diagnosed in the US.

runs along the same
35 km before turning off into the park.

Run on Aids brochure

9/11/89 Medical Reporter (92)

The demand for the Department of Health's recent brochure on Aids has exceeded the print order of 2,5 million.

About 45 000 orders for the Afrikaans version are on the waiting list. Copies of the English version are also dwindling and more copies are being printed.

People are urged to order brochures despite the backlog. Anyone wanting one can contact the department on the (012) 325-8670/1 hotline until October 14. It is manned from 7 am to 7 pm including Saturdays. Brochures can also be ordered by writing to the department at Private Bag X63, Pretoria 0001.

Aids victim cadre gets 30 months' jail

DAN DLAMINI and DES BLOW

ANC cadre Oben Dibate, 30, an Aids sufferer, was this week sentenced to an effective 30 months' imprisonment by the Welkom Regional Court after being convicted of terrorism.

His counsel, Advocate Aandman, said a prison sentence is tantamount to a death sentence for an Aids sufferer.

Fears were also expressed that the virus could be spread among other prisoners, but a spokesman for the Prisons Department said that confirmed Aids sufferers

were segregated from other inmates to prevent further contamination.

Victims were counselled and cared for by informed and trained personnel under the supervision of a doctor.

But a German doctor who gave evidence on Aids for Dibate said prison would undoubtedly shorten Dibate's life-span.

"Because of his Aids, Dibate has already spent a year in isolation awaiting trial - and he will be kept in isolation during his prison sentence," said Dr Wolfgang Rennert, a West German

Aids expert who works Alexandra Clinic.

Prison education about Aids was necessary as homosexuality existed in all prisons, he said.

A spokesman for the Prisons Department said that as soon as a prisoner was diagnosed as an Aids sufferer, the Prisons Service medical officer made a recommendation for the prisoner's release on medical grounds.

Rejecting pleas for a suspended sentence, Magistrate AJ Pienaar said although Dibate had not committed acts of violence, terrorism was a serious crime tanta-

mount to treason and could be punishable by death.

Pienaar said Dibate had joined the ANC in 1982, had undergone military training in Angola, and had studied communications in Cuba.

He sentenced Dibate to five years imprisonment, half of it suspended for four years.

Lawyer Amican Soman said he would appeal against the sentence, and that he would also request that Dibate be transferred to Bloemfontein and serve his term in hospital instead of prison.

92 Clem 8/10/89

Johan knows his life is like a clock that is about to stop

Story and Picture: **CARRIE CURZON**

IT IS too late for tears for Johan van Rooy. A few years ago he was a happily married man, holding down the responsibilities of managing a furnishing company and looking after a wife and two young children.

Today, at the age of 36, he lives in Hillbrow with only one certainty to his existence. His death.

"When it knocks on your door you cannot turn the clocks back," says Aids sufferer Johan, who has tried, to turn his stay of execution into as positive a one as possible.

After the dreaded diagnosis a year ago, Johan gave up his job but took on another task — to help his fellow sufferers. Along with 35 other people from the HIV clinic, he started Body Positive, a voluntary Aids support group that has launched an extensive education campaign and also undertakes to house Johannesburg Aids sufferers.

The organisation, its members mostly suffering from either full-blown Aids or tested HIV positive, has already grown to 617 people countrywide — 18 of them women.

"The South African Institute of Medical Research (SAIMR) estimates that 280 people are in the terminal stages of Aids," says Johan. "But we also know that 33 000 people are estimated to be infected by the virus nationwide, and 15 000 of these are in the PWV area. In the next five years a large percentage of these will move into the full-blown-Aids category."

Johan's personal story is as tragic as the others, although he would be the last to admit it and takes the attitude that "we have all got to die sometime".



HELPING HAND: Johan van Rooy.

His sexual preferences led to a divorce eight years ago and a heart-rending separation from not only his wife but also his two beloved daughters. Sensibly, realising he was at risk of contracting the dreaded disease, he had regular tests over the past three years. But no-one can ever be fully prepared to hear the worst, as Johan did last October.

"In fact, at that stage I was only HIV positive, but the medical practitioner who tested me didn't know the difference and told me I had Aids."

Since then Johan has moved on to the "ARC" (Aids-related condition) stage and now waits in apprehension for an infection (such as cancer or pneumonia) to develop and turn him into a terminal patient. "That will really cause the clocks to stop," he says in a frighteningly matter-of-fact way. But isn't he scared of the unmentionable, misunder-

24-hour cycle marathon in aid of Aids

IT IS time South Africans stopped believing Aids is only a homosexual disease and realised it is something that could affect each and every one of us. Mr Michael Morris, a spokesman for the Bramley Rotract organisation, has warned.

In an attempt to increase Aids awareness among young adults and encourage responsible sexual behaviour, Bramley Rotract is organising a fundraising event for a Johannesburg-based Aids support group.

MEDICAL REPORTER

A team of four will take part in a 24-hour cycle marathon at the Balfour Park shopping centre today starting at 8 am.

The marathon will end with a celebrity breakfast and all funds raised will go to Body Positive, an organisation which offers support and counselling to Aids sufferers. Mr Morris told The Star that Bramley

stood, viral infection that stops friends shaking hands or sharing coffee cups?

"I think it's the greatest thing that could happen" is the unlikely response.

"Once you know it's going to happen sooner or later, your whole outlook on life changes. I have become a very relaxed person and have really learnt to unconditionally love everyone and everything. I appreciate things that before I took for granted. Everything looks different — I even enjoy flowers more than I did before."

But while Johan may have accepted his fate, he admits that the thought of facing an unpleasant end does frighten him.

"I have sat with many people who have died of

Rotract had chosen Aids as a project because it was time young adults became aware of this illness which was spreading rapidly through all sectors of the population.

"We need to tell people that you don't have to be a nerd not to sleep around."

Anyone wanting more information about Body Positive can contact Mr Johan van Rooy at (011) 724-5991 or Mr Morris at (011) 804-1030 during office hours.

Aids and it is not a nice sight. Everyone in the terminal stage knows they are going to die, but carried with it is a terrible fear of the unknown. And that is the time when the support of family and friends is usually withdrawn — just when it is needed most.

"The fear of how I am going to die is a very real fear that I have to live with from day to day."

"My ex-wife was naturally shocked at first, but she has been amazingly supportive, and I still see my two daughters as often as I can. They understand my medical condition completely and have no fear of it. But sadly they have problems at school. They get mocked because of me and find themselves in a very different situation."

Knowing that stress can activate the HIV virus and because his energy levels had dropped after the initial diagnosis, Johan left his job last October. "I

may also have been shame or guilt that made me make the decision to give up work," he says. He is no stranger to the stigma that goes with Aids, and says: "I have walked into restaurants and stores and when people recognise me as the person who started Body Positive, they leave the area."

He regrets ever speaking openly to the press about it as it has caused much personal suffering. "There is no un-telling once you have talked about it. My family have suffered because of it and I have often been refused service in public places."

"I now get a lot of satisfaction working and fundraising for Body Positive", adds Johan. "I don't draw a salary but I care about people enough to try to offer other victims the sort of support I have had from family and friends."

"Such is the stigma attached to the terminal stage of Aids in this country that people are scared to admit they are HIV positive for fear of the discrimination that will follow."

"And once they are under the stress of being unable to share feelings about their condition, the likelihood of their activating the virus increases. If people only understood that Aids is not contagious — you have to have an exchange of body fluids to get infected with the virus."

For Johan the rest of his life is a question of managing it from moment to moment, from day to day. Death has become uncomfortably close.

Anyone wanting to make donations to Body Positive should contact Johan at (011) 724-5991 or write to PO Box 17668, Hillbrow 2038.

The organisation is running a workshop next Saturday when the subjects of hospital and holistic care and education on HIV infection will be covered.

AIDS depression looms

Own Correspondent

DURBAN. — The sweeping growth of AIDS throughout South Africa could mean a surplus of housing for blacks in 10 years time, says the author of "Countdown to Doomsday", a book on the dreaded disease.

Addressing a conference of civil engineers in Durban yesterday Mr Keith Edelston said indications were that AIDS would lead to a massive depression in Africa and the Western world.

After outlining the projected effects of AIDS on Third World economies, which he forecast could collapse, he said the disease would hit the First World by reducing demand.

South Africa would suffer from a declining demand for minerals and reduced black labour. Apart from the blacks, AIDS affected key whites, aged between 30 and 40 years old, executives and graduates.

Many villages decimated by spreading virus

Deadly Aids takes its toll in Africa

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NAIROBI - By the time Ronnie Mutimusekwa was 15, he was sleeping regularly with three different girls. A few years later, the number had grown to 15 and he was proud to think any woman he asked would go to bed with him.

"I guess I made sex a hobby," said the 34-year-old. It proved to be a deadly hobby. Mutimusekwa, from Zimbabwe's southern city of Bulawayo, contracted Aids. He does not know who gave it to him, nor does he know who may have caught it from him.

Spreading

Behaviour like his has contributed to the rapid spread of the disease in Africa, and has helped make the continent the Aids centre of the world.

Two-thirds of the world's estimated Aids cases are in Africa, and most of those are concentrated in about 12 countries across the continent's central, eastern and southern regions.

The problem only threatens to get worse, according to medical experts. Infection rates, unlike those in most other areas of the world, are rising in Africa. If current trends continue, millions of African infants will be born with the deadly disease, and Africa's population growth rate - now the world's highest - will be cut.

Infected

The Geneva-based World Health Organisation estimates that in sub-Saharan Africa, one of every 40 adult men and women is infected with the HIV virus that causes Aids.

In the United States, which has recorded about half the world's known cases of Aids, one of every 75 men and 700 women has HIV, WHO estimates.

Because of under-recognition, under-reporting and delays in



reporting, WHO estimates only a fraction of the world's cases of Aids and HIV have been recorded.

As of mid-1990, about 65 000 Aids cases had been reported from Africa. But WHO estimates closer to 500 000 adult Aids cases probably exist - more than half the estimated global total.

In what it calls a conservative estimate, the organisation says 5 million Africans may be HIV carriers.

"Aids and HIV are becoming more and more a disease of the developing world," said Michael Merson, WHO's anti-Aids chief, in a telephone interview from Geneva.

"By the year 2000, we expect 80 percent of the cases to be in the developing world."

Millions

The organisation says about 25 million to 30 million cases worldwide are expected by the end of the century.

Merson includes Latin America when he speaks of Aids and the developing world, but WHO statistics show the severity of the disease in Africa far outstrips any other continent.

Today, Aids is the leading cause of death among young adults in many African countries, said Merson.

The average African victim, however, differs from his American or European counterpart, who is usually a homosexual or an intravenous drug user.

In Africa, most Aids casualties are heterosexuals. Because of this, the number of women infected roughly equals the number of men.

And because many of the infected women are in their prime, HIV transmission from mother to child is an increasing problem.

Already this year, about half a million children carrying the HIV virus have been born in Africa, says WHO.

The organisation estimates an additional 10 million infected infants will be born before the year 2000. Another 10 million children born to infected mothers but who will not contract the disease are expected to become Aids-related orphans in the 1990s, says WHO.

A 26-year-old unemployed Zimbabwean who lost a two-year-old daughter to the disease said she learned she had Aids while still in the hospital after delivering her baby.

Feeding

"I was really hurt because the baby had also contracted the disease and whenever she was brought in for breast-feeding, I would look at her and cry," she told Ziana, Zimbabwe's news agency.

Her husband also tested positive for the disease. But rather than engage in safer habits, she said he stopped sleeping with her and started bringing other women home to bed.

Such negligent promiscuity is encouraging the disease's spread, as are a tradition of polygamy among many African peoples, a high incidence of other sexually transmitted diseases - particularly those that create sores - and centuries-old customs.

In Zambia, for instance, where 3 000 Aids cases have been recorded but many times that are believed to exist, a custom among the Kaonde tribe demands that when a man dies, a male relative must sleep with the widow to exorcise ghosts.

Enough people will be dying of Aids in the next 10 years that African population growth rates, the highest in the world, are expected to slow, says WHO. Beyond the year 2000, if current trends continue, populations could even decline.

organisation.

Already along the east-west corridor of countries from Kenya to Ivory Coast, the hardest-hit West African country, villages are being decimated by the virus.

In southeastern Uganda, where the majority of that country's Aids cases have been recorded, residents of Rakai said as many as six people were dying daily by 1988.

Burials

Fred Ssonko, manager of a local hotel, said at the time he was going to burials "almost every afternoon."

The 35-year-old took on the extra care of eight children he adopted after his brother and his best friend died of the illness.

While education and awareness programmes have changed behaviour and slowed the rate of new infections in Europe and America, the rates are increasing at an "alarming rate" in African and other Third World countries, according to WHO.

Despite internationally funded Aids prevention programmes throughout the continent, Africa still lacks the resources to mount educational campaigns that reach all its 500 million people.

Sexual

"We want to get safer sexual practices and more condoms used," Merson said. "And it's very important to treat other sexually transmitted diseases."

However, even some of those most at risk and who are easily accessible still don't believe Aids is a real threat.

Surveys have found that 60 percent to 80 percent of the prostitutes in some large east and central African cities are infected with HIV.

However, in Kenya's capital, Nairobi, some prostitutes interviewed recently by a local paper said they thought the figures were just propaganda for government-backed family planning programmes. - Sapa-AP.

Aids cases up by 4 498

GENEVA — Officially reported cases of the fatal disease Aids rose by 4 498 in September, reaching a global total of 182 463 cases in 152 countries, the World Health Organisation (WHO) said yesterday.

The United States accounted for most of the increase, with 3 325 new cases raising its overall tally to 104 210. There were 366 new cases in Africa, 204 of them in Ghana, bringing the total for the continent to 31 512. European cases mounted by 370 to 25 589.

The WHO says its monthly totals of newly reported cases of Acquired Immune Deficiency Syndrome often fluctuate because some countries report more regularly than others. The organisation estimates the true global total to be more than 500 000.

There is at present no known cure for the disease, which is spread mainly by sexual contact and contaminated blood and kills by destroying the body's natural defence system. — Sapa-Reuter.

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Frank discussion of Aids danger urged

By DAVID YUTAR
Staff Reporter

AR663
3/10/89

FREE discussion, understanding and acceptance were human commodities that could do much to contribute to the prevention and treatment of Aids in the community.

This was said by Dr Gordon Isaacs, head of the school of social work at the University of Cape Town, who was speaking at the 13th session of the Living Newspaper, organised by the council of the Camps Bay Hebrew Congregation, at the Albow Centre in Hatfield Street last night.

Dr Isaacs said that in the past five years he had seen as many as 300 people who were infected with the Aids virus in Cape Town alone, of whom at least 40 had died.

He said one of the greatest obstacles to countering the disease was the reluctance on the part of many people to discuss sex and sexuality in public and particularly with teenagers and in the classroom.

"We have to start talking about sexuality in an open manner both in our homes and in our schools," he said.

Perhaps greater than the fear of Aids itself was the fear of discussing in an open manner what could prevent Aids.

He also referred to the myth of "cultural immunity" whereby people of a particular cultural group persuaded themselves that it could not happen to members of their own group.

Referring to the question asked as to what caused Aids, Dr Isaacs said: "I believe that that question today is now irrelevant. Rather we have to ask ourselves 'How do we deal with the disease?'"

He said that when people asked what caused Aids it somehow served as an excuse to "detach ourselves from it" in the belief that only other people, whether they were homosexuals or some other "outside" group, contracted the disease.

HIV survey to use antenatal clinics

TANIA LEVY

92
THE National Health and Population Development Department is to launch a survey of HIV-infection by analysing data from randomly selected antenatal clinics throughout the country. *B/DW 2/10/90*

The study will be the first designed to obtain a national picture of HIV-infection and will be conducted on an anonymous basis.

Department epidemiology director Horst Küstner said yesterday analysis would hopefully begin in the next three months so that results could be available early in the new year.

Statistics obtained would show the degree of HIV infection among various communities in SA, age and geographic distribution, urban and rural distribution and general trends over time.

Küstner said pregnant women were a representative sample of SA's entire sexually active population — those most at risk of becoming infected with HIV. At least half the one million women who gave birth every year attended antenatal clinics.

The spectre of AIDS demanded that baseline data on the extent of HIV-infection be obtained on a continuous basis, he said. The survey would be repeated either every year or every six months.

FW's reforms will be main issue in Randburg

B/DW 2/10/90
SUPPORT for President FW de Klerk's reform initiatives would be the main issue facing Randburg's voters in the November by-election, NP candidate Marthinus van Schalkwyk said after the two candidates were officially sworn in yesterday.

The election will be a straight fight between Van Schalkwyk and the CP's Leonie Steele after the DP's withdrawal from the contest.

The seat became vacant after the resignation of former DP co-leader Wynand Malan.

Steele, after being sworn in at the nomination court in the Ferndale Recreation Centre, said Randburg voters were furious that the NP government had "lied" to them. It had received no mandate for its actions.

Van Schalkwyk, former political lecturer and Jeugkrug chairman, said the DP's withdrawal was an indication of the political restructuring taking place in the white community and in SA generally.

He said the NP's chances in the November 7 election had been strong before the DP withdrew, but that the move would mean even more votes for the NP.

The NP's platform would be pro-reform and supportive of President

TANIA LEVY

FW de Klerk's initiatives.

He would stand for a just and democratic SA with international acceptance, and a growing economy, in contrast to the CP which wanted apartheid with all its conflict and international isolation, and a siege economy.

Steele, a former Warmbaths mayor and journalist, said the CP's victory would shock the NP.

In the previous election the NP had warned voters that the DP would unban communist organisations, talk to the ANC and release Nelson Mandela. Now it had done the same.

The DP had pulled out of the Randburg by-election because canvassing had shown there was little support for its policies, which were now identical to those of the NP.

Steele said she would fight for "Christian survival against communism" and the maintenance of First World order and standards.

The NP attacked the CP as if it did not have a workable policy, but one had only to look at the economy and the ethnic violence to see what the NP had achieved after 40 years in power, she said.

Prediction of 21 700 AIDS cases by 1995 'conservative'

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TANIA LEVY

ABOUT 21 700 AIDS cases in SA by 1995 was a conservative estimate of the pandemic, according to Natal University Economic Research Unit senior fellow Alan Whiteside.

Writing in Indicator, a publication of the university's Centre for Social and Development Studies, Whiteside said AIDS could cost SA between R162m and R2,9bn in 1995, based on an estimated direct cost of R15 000 (\$6 000) per AIDS case.

The prediction for 1995 was conservative as most of the cases on which the extrapolations were based were white homosexuals and did not take into account the growing incidence of AIDS among the black population.

The World Bank said the direct cost of AIDS was only 20% of the true cost, which made it clear AIDS would be a major drain on the economy, he said.

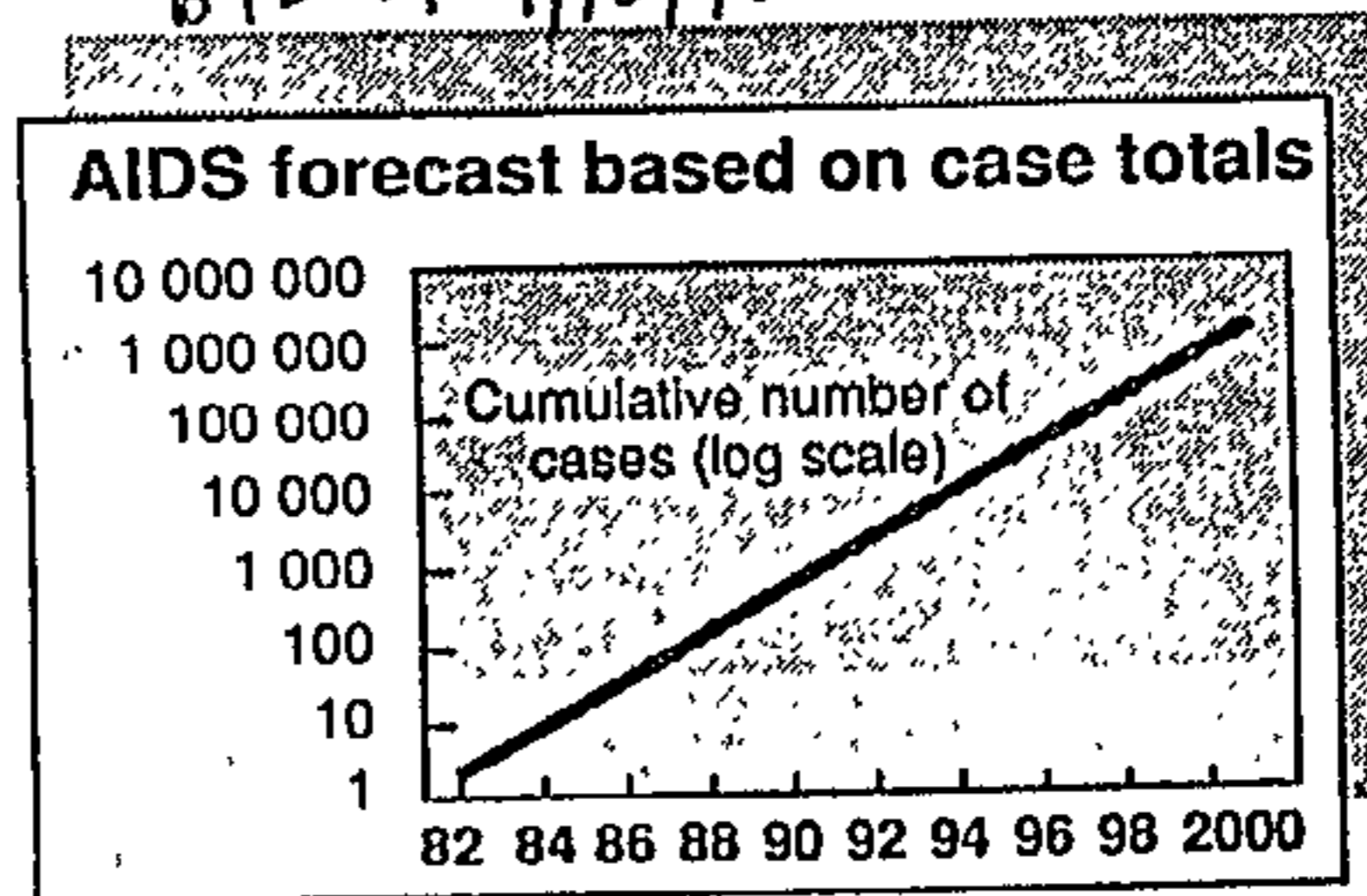
Extrapolating past data gave a cumulative total of 1,3-million AIDS cases in the year 2000 but any prediction beyond five years had to be viewed with great care.

The National Health and Population Department's April statistics showed that for the first time since AIDS was reported in SA, the number of cases among blacks exceeded those among white homosexuals, said Whiteside.

Predictions suggested that by 1991, 6% of SA blacks aged 15-60 would be HIV positive, rising to 18% in 1992, he said.

The percentage of people who, because of lifestyle, would not be infected with HIV remained unknown as no population had yet seen the level of infection peak. Guesses ranged between 35% and 70% of the population.

Whiteside there was no doubt that southern Africa was facing a crisis which would affect the economy



Graphic: LEE EMERTON
Source: DEPT OF HEALTH AND POPULATION DEVELOPMENT

development and all facets of life.

The immense propaganda and destructive value of the disease would go far beyond its economic and medical impact. The pandemic could lead to a siege mentality with some groups identifying others as the source of the problem.

This was particularly serious in SA where media reports suggested the disease would decimate the

black population, implying that whites were somehow immune, he said.

AIDS could lead to a slowing in the rate of population growth followed by an actual drop in numbers.

Evidence from central Africa suggested urban elites were among the first to be hit, he said.

Killing the elite and the armed forces, AIDS could create power vacuums.

Gang member to hang for 'cold-blooded murder'

A CONVICT with Aids was on Tuesday sentenced to death for the "cold-blooded murder" of a teenage member of a rival gang.

Clive Bezick, 27, of the American Kids gang, was sentenced in the Cape Town Supreme Court to hang for murdering Michael Smith, 15, of the Hard Living Kids gang.

For attempting to murder Michael's friend, Igshaan Galant, 14, Bezick was sentenced to 10 years in jail.

For illegal possession of a firearm and ammunition he was sentenced to a total of six years.

Bezick pleaded not guilty to counts one and two and admitted illegal possession of the gun and ammunition.

Judge DM Williamson said there was no evidence to suggest that Aids played a role in his mental state at the time of the cold-blooded killing of a defenceless youngster just because he was a member of a rival gang.

Earlier the court heard that Bezick had previous convictions for robberies,

assaults and a rape, all committed at gunpoint, and is serving a 12-year sentence for murder.

In mitigation FJ Boleurs, for the defence, said Bezick had Aids. He was unmarried and had no children.

Reviewing the evidence Judge Williamson said the charges arose from events in Olivier Road in Valhalla Park, on the night of August 27, 1988.

Michael was shot dead and Igshaan was shot in the chest and left shoulder after they were accosted by a large crowd of American Kids.

Judge Williamson said

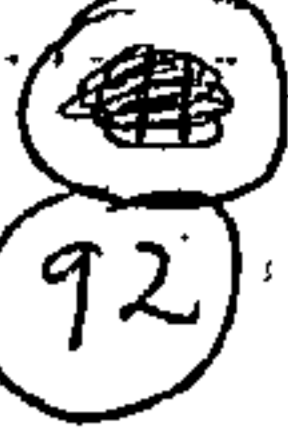
Bezick shot Michael in the mouth, fired two shots at Igshaan and ran away.

The judge rejected the evidence of Bezick and two defence witnesses that they had been attacked by 30 or 40 Hard Living Kids and that Bezick had acted in self-defence.

"The complainant made a good impression and he was supported by an independent witness, Cecelia Williams, who was standing in her front garden and saw what happened.

"From the evidence it is clear the accused was in a belligerent frame of mind." - Sapa

Aids renders TB tests ineffective



Sowetan 25/9/90

RESEARCHERS have discovered that the only available test for tuberculosis is rendered ineffective if a person is also infected with the Aids virus, complicating the diagnosis and treatment of TB, the US Centres for Disease Control reported.

"What this means is it's going to be much more difficult to diagnose TB," said Dr Richard J O'Brien, chief of the Clinical Research Branch of the CDC's Tuberculosis Division.

Tuberculosis is one of the most widespread infections among humans, O'Brien said.

Worldwide, about 1.7 billion people are infected with the tuberculosis bacteria, including about 10 million in the United States.

The vast majority of people infected will never develop the disease. But people who are infected with both Aids and tuberculosis are far more likely to devel-

op TB, especially strains of the disease that are difficult to treat, O'Brien said.

Both infections can exist in the human body without producing any symptoms.

"There are unusual strains of tuberculosis that develop in people with Aids. And if they don't show a positive reaction to a skin test, a doctor is probably going to treat them for some other pulmonary disease," O'Brien said.

Researchers studied a group of 2 000 Ugandan women last year to see how they reacted to tuberculosis tests, in a part of the world where the majority of people are infected with TB.

Among the women who were not infected with the Aids virus, some 82 percent reacted positively to the tuberculosis skin test. - Sapa-Reuter



HIV guidelines for doctors

Own Correspondent

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CAPE TOWN — The SA Medical and Dental Council is reviewing its 18-month-old guidelines on the treatment of patients with HIV infection and the duties of infected doctors. B 1027 25/9/90

The council would amplify the guidelines, said council registrar Nico Prinsloo.

The practical applications of obtaining a patient's consent for an HIV test would be dealt with.

Regarding doctors, the council stipulates that doctors infected with HIV should seek specialist advice on the extent to which they should limit their professional practice to protect patients.

CAPE TOWN 24/9/90 (92)

7 Aids needle mishaps in city

By GLYNNIS UNDERHILL

SEVEN Cape Town medical workers — including up to four doctors — have pricked themselves with syringe needles containing blood from Aids patients in the past year.

A medical source said that six of the workers had proved not to be HIV-positive.

The seventh medical worker is believed to be a young nursing sister at Tygerberg Hospital, who was accidentally pricked by a syringe needle containing blood from an Aids patient two weeks ago.

The Tygerberg Hospital medical superintendent on duty yesterday, Dr R Truter, declined to comment on the incident and said that any information would be treated as confidential.

The accident was reported to have occurred in the hospital's trauma section, when emergency treat-

ment was being given to an Aids patient. The nursing sister had to draw blood from a patient while a doctor gave emergency treatment.

Ninety-nine percent of workers who prick themselves with syringe needles containing blood from an Aids patient will reveal themselves to be HIV-positive within six months if infected, a medical source said yesterday.

A sister working with Aids patients at a city hospital, who declined to be named, said yesterday that she had been "afraid" to work with Aids patients when she first moved to the unit.

"But I have since found that there is nothing to be afraid of if you are careful of secretions," she said.

It is generally considered that the chances of contracting the disease from contaminated blood in an injury were between 0,03% and 0,04%.

CME Text

8/10/90 92

Aids hits Africa: Millions orphaned

KAMPALA. — Africa is confronted with the problem of a lost generation — an estimated 10 million orphans whose parents will die of Aids.

In Uganda, the problems of 40 000 children orphaned by the disease have alerted the international community to the fact that Aids can no longer be compartmentalised as a health problem.

It has unprecedented socio-economic consequences, affecting Africa's workforce, its ability to man industries, grow food and export enough to repay its debts.

According to recent surveys, in the next five-to-10 years 45% of the South African workforce and 90% of skilled Zimbabweans may be infected by HIV. As the '90s progress, Uganda — with an estimated 1.3m HIV-positive people — can expect 12 000 new Aids cases a month.

Earlier this month, the World Bank and 20 other major donors sent delegates to Uganda to work out a multi-sectoral Aids strategy.

Everyone agreed that putting money into schools, agriculture, roads and economic planning as well as health, was needed. But a bitter war took place between the bank and the World Health Organisation (WHO), which holds the UN mandate to control Aids programmes.

A myriad of small, non-governmental organisations, which actually do the work, ganged up to stop the World Bank from imposing a monster bureaucracy on them.

But Uganda welcomed the World Bank's provision of \$30m (about R78m) worth of soft loans for infrastructure such as clinics, schools and roads. It seems the WHO swallowed its pride, realising it has

enough on its plate coping with Aids statistics and policies.

In the past four years the only people who have done anything to help 25 000 Aids orphans in Uganda's worst-hit district of Rakai are a few Irish nuns from a mission hospital.

Norway's Ms Redda Barna of Save the Children Fund (SCF) has recently set up nearby and Oxfam and SCF UK have backed work in Rakai. But just 90 minutes' drive south of the Ugandan capital of Kampala, a chronic emergency has passed unnoticed. "There are villages here of children only," an official said recently.

Ms Sally Fegan-Wyles, representative for the UN Children's Fund (Unicef), says everyone was "paralysed, by the enormity of it, we had never experienced anything like it before". — Daily Telegraph

More pregnant Aids victims

By SANDILE MEMELA

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C/Pers 23/9/90

THE number of pregnant women in Soweto identified as being carriers of the Aids virus has increased tenfold from one in 2 000 during April 1987 to one in 200 during the same month of 1989, Dr Peter Mabe of Baragwanath Hospital said this week.

Speaking at the Tribute Forum at a Johannesburg hotel, Dr Mabe said it was time township people abandoned their casual attitude to Aids, which was already rampant among blacks.

"We still have people identified as Aids carriers who refuse to accept the truth of their plight. This spells great danger for our populace in the townships," said Dr Mabe.

Guest speaker Dr Dennis Sifris said between 10 million and 50 million people throughout the world would be affected by the disease in the next 10 years.

"It is time black people dismissed the idea that Aids is a white disease or that it was invented by the AWB to wipe them off the face of the earth," said Dr Sifris.

"The epidemic of fear and misinformation has spread faster than the Aids epidemic. The media can correct this by giving facts about Aids to reduce fear," he said.

"People can have the virus and still not be affected by the disease. HIV becomes active only after some time - and it is only then that the victim will develop symptoms," said Dr Sifris.

Aids could only be transmitted by sexual intercourse, blood contact and to an unborn child.

Information was the best defence against Aids. "The more people know about the disease the less they will fear it," said Dr Sifris.

People needed to be told the facts about the disease so they could avoid death through ignorance.

There had been a phenomenal increase in the number of newborn babies infected with the Aids virus, says Hoosen Coovadia, head of the Natal University Medical School Paediatrics Department. Over 30 babies born in one hospital had the Aids virus and 14 of them had died, presumably from Aids. The cases were not followed up when the mothers went home.

Attempts were being made to set up a special clinic for intensive investigation and monitoring of such cases.

Aids cases hit Natal 100 times each month

W/E Argus 22/9/90

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Weekend Argus Correspondent
DURBAN. — More than 100 new Aids cases in all age groups are being diagnosed in Natal every month, while there are now up to 10 Aids patients in King Edward VIII Hospital at any time and several deaths each month.

The Secretary for Health in KwaZulu, Dr Daryl Hackland, said: "We have reached the stage where the escalation curve is almost vertical. The situation worsens by the day."

The spiralling figures were revealed this week by Natal's member of the National Aids Advisory Group, Professor Denis Pudifin, who described the increase in numbers of infected heterosexual blacks as "alarming".

Could be worse

There are now 2 140 known Aids carriers in Natal, but this reflects only the tip of the iceberg, as there are many healthy carriers who have not been tested.

It is believed that more than 1 per cent of the Natal/KwaZulu black population — estimated to be at least 6 million people — are now sufferers.

The head of the National Aids Advisory Group and South Africa's recognised Aids expert from the South African Institute of Medical Research, Dr

But figures only tip of iceberg

Ruben Sher, said today the Aids situation in South Africa could be even worse than the situation in Aids-ravaged neighbouring African states.

"This is because of the mobility of blacks in South Africa, the migration system, violence increasing the incidence of rape, vast unemployment leaving people with nothing else to do other than have random sex, the closure of black schools, which encourages sex among teenagers, and other cultural factors."

Dr Sher said ignorance, denial and a resistance to changing people's sexual habits were also major contributing factors in the spread of Aids in this country. The incidence among gays had "petered out almost completely because of their co-operation and caution", but the spread was just beginning in the black heterosexual population, he said.

Aids crisis in Natal worse by the day

CA+Times 21/9/90

DURBAN. — More than 100 new Aids cases — including infants — are being identified in Natal every month, while there are now up to 10 Aids patients in King Edward VIII Hospital at any one time and several deaths each month.

These figures were disclosed yesterday by Natal's member of the National Aids Advisory Group, Prof Denis Pudifin, who described the increase in infected heterosexual blacks as "alarming".

He says there are now 2 140 known Aids carriers (HIV-infected people) in Natal, but this reflects only the tip of the iceberg, as there are many healthy carriers who have not been tested and are unaware that they are carriers.

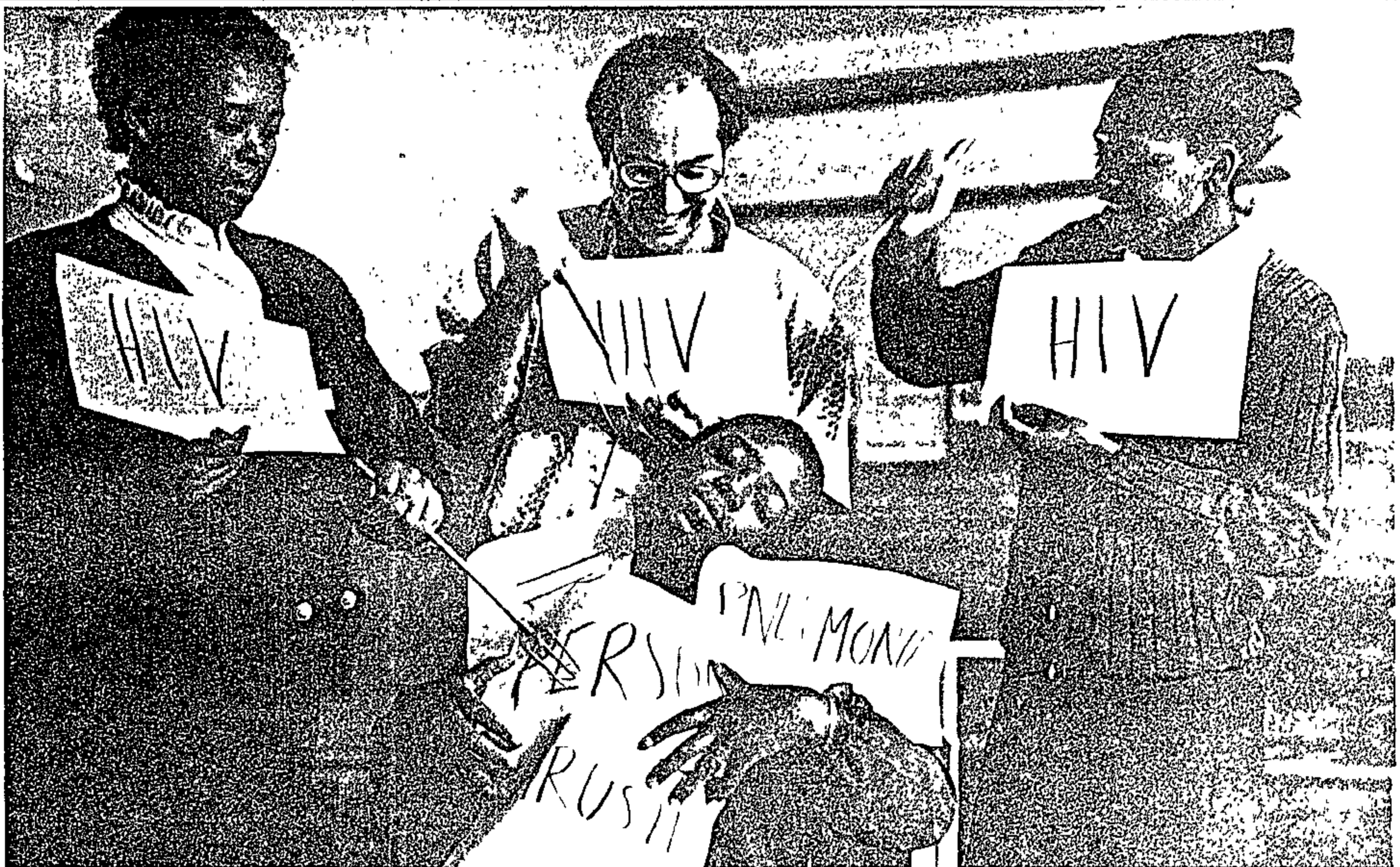
It is believed that more than 1% of the Natal/Kwa-zulu black population are now HIV-infected, which means that there are at least 100 000 HIV-infected people in the province.

The South African Policy Studies Trust has said in London that projections indicate half the South African black population could die of Aids by 2003.

The report also claims that South Africa spent only half the amount on Aids education last year as was spent in Mozambique — which has only 40% of its population.

The trust, based in Folkestone, Kent, said this underlined the inadequacy of the South African government's response to the threat posed by Aids.

Mr Chris Jones, a spokesman for the trust, said in a letter to the Independent on Sunday that statistics appeared in "a secret South African government report", which he said was obtained by the Democratic Party. ● The institute is not listed in the British directory, and a spokesman for the South African embassy said yesterday that he had not heard of it. — Own correspondent and Sapa



Aids education ... Dr Gidon Frame and health workers Idah Makhubela, Mamikl Montoedi and Rosoline Seakhoa demonstrate the dangers of HIV Pictures: GISELE WULFSOHN

Alex clinic gets ready for the Aids battle

WLE Mail 21/9 - 27/9/90

After two years of preparation, the Alexandra Health Centre is ready to take the battle against Aids into the community. JOHN PERLMAN reports

THE Alexandra Health Centre in Johannesburg last week began looking for a community Aids worker to set up an outreach programme in the township.

That might lead one to think that the centre was taking its very first step to combat the spread of Aids and the human immunodeficiency virus (HIV) which causes the disease.

In fact, whoever gets the job will be joining a project that has been putting down roots for two years.

Some 180 000 people live in one square mile in Alexandra, about 40 percent of them in shacks. Another 15 000 people live in single-sex hostels. The health centre was one of the first clinics to start developing a comprehensive Aids programme. And as others begin to follow suit, the work done in the township could prove to be an invaluable model to follow.

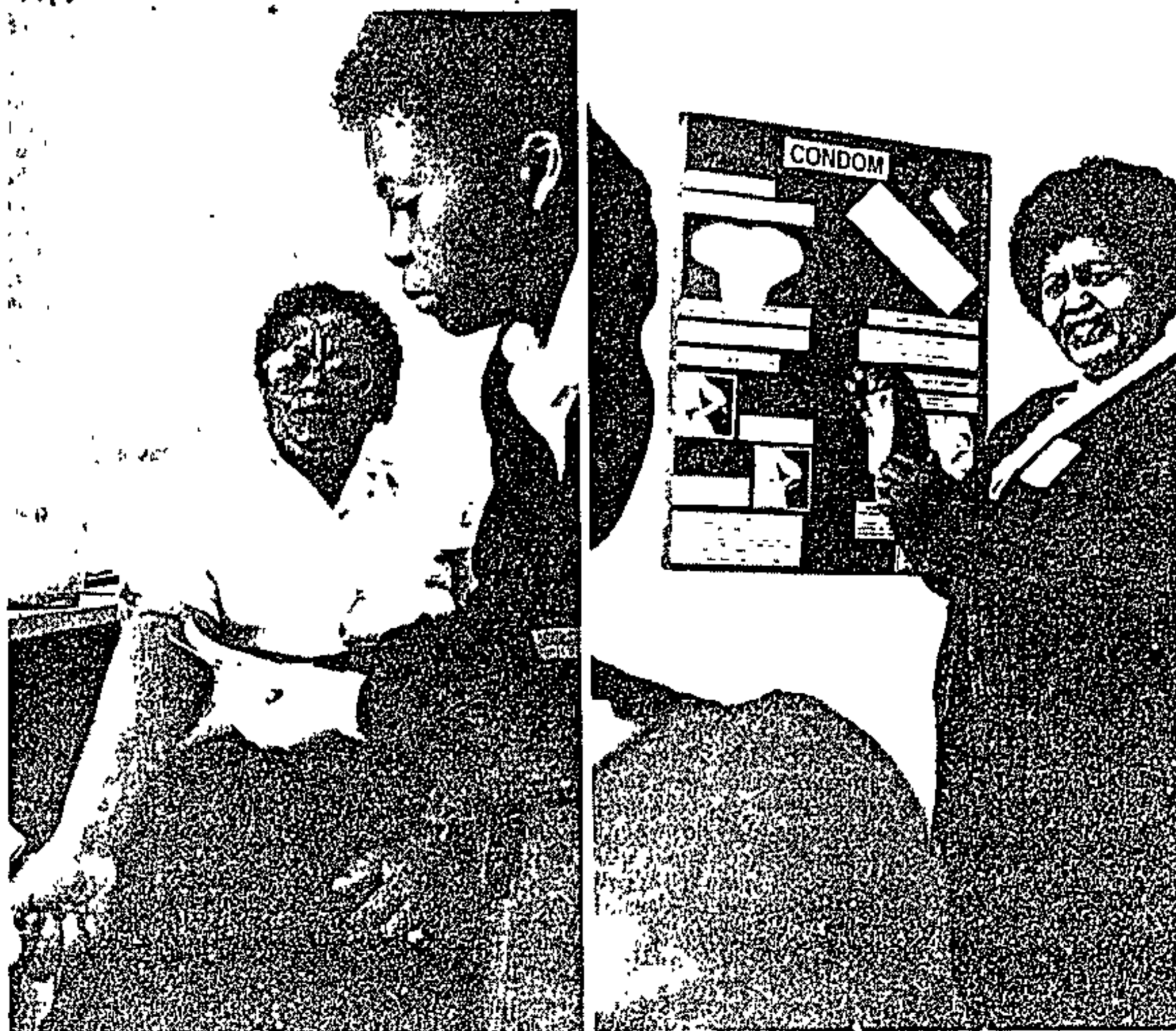
Why wait two years before going out into the community? Many, after all, would see that as a logical first step.

Dr Gidon Frame, coordinator of the programme, explains: "If we had simply gone into a major outreach programme, we would have created needs, especially among the 'worried well' — for condoms, for testing, for counselling — that we just could not meet. That would have been wrong."

Instead, the programme concentrated on getting the centre geared up to deal with Aids and HIV. "The first task was to identify staff needs because without their support no programme would be possible," Frame says.

Workshops were held with all staff, from doctors to cleaners, to find out what questions people were asking about Aids. Answers to these were then given back, first in talks and later in booklets.

"This produced a high level of staff awareness about Aids, which in turn



Teaching and testing ... Demonstrations and tests are part of the well developed programme in Alex

led to lots of anxiety," says Frame. "So we then had to make them feel safe dealing with Aids and HIV."

Existing procedures for dealing with blood and waste in the clinic were reviewed and made more stringent.

Attention was then turned to improving the centre's facility for dealing with sexually transmitted diseases (STD), into which the Aids programme would be integrated. "The centre sees about 100 STD patients a

week. It was felt that when Aids came to Alex, those people would be among those most at risk," Frame said.

The centre does not have a separate section for STD patients, but once identified they are directed into an education programme.

For sexual health educators, the centre turned to 12 women employed there as interpreters. "Doctors are not good educators because most people can't understand what they are saying," Frame said. "Nurses tend to be

didactic and a bit patronising.

"Our educators can talk to people as their peers, because most of them live in the township. They are not likely to say ridiculous things or make cross-cultural mistakes and they understand the factors in people's lives that shape sexual behaviour," Frame says.

Some of the educators were also trained as Aids counsellors. "That meant the centre would not have an Aids unit as such, thus avoiding the possible stigma that might attach to

people who go there," Frame says.

While this work was being done, the centre carried out a three month study of levels of infection, based on World Health Organisation guidelines, which allow for testing blood taken for other purposes provided no information links the sample to an individual.

"Most clinics don't differentiate between testing for statistics and testing in order to follow up specific patients. As a result both their statistics and their patient care suffer," Frame said.

Statistics to show just how far Aids has advanced in the township will be one of the weapons with which the community activist will be armed.

And that work, Frame says, is "the part that will really count. We have been sowing the seeds for two years and we have the basis for a community-based Aids programme. The activist will have funds, technical support and resources. And we have already begun talking to women's organisations, the civic and youth groups. They too are poised to take up Aids as an issue."

Frame acknowledges that the Alexandra Health Centre has been "well-placed" to develop an Aids programme. "This clinic offers a comprehensive service whereas in state clinics, STDs are a separate service under the municipalities," he says. "We also have good links with community organisations."

But, he insists, "there is nothing we have done that other clinics can't do, although they would have to adapt it to local circumstances. The big question will be to what extent is the clinic in touch with the real issues and the real organisations of their community."

"What does help is that since the unbanning of the ANC and other organisations, there seems to be a greater willingness to become involved with state structures. They seem to be saying that these are our resources, they are paid for with taxes, let's use them."

"That has come not a minute too soon. The next three years are make or break as far as the HIV epidemic in South Africa is concerned."

Alarming hike in Natal Aids cases

Sowetan 21/9/90 92

MORE than 100 new Aids cases - including infants - are being identified in Natal every month while there are now up to 10 Aids patients in King Edward VIII Hospital at any one time and several deaths each month.

These ever-spiralling figures were revealed yesterday by Natal's member of the National Aids Advisory Group, Professor Denis Pudifin, who described the increase in numbers of infected heterosexual blacks as "alarming."

There are now 2 140 known Aids-carriers (HIV-infected people) in Natal, but this reflects only the tip of the iceberg, as there are many healthy carriers who have not

been tested and who are unaware that they are in fact Aids-carriers.

It is believed that more than one percent of the Natal/KwaZulu black population (estimated to be at least six-million people) are now HIV-infected, which means that there are probably at least 100 000 HIV-infected people living in the province.

Recognised

The head of the National Aids Advisory Group and South Africa's recognised Aids expert from the South African Institute of Medical Research, Dr Ruben Sher said yesterday that the Aids situation in South Africa could be even worse than the situation in Aids-ravaged neighbour-

ing African states.

"I think the South African Aids situation could be even worse than in other African countries because of the mobility of blacks in South Africa (black taxis), the migration system, violence (which increases the incidence of rape) and vast unemployment which leaves people with nothing else to do other than have random sex, the closure of black schools (which encourages sex among teenagers) and other cultural factors" said Sher.

Sher said that ignorance, denial and a resistance to changing people's sexual habits were also major contributing factors in the spread of Aids in this country. HIV-infection.

Seventh political prisoner has Aids virus

92



Sowu
20/9 - 26/9/90

By MUSA NDWANDWE

THE African National Congress has become actively involved in a campaign against Aids after another of its members in prison was identified as being HIV-positive last week.

A seventh political prisoner at Pollsmoor has been identified as having the deadly virus, raising fears that the problem is on the increase in prisons.

The increase in the number of HIV-positive cases among prisoners and the fear that the return of exiles might add to the problem are factors which have contributed to the ANC's direct involvement in Aids awareness and prevention campaigns.

Doctors involved in consultations with the infected prisoners at Pollsmoor prison this week confirmed the latest case, but the ANC's Health Department could not be reached for comment on the matter.

Awareness

However, the movement is reported to be actively involved with concerned health workers in a campaign against Aids.

ANC Health Department representative Dr Manto Tshabalala visited the infected prisoners recently.

Progressive Primary Health Care (PPHC) Aids Forum representative in Natal, Mr Faried Abdullah, said although awareness about Aids existed in progressive organisations, no concerted effort had been made to get involved in an Aids programme until now.

Health workers have attributed this to various factors.

"Political organisations have more pressing priorities and a shortage of manpower, resulting in limited skills necessary to integrate Aids work in a constructive way," said Dr Glenda Gray, South African Health Workers' Congress (Sahwco) spokesperson.

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VS

ANC 'should aid anti-Aids drive'

Own Correspondent

LONDON. — The ANC and other black organisations in South Africa should lend their moral authority now to health and education campaigns aimed at combating Aids, according to prominent commentator Mr R W Johnson.

He said the ANC and the government had already held preliminary talks on the matter at a little-publicised meeting in March, which resulted in a submission to the World Health Organisation (WHO).

Writing in yesterday's Independent on Sunday, he said there was an understandable suspicion among blacks about proposals to limit black population growth and calls for them to use condoms or the pill.

But, citing the recent upsurge in the number of HIV positive cases in neighbouring Southern African countries, he said: "Such evidence suggests Aids is bound

● KAMPALA. — Two-thirds of all donations to Uganda's main blood bank have been rejected after testing positive to the Aids virus, a government newspaper reported on Saturday.

In a recent report, Uganda's Aids Control Programme said nearly one million people in the East Africa nation of 15 million carried the Aids virus. — Sapa-AP

to become a problem in SA. The country has long, porous borders and there is no way it can insulate itself."

The ANC seemed likely to have particularly acute problems, he said.

"Its exile leadership was based in Lusaka where the Aids rate among young adults (the age group of most of the exiles) is about 25%, while its guerilla fighters, who must shortly be repatriated, have been stationed in Aids-prone countries like Zambia, Angola, Uganda and Tanzania.

"There is a strong case for test-

ing all returning exiles, but one suspects the idea of such tests would be politically unacceptable."

Despite the March meeting, he said, there was still a strong, and understandable, tendency to view practical matters such as combating Aids as something to be dealt with when the issues of principle are out of the way.

"The indications are, however, that there is no time to waste and that all black organisations will have to lend their moral authority to the health and education campaigns which are now urgently necessary to head off the epidemic", he said.

"It will be a thankless task — the black population will not take kindly to attempts to get it to change its sexual mores — and it is not quite what the ANC dreamt power would mean during its long years in exile.

"But, as in so much else, the movement has only to look at the situation elsewhere in Africa to see all too clearly what has to be avoided here at almost any cost."

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A former chief sub-editor at S

10-fold increase in Aids

By TOM HOOD
Business Editor

A NEW study of the incidence of HIV (Aids) among gold miners indicates a ten-fold increase in four years.

This is reported by Mr Robin Plumbbridge, chairman of the giant Gold Fields of SA (GFSa) mining group.

He said his group had been deeply concerned about the worldwide spread of Aids.

Until recently South Africa had been regarded as a relatively low incidence country — a view borne out by a major study by the Chamber of Mines in 1986.

Since then, GFSa monitored the situation at the Sexually Transmitted (STD) clinics

which were run in conjunction with the group's major hospitals.

By late last year it was apparent that a major adverse trend was developing in the HIV incidence, says Mr Plumbbridge in his annual report.

As a result, a study was conducted in the first six months of this year with the co-operation of GFSa's gold mine employees.

"This study indicates a ten-fold increase in the HIV incidence since the mining industry's 1986 study," says Mr Plumbbridge.

"This has occurred despite one of the most intensive educational programmes ever mounted on the subject.

"The benefits of these programmes can be judged in the comparison of HIV incidence at various STD clinics which reflects that the incidence at the group's major clinics is about 42 percent of the prevailing incidence at clinics in Johannesburg and 27 percent of the latest available figure for New York city.

"The results of our study have confirmed the need to redouble our educational activities to expand our counselling activities to handle an increasing number of employees who are unfortunate enough to test HIV positive, to continue monitoring the spread of the disease and to keep abreast of the latest research into prophylactics and cures."

SA has Aids epidemic

DURBAN. — South Africa is in the throes of a rampant Aids epidemic, warns Prof Dennis Pudifin, a member of the national advisory committee on Aids.

Speaking at a faculty meeting on Wednesday, Prof Pudifin, of the University of Natal medical school, said no fewer than 1 940 Natal/Kwa-Zulu residents had been tested HIV-positive up to August 15.

In the past three weeks this total had been increased by another 12 cases, he said.

Sapa

39 dead in W. Cape Aids epidemic

Municipal Reporter

DR Michael Popkiss, the Cape Town City Council's Medical Officer of Health, reported this week that 71 cases of full-blown Aids had occurred in the Western Cape and 39 of these had proved fatal.

He said in a report to the amenities and health committee this week that this was the total number of Aids cases from the beginning of the epidemic in 1982 up to August 8 this year, the latest figure available.

According to statistics issued by the Department of National Health and Population Development, in May this year there had been 68 Aids cases reported in the entire Cape Province, of which 39 had been fatal.

R28-m plan for fight against Aids

Sowetan 11/9/90
MORONI - The Canadian International Development Agency (CIDA) is to set up a R28m project here to combat the spread of Aids in southern Africa countries. (92) ~~92~~

The five-year project is aimed at safeguarding the health of people in the 10 countries belonging to the Southern African Development Co-ordination Conference (SADCC).

It will focus on training health care workers, managers involved in primary health care and education of women and migrant workers to encourage safer sex attitudes.

Dice With death for sex

By JOCELYN MAKER, Weekend Argus Reporter

FIVE Cape Town prostitutes have the Aids virus, yet many continue to play a deadly game of Russian roulette with the killer disease as they and their clients refuse to use condoms.

The sleuth, they say, robs them of the ultimate thrill and for this they are prepared to dice with death.

Seamen, who spoke freely to Weekend Argus, say during the time their ships are in dock, sex and alcohol are the only fun they have. Bothering about condoms is simply a problem they can do without.

They all know about Aids and that there is no cure. They also know that they take the risk of becoming infected with the virus, which can then be passed on to all the women they sleep with.

For the prostitutes who do "business" on the foreign vessels the situation is slightly different. There are those who do not care and also do not want to think about the disease.

Others have to live with the reality that if they insist on using condoms they will lose business. Many carry a supply with them but if a client refuses they know he will go to a girl who does not care.

So they take a chance. They assess their clients and if they look "clean" the deal is made. And this chance, according to an Aids expert, is what will kill them in the end.

"Officially we know of five prostitutes in the city who are infected with the HIV virus. The girls win financially in the short-term but eventually end up facing death."

This week, Weekend Argus visited a number of ships. Some have been in the harbour for a few weeks, others longer. Almost all the seaman interviewed said they did not use condoms. Most visit nightclubs and sometimes — three to six times a week — they bring prostitutes back to their cabins.

There are those who have "fixed" girls in each harbour — a girl who spends most of her time with them. In these "relationships" condoms

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8/9/90

AIDS THREAT AS PROSTITUTES IGNORE NEED FOR CONDOMS

"I might have become infected somewhere else, but now I am married and must protect my wife. Today I cannot trust anyone. A girl who sells herself might be beautiful on the outside but there is always the chance that she is rotten on the inside."

Many of the seaman and prostitutes say they would like to see prostitution legalised in South Africa.

One girl said: "It is almost the end of the 20th century and South Africa still refuses to change the laws around the oldest profession in the world."

"As prostitutes we have to dodge the law all the time. What we need is a health clinic that will supply us with condoms and keep a check on us, like in other countries."

A seaman on one ship which has been in the harbour for nearly two months said he had paid for sex in almost all the ports in the world.

"South Africa has the cheapest prostitutes in the world. Many will do it just for food, cigarettes and a place to sleep. Many are dirty. If they were controlled under health laws this would change."

"In other countries the girls are given condoms to use in the fight against Aids. Even the seamen get them at various ports."

The captain of a fishing vessel which has a permanent crew of 26 said he had warned his men about the dangers of Aids and other sexually transmitted diseases, but this did not help much.

"This is life"

KRAMER WOWS THE UK Critics rave, BBC ovation, but not 'wait a minute' SABC

By TYRONE SEALE, Weekend Argus Reporter
DAVID Kramer travelled 10 000km to the Edinburgh Festival to wow critics and audiences, bow! over BBC television producers and to be embittered by the SABC.

The multi-talented entertainment powerhouse returned from the Scottish capital this week, beaming at the success of *The Eyes Of Their Wives*, the show he took to the Edinburgh Fringe circuit with director Bobby Heaney and co-performer Paul Slabolepszy.

The decidedly post-February 2 show has been billed as "a kaleidoscope of monologues, songs and photographic images (David Goldblatt pictures) of the white male in a changing South Africa".

Critics took the billing several dimensions further. "Through David Kramer's poignant songs and Paul Slabolepszy's harrowing monologues we enter the world of ordinary white South Africans confronted with the imminent dismantling of apartheid."

"This powerful two-man show reflects the two opposite reactions to it, acceptance and resistance, adaptation or extinction," a Festival Times reviewer said.

Paul Smart of the influential Scotland on Sunday said: "Paul Slabolepszy and David Kramer have unceremoniously exposed the weaknesses of modern-day Voortrekkers and vel red-necks."

"They have done so with a powerful blend of song and monologue, performed with a gripping intensity that sent shivers down this reviewer's back."

It wasn't easy, Kramer said over breakfast in Cape Town this week.

"We don't have the same struggle and competition as one would have at an event like the Edinburgh Festival, where we were competing with 1 100 companies doing 10 000 performances in one



TOP SEX

ARGW
8/9/90
92

By JOCELYN MAKER, Weekend Argus Reporter

FIVE Cape Town prostitutes have the Aids virus, yet many continue to play a deadly game of Russian roulette with the killer disease as they and their clients refuse to use condoms.

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For the prostitutes who do "business" on the foreign vessels the situation is slightly different. There are those who do not care and also do not want to think about the disease.

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There are those who have "fixed" girls in each harbour — a girl who spends most of her time with them.

In these "relationships" condoms are also not used as the seamen believe the woman is a steady girlfriend. But the same girl becomes the "fixed" woman of another sailor when they leave.

One seaman who has had syphilis and pubic lice a number of times over the past years said he was still prepared to take a chance.

"Aids does not worry me. I judge a woman and if she looks clean, I buy. I do not like condoms as they take away that special feeling. When I have been sick my captain has always given me tablets. Within two months I am fine again."

"Almost every seaman I know will not use a condom. We are out at sea for a long time and when we get back to the harbour we would rather take a chance than go without sex."

Some say they will use a condom if the prostitute has one with her but if not they would have sex anyway.

Only one sailor, who for the past 11 years has picked up girls in harbours throughout the world, said he would not have sex with a prostitute without a condom.

AIDS THREAT AS PROSTITUTES IGNORE NEED FOR CONDOMS

"I might have become infected somewhere else, but now I am married and must protect my wife. Today I cannot trust anyone. A girl who sells herself might be beautiful on the outside but there is always the chance that she is rotten on the inside."

Many of the seaman and prostitutes say they would like to see prostitution legalised in South Africa.

One girl said: "It is almost the end of the 20th century and South Africa still refuses to change the laws around the oldest profession in the world."

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"In other countries the girls are given condoms to use in the fight against Aids. Even the seamen get them at various ports."

The captain of a fishing vessel which has a permanent crew of 26 said he had warned his men about the dangers of Aids and other sexually transmitted diseases, but this did not help much.

"This is life"

"My men refuse to wear condoms. They talk about Aids but do not care. In all the ports we stop we know there is a constant danger but this is life and we cannot change what will happen to us."

He said he gave his men anti-biotics and they were given medical checks if they were not well, but never had anyone on his ship had an Aids test.

One prostitute who does not use condoms said she had reached a stage in her life where death did not frighten her.

But she was concerned about the young girls "servicing" the ships.

"Some are as young as 14. Many are white schoolgirls who earn money over the weekends. Others live on the ships. They move from cabin to cabin and ship to ship. Some do this for months. There are sailors who are only 16 who are taking the same chances."

"Aids is a threat to our lives and we know it, but everyday when I cross the street I am taking a chance. So what is there to worry about."

Focusing on Aids

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8/17/90
92

Researchers hoping for clarity with

new microscope

MELBOURNE. — Australian scientists say the use of a super microscope will allow researchers to conduct the most detailed cell analysis in the world on the effects of anti-Aids drugs on cells.

The Scanning Proton Microprobe (SPM) at Melbourne University's physics department may speed up the search for a cure for the deadly disease, said department head Mr Tony Klein.

"The exciting thing is we are the only people in the world who can pinpoint in cells where the drugs are found," he said.

The SPM produces X-rays showing the concentrations and distribution of the drugs inside cells, Mr Klein said.

"Most advanced"

The three-storey-tall SPM is the most advanced microscope of its type and shows concentrations of elements as low as one in a million atoms, he said.

The Australian search for an effective Aids cure is a collaborative effort between the government's Commonwealth Scientific and Industrial Research Organisation (CSIRO), which is developing the drugs; Melbourne's Fairfield Hospital, where the drugs are tested, and Melbourne University.

The plan to use the super microscope emerged from a chance meeting between Mr Klein and the head of CSIRO's chemicals and polymers division, Mr George Holan, at a New Year's Eve party two years ago.

Mr Holan told Mr Klein that CSIRO was having trouble conducting standard chemical analysis of the drugs because they were "peculiar," containing heavy metal compounds such as tungsten and cobalt.

Mr Klein responded that the Scanning Proton Microprobe was particularly good at finding heavy metals.

Thus was born a partnership to battle Aids.

Since that exchange, Melbourne University's Ms Marian Cholewa has analysed five heteropolyanion (HPA) compounds, variations of drugs being examined for their prospects in battling AIDS, for the CSIRO.

One such compound, the French-developed HPA

23, was used experimentally on film actor Rock Hudson before he died of Aids.

"Once you find out which drug is the most effective, you are in business," Ms Cholewa said. "We are looking for a drug which enters the cell and stays there the longest and won't be toxic."

Mr Sed Marcuccio, CSIRO's chemicals and polymer division senior research scientist, said the SPM research would help in the development of more potent experimental drugs.

Acquired Immune Deficiency Syndrome is a fatal disease caused by the human immunodeficiency virus, or HIV. Aids attacks the body's immune system, leaving victims susceptible to a wide variety of infections and cancers.

In June, the World Health Organisation said there were 266 098 Aids cases reported in over 150 countries. Half of the victims were in the United States. The second highest number was in Zaire, followed by Brazil.

A half million people are believed to have contracted Aids; a million people are thought to have been affected by Aids-related symptoms; and five to 10 million have been exposed to an Aids virus.

The virus is most often transmitted through sexual contact, though it also can be spread through transfusions of tainted blood or blood products, and the sharing of contaminated hypodermic needles or syringes by drug abusers. Aids also can be passed from mother to child-at or before birth. — Sapa-AP.

Soekor to screen crew for AIDS

CAPE TOWN — Oil exploration company Soekor is planning to screen all its foreign contract workers for AIDS.

Synthetic fuel company Mossgas tests its employees for AIDS.

The two companies denied any knowledge of a report that an unidentified oil rig worker in Mossel Bay had been diagnosed as HIV-positive.

"We are putting the screening process into operation.

"AIDS is something that is causing concern to everybody," said a spokesman for Soekor.

AIDS was a prominent issue and one

Own Correspondent

that management could not ignore, he said.

Mossgas public affairs manager Harry Hill said that its employees were tested for AIDS as part of the organisation's medical aid requirement.

Mossgas employs 10 000 contract workers on site.

Of these, 10% are recruited abroad.

The contract workers were screened by contractors and local health authorities, said the spokesman.

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(92)

INSURANCE

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92

COVERING AIDS

No local insurance underwriter will provide Aids cover in the medical field, says insurance broker John Robinson, of Alexander Forbes, who has just tied up an Aids cover line with Lloyd's of London. Even Lloyd's is not wholeheartedly behind the cover — if the experience proves disastrous the underwriting syndicates can give notice to withdraw.

Robinson estimates 80 000 people in medical fields are at risk. They can now, as individuals or in groups, insure against becoming HIV-positive for R120/year for every R100 000 of cover. Maximum cover is R600 000.

The possibility of extending the cover to other special risk groups is being discussed,

PRODDING THE BMA

Last Thursday's special meeting of the Financial Markets Advisory Board could give shape to the Bond Market Association. The meeting, chaired by Reserve Bank Deputy Governor Chris de Swardt, reviewed what has so far been done to establish structures and procedures for formalising the financial markets.

This underscores the authorities' eagerness to inject some urgency into the situation. The association's start-up date has already been postponed until June 30 from September 10.

An important outcome of the meeting was that principles seen as non-negotiable by the Registrar of Financial Institutions — minimum risk procedures, client protection and so on — were thrashed out. This has given the association the guidelines needed to structure the clearing and settlement services it requires from the Universal Exchange Corporation (UNEXcor).

The association must present these requirements by end-September.

Discussion centred on the long-term clearing and settlement solution for the association. Whether it should adopt an interim solution, which may involve the additional expense of maintaining existing back office

systems, is less certain since use of the JSE's gilts clearing house has been shelved. All this has been referred to the Registrar

Another recommendation was for UNEXcor to go ahead as planned. Originally planned to be an electronic exchange facility for all the financial markets (similar to the UK's International Commodities Clearing House), it was forced to cut back its scale of operations last year, budgeted at R40m.

Step by step

It will probably evolve into a universal exchange eventually — but on a step-by-step basis — starting with the association as a client.

UNEXcor was formed on December 12 with the Reserve Bank chipping in R2m capital and the five major commercial banks and United putting up a further R8m.

Designed as a utility, UNEXcor will be a non-profit organisation. Shareholders are to receive interest on loan accounts. UNEXcor will need up to 12 months to commission the association service. It expects to break even within three to five years. ■

Robinson adds. These could include paramedics, firemen and policemen. In their case the premium is likely to be stiffer, probably because underwriters consider workers in mainstream medicine to be better informed about Aids risks than those who have a peripheral exposure due to contact with accident victims.

Robinson says no local underwriter will accept the policy. One was prepared to add an HIV-positive clause to stated benefits in a more wide-ranging contract but the premium demanded was prohibitive.

Alexander Forbes will start marketing its cover to medical and dental associations this month and is also discussing the cover with private nursing homes. Existing cover taken out by nursing homes protects them against claims by employees for disabilities incurred at work.

Aids, Robinson points out, is not immedi-

ately disabling. Yet the nursing home — or any other employer faced with a similar problem — might feel a moral obligation to retain an Aids sufferer in a position not involving contact with patients.

FIM 719190

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ECONOMY & FINANCE

SAA employees high on Aids death toll

OF THE 215 people who have died of Aids in South Africa to date, 26 - more than 10 percent - were South African Airways' employees and the airline was monitoring these employees' condition "very carefully."

Speaking at the Aerospace Medical Society's symposium at Banana Beach in Natal this week, Dr EB Peters, the airline's medical director, said that SAA "certainly will not deny that we have HIV-positive individuals who are still flying."

The symposium, attended by more than 70 pilots, physicians or pilot doctors, focussed this on Aids in the aviation world.

It was due to discuss aircraft accident investigation and prevention yesterday.

Peters, like his speaking colleagues, emphasized that no one should view people with Aids as a threat.

"As far as the airline industry is concerned, I'd like to stress that normal, everyday contact is not going to transmit Aids to anyone," he said. "The important thing is to educate the public as to what the realities are."

The symposium speakers agreed uniformly that Aids now is spread primarily by heterosexual sexual activity, regardless of its earlier prevalence among groups such as hemophiliacs and homosexuals.

Aids incidence, however, is higher among aviators and flight crews, said Major General Giep Booysen of the South African Medical Services.

Sex

"Aviation composes a risk group because of travel all over the world by young people who are more sexually active," he said.

Aids had terrified the entire world, but it posed a special risk when it strikes among pilots and other flight crew members, Commandant Dr Chris le Roux, the society's secretary said.

"One is extremely worried about the fact that

the flight skills are really decreased in cases of Aids before you actually know the pilot has Aids," he said.

Aids' screening tests occasionally, though rarely, identify falsely an individual as a carrier of the HIV virus that causes Aids. Le Roux said the tests presumably may oc-

asionally fail to detect the HIV virus as well.

The danger of undetected Aids is that deterioration of skills, such as eye-muscle coordination and other neuropsychological resources crucial to flying, often begins before more noticeable symptoms of full-blown Aids.

92
Sowetan 5/9/90

Aids a threat to air safety — expert

CAP-TRIP 5/9/90 92

DURBAN. — Of the 215 people who have died of Aids in South Africa to date, 26 — more than 10% — were South African Airways employees and the airline is now monitoring conditions very carefully, it was disclosed at an Aids symposium on the South Coast of Natal on Monday.

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cause of travel all over the world by young people who are more sexually active," he said.

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"It is extremely worrying that flight skills are really decreased in cases of Aids before you actually know the pilot has Aids," he said.

He said the danger of undetected Aids was that deterioration of skills, such as eye-muscle co-ordination and other neurophysiological resources crucial to flying, often began before more noticeable symptoms of full-blown Aids.

Dr Le Roux proposed a computerised assessment of flying skills as part of the standard flight medical examination. — Sapa

ANC against Aids tests for exiles

By CHRIS BATEMAN

THE ANC was "absolutely opposed" to the compulsory testing of returning exiles for the Aids virus and had implemented a comprehensive Aids education campaign as soon as the killer disease became evident in Africa.

This was said by a senior ANC spokesman in Johannesburg yesterday.

She was reacting to news that six HIV-infected ANC Umkhonto we Sizwe prisoners had been transferred from the Pollsmoor Prison hospital to jails nearer their homes on Monday.

A seventh prisoner, originally a Uitenhage resident, was transferred from Pollsmoor Prison to Somerset Hospital on Monday and is in a "seriously debilitated" condition, lawyers representing him said yesterday.

The ANC spokesperson said her organisation totally supported an individual's right to a private life and

called for the immediate release of imprisoned Aids sufferers who needed "extra care and attention".

Imprisonment made it "virtually impossible to come to terms with your own mortality", while the disease demanded as little stress as possible, she added.

ANC members were "highly responsible", and she hoped that individuals who suspected they might be infected with the virus would voluntarily go for testing.

"There can be no question of compulsion," she emphasised.

As soon as Aids became evident in Africa the ANC had embarked on a policy of education which included teaching how the disease was contracted and how to avoid it, she added.

Prisons Services, public relations directorate chief Brigadier Erica van Zyl said in July this year there were 48 Aids-carrying prisoners in SA, 17 of them at Pollsmoor. Seven of the Pollsmoor Aids victims were security prisoners.

6 Aids-carrying ANC prisoners are moved

92

Sowetan 30/8/90

SIX Umkhonto we Sizwe activists, who were part of a group of seven political prisoners diagnosed as HIV-positive carriers, have been transferred to prisons closer to their homes.

The seventh member of the group is being treated at Somerset Hospital. He was admitted two weeks ago.

A hospital spokesman yesterday declined to comment on his condition and referred all questions to Pollsmoor prison.

The group is believed to have initially numbered eight, but one ANC activist died in Groote Schuur hospital last year. South African Council of Churches workers identified him as Stephen Pase.

SOWETAN Correspondent

ANC sources said yesterday that the release of the six, who were being held at Pollsmoor prison, was on the cards.

Approached for comment, the SA Prisons Service said it was not its policy to comment on the release or possible release of prisoners.

A spokesman said it was the prerogative of the Commissioner of Prisons to decide where prisoners could be incarcerated, adding that various factors were taken into account.

ANC spokesman Mr Ahmed Kathrada said yesterday that he and the movement's deputy president, Mr Nelson Mandela, had visited the group in May.

"We were quite dis-

turbed about the conditions under which they were being held. We've been trying to secure their release for a long time."

Section

He said he and fellow Rivonia treason trialists Mr Walter Sisulu, Mr Andrew Mlangeni and Mr Raymond Mhlaba were held in the same section of the prison as the HIV-carriers.

"So the movement has known about their condition for a long time."

Lawyers said yesterday that they were informed on Monday that

the six Pollsmoor prisoners would be moved to prisons closer to their homes.

"In the Pretoria Minute the Government set September 1 as the date by which political prisoners will be set free. I suppose that moving the six is a first step in that direction."

The SA Prisons Service confirmed that seven security prisoners had been identified as HIV-positive and transferred from Robben Island to Pollsmoor.

All confirmed Aids sufferers and carriers

were segregated from the rest of the prison population to prevent further contamination.

"These individuals are counselled and cared for by informed and trained personnel under the supervision of a doctor," the SA Prisons Service said.

But it added that it was its policy not to furnish details about individual prisoners because "the health and medical treatment of prisoners is regarded as a private matter between the prisoner, his family and the doctor".

Star 20/8/90

Aids prisoners moved

Six Umkhonto we Sizwe activists who were part of a group of seven political prisoners diagnosed as HIV-positive carriers have been transferred to prisons closer to their homes. The seventh member of the group is being treated at Somerset Hospital in Cape Town. The group is believed to have initially numbered eight, but one ANC activist, Stephen Pase, died in hospital last year.

Day 27/8/90

92

British doctor paints a grim picture of epidemic

TANIA LEVY

ONE in four young township adults in SA could be infected with the human immunodeficiency virus (HIV) within two or three years, says visiting British doctor Wilson Carswell.

He spent 19 years as a government surgeon in Uganda, one of the countries most affected by AIDS.

Carswell says the prevalence of AIDS in SA's townships is likely to follow the pattern seen in east African capitals such as Lusaka, Lilongwe and Kigali (Rwanda), because of similar lifestyles.

Most inhabitants are young, single, and economically and sexually active ordinary people, he says. They are likely to have a series of sexual part-

ners and thus be more exposed to sexually transmitted diseases (STDs), which facilitate the spread of AIDS.

Because AIDS affects mainly the young and economically active, SA's labour pool will be significantly affected by the disease.

Carswell says SA businessmen wanting to know just how serious the effect will be should speak to bank managers or businessmen in Kampala, Lusaka or Lilongwe.

He predicts black women will be the worst affected by AIDS in SA.

Consequently, the number of paediatric AIDS cases will increase drastically. In some large cities one in four babies is born with the virus.

Medical wards of hospitals like Baragwanath will be predominantly filled with AIDS patients.

But all is not gloom and doom for SA, says Carswell. The epidemic is not as advanced yet as in other African countries, and more work is being done in the AIDS arena.

SA also has a better network of STD clinics, primary health care and HIV-testing facilities, and has women's, political and community organisations which can increase awareness and encourage social changes.

92

'All must become involved in fight to control AIDS'

SOUTH Africans of both sexes and all races need to identify personally with the gravity of AIDS to prevent the epidemic in SA taking on the horrific proportions it had assumed north of its borders.

This was the view stressed in interviews with doctors, AIDS educators and Department of Health spokesmen at the weekend. There would be no cure for AIDS, said Johannesburg Hospital HIV clinic head Dennis Sifris.

National Health and Population Development Infectious Diseases director Buks Lombard said the implications of an uncontrolled AIDS "pandemic" would be disastrous to SA's population and economy. The epidemic — still developing in SA — would be

TANIA LEVY

limited only by a commitment from all South Africans to become involved in control programmes.

SA Institute for Medical Research (SAIMR) AIDS centre educator Nicolaus Knigge said: "All too often people fob off AIDS as a disease restricted to a group they don't belong to — be that homosexuals, black people, prostitutes or white people — so they can carry on with their existing sexual behaviour."

Although 231 of the total 455 AIDS cases reported in SA since 1982 have been in white male homosexuals or bisexuals, it is clear this pattern — termed type 1 by the World Health Organisation (WHO) — would soon be overtaken by heterosexual incidence of the disease in SA. Official figures show

that since the first heterosexual case was reported in 1987, this pattern of transmission increased to 53 heterosexual cases reported last year and 73 recorded by August this year.

Lombard said the number of AIDS cases was just the tip of the iceberg, reflecting the history of exposure about 10 years ago.

The mass of HIV-infected people was what lay beneath the surface, he said.

About 4 350 people have been reported to have tested positive with HIV, but most AIDS authorities support estimates by Johannesburg City Health's Nicky Padayachee and Robert Schall of Cape Town's Medical Research Council that between 43 000 and 64 000 were infected with the virus by the end of 1989.

Taking a doubling rate of eight and a half months, this figure would increase to 120 000-180 000 HIV-infected people by the end of this year, and as many as 460 000 by the end of 1991.

Most, if not all, of these people would develop AIDS, Lombard said.

Knigge said AIDS was not a medical problem but a social one. Although a cure seemed unlikely the disease was preventable by changes in lifestyle.

His colleague, Margaret Moralo, said fighting the attitudes which determined people's behaviour was the major problem facing those involved in AIDS education.

SA's sexual taboos posed a challenge to AIDS educators, and the country's racial attitudes inevitably surfaced.

Whites often believed it was a black or gay disease while many blacks believed it was a white disease or a plot to control the black population, she said. SA's sexual taboos had to be dealt with during education.

A major problem lay in convincing people that someone who appeared perfectly healthy could carry a virus which would eventually kill them.

PEANUTS

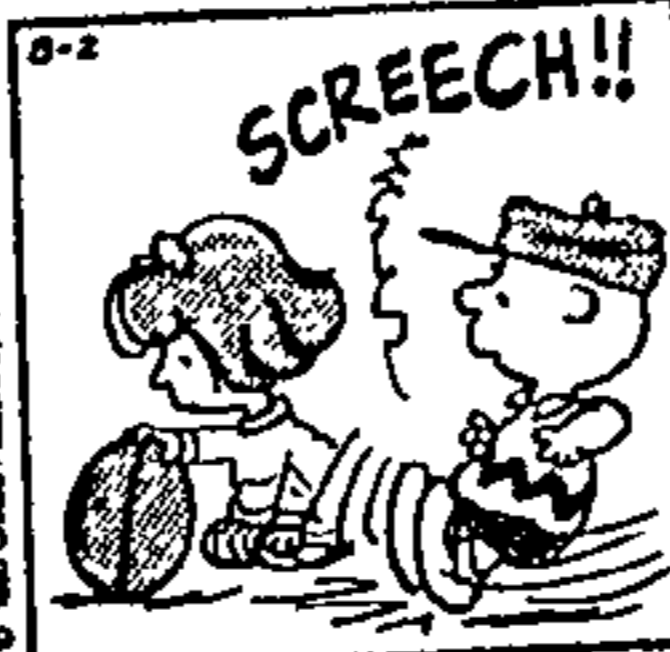
By Charles Schulz



I'M WAITING, BROWNIE CHARLES! I'M HOLDING THE BALL! ALL YOU HAVE TO DO IS KICK IT!



IF YOU CAN'T TRUST THE PRETTIEST LITTLE GIRL YOU'VE EVER SEEN, WHO CAN YOU TRUST?



THAT WAS JUST A PRACTICE RUN, OKAY?

AKbu's 20/8/90 (92)

Staggering cost of Aids

A medical aid group has estimated it will cost South Africans R75-billion to treat Aids patients in the year 2000 — 10 times the present health budget. MONICA NICOLSON reports from Johannesburg on how the country is going to pay.

AIDS is everybody's financial problem and each South African is going to have to carry the increasing cost of nursing Aids patients — whether it is through taxes to the government or contributions to medical aid schemes, according to financial and Aids experts.

HEALTH

Medscheme's human resources manager, Gary Taylor, estimates that by the next decade R75-billion will be needed to treat Aids in this country — 10 times this year's total health budget.

Medscheme accountants estimated the cost of nursing an Aids patient was around R55 000 — yet the legal minimum benefit payable for Aids under the Medical Schemes Act was R500 a family a year.

The drug alone costs each patient as much as R24 000 a year.

Mr Taylor said that to subsidise the costs of one Aids patient until death, seven families would have to contribute to the medical aid scheme claim-free. Without taking rising medical costs or inflation into account, contributions to medical aid would have to

be increased at least 31,65 percent to cope.

Grania Chrutie pointed out that only 24 Aids patients were fully subsidised by the state. Most patients could not afford drug treatment, especially since many were out of jobs.

"Some are fired when its found out they are Aids sufferers, people won't employ terminally ill people and many get too ill to work," she said.

However, Jeff Slome, managing director of Medicaid, said medical schemes paid out Aids patients without knowing it, but could not prove it.

"I looked at the file of an Aids patient who was treated for a wide variety of diseases and prescribed medication for symptoms. Nowhere did it say he was being treated for Aids," Mr Slome said.

Medical Aid schemes, Aids support groups and Aids workers believe the move should be towards home care and hospice treatment.

"This would greatly reduce costs, while retaining social and union acceptability," Mr Taylor said.

Dennis Syris, an active Aids counsellor, said the trend should be to encourage community and voluntary workers to treat patients either at

home or at clinics. He said if hospitals improved their Aids services, people could be treated on an out-patients basis.

HIV testing by employers would be another way to curb financial cost, Mr Taylor said.

"SAA has overcome the delicate labour problems here by getting its Pilots' Association to agree to regular HIV testing. This approach allows employers to quantify their problem, obtain cheaper Medical, Pension and Group benefits, while stabilising the workforce.

Mr Taylor said that Zimbabwe was moving towards a compromise by having realistic medical limits, with individual cases being reviewed by the Management Committee on the basis of prognosis. Those who have a chance of living get preference over those for whom medicine and treatment will not help.

"This approach seems callous but it safeguards the medical aid and allows more money to save people who have a chance of living," he said.

For the government, education was the answer to bring down economic havoc Aids could play in the future.

SA ignorant about Aids, says expert

By JOHN VILJOEN
Staff Reporter

SOUTH AFRICA is one of the continent's most ignorant countries about Aids, according to a sex education expert who has returned from a world conference in San Francisco on the disease.

Mrs Erica Greathead, regional organiser of the Planned Parenthood Association (PPA) said during a report-back this week that South Africa had a little more time but warned: "We have to move now".

There were about 400 000 Aids sufferers in Africa, while 3,5 million — including 600 000 children younger than five — were HIV positive and would probably also die of the disease, she said.

People had to be made aware they were at risk, she added.

A social marketing programme with a non-government base to make it acceptable to all was needed. This programme would have to promote and explain the use of condoms.

"Condoms will have to be marketed as erotic and posters will have to be erotic, although I'm not sure how well this will go down here."

Such an approach had already shown positive results in Zaire and Tanzania, she said.

Conference feed-back showed that the youth programme run by PPA's Aids education unit was following the correct approach.

"Fear must never be used as a tactic — young people must be taught skills and problem solving. We are doing that at the moment, we must just intensify the effort."

South Africa was fortunate not to have a drug problem such as that in the United States, she said.

Delegates had told the conference they had found medical staff treated Aids sufferers who had contracted the disease "innocently" differently to those who had been infected through sexual contact, she said.

From discussion at the conference, it appeared general practitioners were still the most important educators with whom the public came into contact.

"If doctors are not properly educated, they can have a tremendous effect."

In Canada doctors had to undergo Aids education and training. Their licence to practice could be revoked if they did not, Mrs Greathead said.

lezi
ues

Robben Island prisoners in Aids shock

CP Correspondent
19/8/90

CP Correspondent

A POLITICAL prisoner, one of seven ANC cadres suffering from Aids or carrying the virus, has been admitted to Cape Town's Somerset Hospital after starting to bleed.

The man is former Robben Island prisoner Zamuxolo Nojoko, reliable sources said.

A hospital spokesman confirmed this week that he had been admitted to Somerset, adding his condition was stable. The hospital declined to confirm he was suffering from Aids.

The SA Prisons Service, however, confirmed seven security prisoners "who have been identified as HIV positive" had been transferred to Pollsmoor from Robben Island.

Asked about Nojoko's condition, the department said it was not its policy to give details about individual prisoners "as the medical treatment of prisoners is regarded as a private matter between the prisoner, his family, and his doctor".

A relief worker, who visited the group of seven at Pollsmoor last week, said they looked healthy.

The group, who are said to be held in the hospital section of the prison, received visits in May from ANC deputy president Nelson Mandela and

Picture AP

To Page 2

Island prisoners in Aids shock

From Page 1

other senior ANC members who were in Cape Town for the Grooten Schuur talks.

They were then told they would be transferred to prisons closer to their homes, the relief worker said, adding there were initially eight in the group

but one, Stephen Pase, died in Grooten Schuur hospital last year.

The Prisons Service said individuals identified as HIV carriers were cared for by informed and trained personnel. Prisoners thought to be in the high-risk category were tested on admission as well as those who asked for testing. "Their co-operation is sought to identify possible contacts inside and outside prison. Information concerning the latter is handed to the relevant responsible authority. This is handled with the greatest confidentiality."

ESSAY

The language of Aids 92

a case of killing people softly with their words

W. E. Hall 17/8 - 23/8/90

WORDS can kill. Nowhere is this better illustrated than in the legal response to the Acquired Immunodeficiency Syndrome (Aids).

What is the link between language and legal rules? Simple — the language used to describe a certain phenomenon reflects certain values, which values then inform the legal rules made to deal with that phenomenon.

The metaphors of Aids have been well documented by Susan Sontag (*Aids and Its Metaphors*) and Judith Wilson Ross (in *The Meaning of Aids*). In her earlier *Illness as Metaphor*, Sontag noted that throughout history humans have sought to attach moral significance to illness; in particular, diseases without a cure, and with an unknown and perhaps highly contagious mode of transmission, are most susceptible to a moral construction. Metaphors of evil have been projected on to these diseases, "and the disease (so enriched with meaning) is projected on to the world".

"Plague" is the principal metaphor by which the Aids epidemic is understood. It is usually mass incidences of illness — epidemics — that are thought of as plagues: such incidences are understood as inflicted, not just endured.

The most feared diseases, namely, those that are not simply fatal but transform the body into something alienating, are the ones most susceptible to the promotion of the metaphor of plague — leprosy, syphilis, cholera, cancer, and now Aids.

But Aids plague is the metaphor of a special plague — a gay one. The first reported cases of Aids were exclusively among gay men, and the most widespread claim, and one still popular despite the identification of the cause of Aids, linked the disease to the legendary promiscuity of gay men, thus nurturing the notion that promiscuity itself was the cause of Aids.

Aids also appears in a metaphor as personified death. Here Aids becomes powerful and independent — it sets about choosing its victims.

The ubiquitous use of the word "victim" is part of the death metaphor. Death in our culture is not a kindly God looking to bring His people back into His presence — it is the grim reaper abducting people into the province of darkness.

The metaphor of Aids as death is reinforced by the relentless joining of the word "Aids" with the phrase "inevitably/invariably fatal", almost as if a diagnosis of Aids leads to instant death. But actually many people with Aids live on for months or years, and live most part of that life outside hospital.

The metaphor of medicine as war against disease is a common one, and it is hardly surprising that HIV infection is surrounded by a scientific vocabulary based on war metaphors.

The primary element of the war metaphor is the existence of an enemy. Aids or HIV is presumably that enemy. But the danger of the war metaphor is that it encourages the transformation of the person housing the enemy into the enemy.

Particularly telling is the use of the verb "harbour" in this context — harbouring suggests that the disease is being hidden knowingly and with bad intentions. In a war, those who harbour are like enemy spies among us. Demands for quarantine and isolation of those with Aids or HIV-infected persons are calls to locate the enemy.

The enemy metaphor is another way of expressing the "otherness" of those with Aids. One constantly hears the concern expressed that everything must be done to prevent the spread of the disease to the "general population". The term "general population" thus excludes those infected with HIV, a feat that is facilitated by the conception of so-called risk groups.

Originally, the concept "risk group" was epidemiological: its function was to isolate characteristics that predict where the disease is likely to appear in order to contain and prevent it. But the notion of risk groups has been used to stereotype and stigmatise people, removing them beyond the moral parameters of the general population.

The metaphor of Aids is the metaphor of crime. It is almost impossible to find an article in the popular press about people with Aids that does not use the word "victim" several times. The use of the word "victim" implies that such persons

Words can kill, writes
COENRAAD VISSER.

This essay is extracted from his inaugural lecture yesterday as professor of mercantile law at Unisa

have had something unexpected done to them, something that is somehow against the law, if only the scientific law as we perceive it. Aids thus becomes a master criminal able to get away with breaking the law.

In addition to being a master criminal, Aids appears as a new kind of crime. New diseases are easily seen in a crime metaphor exactly because we do not understand them — they present themselves as puzzles or mysteries.

The danger with the crime and detective-story metaphors is that they tend to confound the disease as crime and criminal with the person who has the disease as criminal.

The metaphor of punishment remains one of the most enduring connotations of the most enduring constructions of Aids — punishment for sinning against God, and against the laws of nature. Because behaviour that is regarded as sinful has resulted in exposure to disease, it is easy for the disease to become the punishment for sin.

Another way in which Aids appears as punishment for sin is in the idea of "innocent" victims. "Innocence" belongs to the vocabulary of sin.

This labelling of some victims as "innocent", and by implication others as "guilty", translates into public action in hospitals and public agencies where gay men or drug users are treated with less sympathy than "innocent" victims — those who have not sinned on their way to illness, those for whom the disease does not present their just deserts.

In Albert Camus' *The Plague*, the bubonic plague creates community where there had been none. But the metaphors of Aids work in direct opposition to this sense of community — crime, sin, war, and the divided community are all metaphors that oppose a sense of community.

Despite the recent announcement that Aids has now moved from primarily a gay disease to being more of a heterosexual disease in South Africa, the equation "Aids = gay" still persists.

How do these prejudices translate into legal rules? The person with Aids and HIV-infected persons are denied basic human rights in virtually every branch of the law.

In insurance law, the applicant for medical or life insurance is required to disclose of his own accord if he tested HIV positive. Some people argue that a gay man should similarly disclose his sexual preference. Overseas surveys suggest that insurance companies would use knowledge of a gay sexual preference to require further medical tests, thus investigating gays more intensively than heterosexuals.

Also, in South Africa the Life Offices Association agreed in October 1988 on the imposition of an Aids exclusion clause in all life and disability policies exceeding a certain amount, in the absence of a negative HIV antibody test.

Some personal-accident policies grant cover against total temporary disability caused by sickness. Such policies usually contain an Aids exclusion clause. Since insurance law allows an insurer to avoid liability on the basis of an innocent misrepresentation by an insured, this exclusion would also hit an insured unaware of his HIV infection at the time of the issue of the policy.

HIV-positive persons are refused immigration rights in many countries. Divorced HIV-positive persons have been denied access to their children by some American courts.

In labour law, there does not seem to be any bar on mandatory testing as a prerequisite for employment. If the employer unilaterally introduces a testing requirement during the course of employment, it would probably amount to an unfair labour practice, as would the dismissal of an employee for merely testing HIV-positive.

But the invasion of human rights now threaten even those not infected with HIV: proposals to trace the sexual contacts of an HIV-infected person raises the spectre of intensified victimisation.

Spread of HIV virus '100 percent a year'

By CLIVE SAWYER, Tygerberg Bureau

THE growth of the HIV virus in South Africa is now more than 100 percent a year, according to Sanlam general manager Mr Francois Marais.

Incidence of the infection doubled every 8,5 months, he said.

Presenting a R50 000 cheque yesterday to the Planned Parenthood Association for an Aids information campaign, Mr Marais said that while homosexual infection was decreasing, heterosexual infection was increasing and even overtaking it.

Recent research showed the most significant growth of Aids infection was among black urban heterosexuals.

"It is alarming that a recent survey indicated the majority of urban blacks oppose using condoms," Mr Marais said.

However, the mere spread of information was not enough to make people change their habits.

"A large percentage of homosexual men are still displaying high risk behaviour, in spite of information being available. Educational programmes will have to re-evaluated and revised," he said.

About 10 000 copies of Aids Scan, a booklet on the virus, and 22 000 brochures have been distributed in Southern Africa by the Sanlam Aids Education Centre in Cape Town.

The R50 000 given to the PPA will be used to develop the centre and to print more copies of Aids Scan.

R75bn needed for Aids patients

Call 71175 15/8/90 92

Own Correspondent

JOHANNESBURG. — The government would need R75bn — ten times this year's total health budget — to pay for treatment of about 1,3 million Aids cases expected in South Africa by 2000, Medscheme human resources manager Mr Gary Taylor said yesterday.

These calculations did not take into account the medical inflation rate of between 25% and 30% predicted for 1991.

Mr Taylor said neither the government nor medical schemes would be able to afford the full

costs of Aids treatment. The medical schemes movement expects to pay out R6bn this year.

Contributions to medical schemes would have to increase 31,65% if 1% of beneficiaries were paid out, without limits, for Aids treatment.

Medscheme predicted that R55 000 would be needed to nurse each Aids patient over the average 18 months it took before the sufferer died.

Devastation from Aids would begin to be felt in sub-Saharan Africa within the next five years, he said.

The medical aid movement would play its part in trying to address the problem but only

23% of the SA population were covered by medical schemes.

It appeared the Aids epidemic in SA would follow the African pattern, affecting mainly the black heterosexual population. Only 6% of SA blacks belonged to medical schemes, while about 80% of whites were members.

However, the number of black members had increased 20% last year and would continue to grow as unions insisted on medical cover or clinics for employees.

Mr Taylor said the R500 a year legal minimum benefit would barely cover the medicine bill of an Aids patient being treated. The drug AZT alone costs between R500 and R2 000 a month.

Doctors in protest boycott

Call 71175 15/8/90 93 (299)

Staff Reporter

DISPENSING doctors countrywide have embarked on a boycott of medical aid schemes belonging to the Association of Medical Scheme Administrators (Amsa), in protest against the 15% discount scheme.

And the Society of Dispensing Family Practitioners (a Transvaal-based organisation) said it was considering legal action against Amsa, saying it considered their demand for a 15% discount on medicines dispensed by doctors as "illegal".

In a letter to Amsa chairman Mr K P C Hollis, the society's chairman, Dr M Adam, requested "written confirmation... that you will waive the request for a discount".

"Should we not receive the confirmation within three days, we will have no option but to take whatever legal action is necessary to remedy the situation."

Mr Hollis declined to comment on the letter.

Meanwhile, Western Cape doctors are refusing to recognise the cards of more than 50 000 Western Cape members of the ProSano Medical Aid Scheme, the largest in the area.

Doctors have taken this step because ProSano demands that doctors provide them with a 15% discount on medicines and because of "poor payment by the scheme". Doctors claim that they have to wait for up to two months for the settlement of accounts.

Help for black AIDS sufferers needed now

TANIA LEVY

8/1/90 (92)
THE segment of SA's population expected to be worst hit by AIDS is the least covered by medical aid schemes.

Medscheme human resources manager Gary Taylor says the AIDS epidemic in SA is expected to follow the pattern of the rest of Africa affecting mainly the black heterosexual population, but only 6% of SA's blacks belong to medical schemes.

About 80% of whites, 36% of coloureds and 40% of Indians are covered by a medical aid, he says.

The medical schemes movement will play its part in addressing the costs of AIDS, but only 23% of SA's population is covered by a medical scheme.

Government will need R75bn to cover AIDS costs by the year 2000, according to a scenario planning exercise undertaken by Medscheme, the country's largest medical aid administrator. While these costs will not be affordable to government, medical schemes, employers or individuals, the African response of "go home to die" will not be acceptable to SA's workforce, says Taylor.

Future growth in medical scheme membership will come from the black population as unions increasingly demand medical cover or clinic facilities from employees, says Taylor. Black membership has increased 20% in the last year alone.

More appropriate packages will have to be developed by medical schemes to cover health care of blacks, with particular emphasis on primary health care.

Medical schemes, government, unions and the private sector need to co-ordinate strategies to ensure acceptable standards of AIDS treatment while adopting a rigorous multi-faceted education programme. Action is needed immediately, says Taylor.

Aids poses threat to SA economy

JOHANNESBURG. — Aids will begin to shred the fabric of South Africa's economy within a decade, according to predictions by three major financial institutions.

Two banks, Nedcor and Volkskas Group, as well as the Old Mutual assurance company warned separately this month of a looming catastrophe caused by Aids. Their predictions focused

on the effect Aids will have on population growth, health care, housing, education, employment, industrial productivity and export markets.

"We are talking about over 45% up to half the adult population, being Aids carriers by the turn of the century," Old Mutual chief actuary Mr Theo

Harwig said.

The Department of National Health said that as of June this year, there had been 430 known cases of Aids in the country, of whom 206 had died. It said 4 351 people were infected with the Aids virus HIV.

The warnings came days

after a report was released by the National Union of Mineworkers (NUM) urging mine owners to break the pattern of migrant labour that shatters family life and encourages the spread of Aids.

"We have a ready-made path of least resistance which the Aids virus can fol-

low. Millions of South Africans live in... poverty, without permanent homes, in single-sex hostels... the NUM said.

Volkskas said in its latest economic review that by 1995 the medical bill for treating people with Aids-related illnesses could reach R14 billion, almost 20 times the current national health budget.

Govt faces R75bn AIDS bill in 2000 ⁹²expert

5 Dec 1990
TANIA LEVY

GOVERNMENT would need R75bn — 10 times this year's total health budget — to pay for treatment of the 1.3-million AIDS cases expected in SA by 2000, Medscheme human resources manager Gary Taylor said yesterday.

That calculation did not take into account the medical inflation rate of between 25% and 30% predicted for 1991, he said.

Taylor said neither government nor medical schemes would be able to afford the full costs of AIDS treatment. Medical schemes expected to pay out R6bn this

year.

Contributions to medical schemes would have to increase 31.65% if 1% of beneficiaries were paid out, without limits, for AIDS treatment.

In an exercise to calculate the cost of AIDS to medical schemes, Medscheme assumed R55 000 would be needed to nurse each AIDS patient over the average 18 months before the sufferer died.

To make up the expense of paying out full costs to one AIDS sufferer, 7.3 families

would have to contribute without claiming anything from the scheme throughout the year, Taylor said.

Taylor said AIDS's devastation would begin to be felt in sub-Saharan Africa within the next five years.

Home and hospice treatment would reduce the cost to medical schemes but retain union and social acceptability. Different packages could be offered based on affordability. Private sector organisations would have to become involved in the establishment and financing of more hospices with specialist AIDS facilities.

Aids patients forced to pay up for drug

By GLYNNIS UNDERHILL
HUNDREDS of Western Cape Aids sufferers and HIV-infected patients are being forced to pay up to R13 000 a year for the expensive life-prolonging drug AZT — or do without the drug — as a result of a cutback in government funds.

The Aids drug is only available to five or six patients a year on a subsidised basis, following the reduced central government allocation to health services in the Cape last year.

AZT is the only internationally-registered drug used to treat Aids. Local medical experts claim that the drug improves the quality and prolongs the life of both full-blown Aids sufferers and HIV-infected patients, who use it to delay the onset of the deadly disease.

City doctors said medical aid companies have either refused to pay anything for AZT, paid only a minimal percentage or up to 70% of the cost of the drug.

Yesterday Dr Hannah Reeve-Sanders, chief director of hospital services, said "real ethical anguish" was involved in allocating government resources.

She said AZT was an "expensive drug" which could not be supplied in unlimited amounts. Dr Sanders said that R50 000 had been allocated to the drug in the Western Cape this year.

"Our budget in general has been

severely limited and we have had to cut down on many aspects of the health services."

Dr Sanders said the AZT situation would not change until the budget was reviewed in March next year.

Dr Michael Popkiss, Cape Town's medical officer of health, has decried the shortage of funds provided for AZT in the Cape.

"I'm disappointed that adequate provision has not been made for the drug requirements of people living with Aids.

"In other countries AZT is made available to people who are HIV-positive with very beneficial effect — and that encourages people to come forward to be tested."

AZT costs R5,50 a capsule, with patients requiring up to six capsules a day. The cost of the drug, imported from Britain, could be severely reduced if the government were to waive high surcharges, taxes and customs duty, urged medical experts.

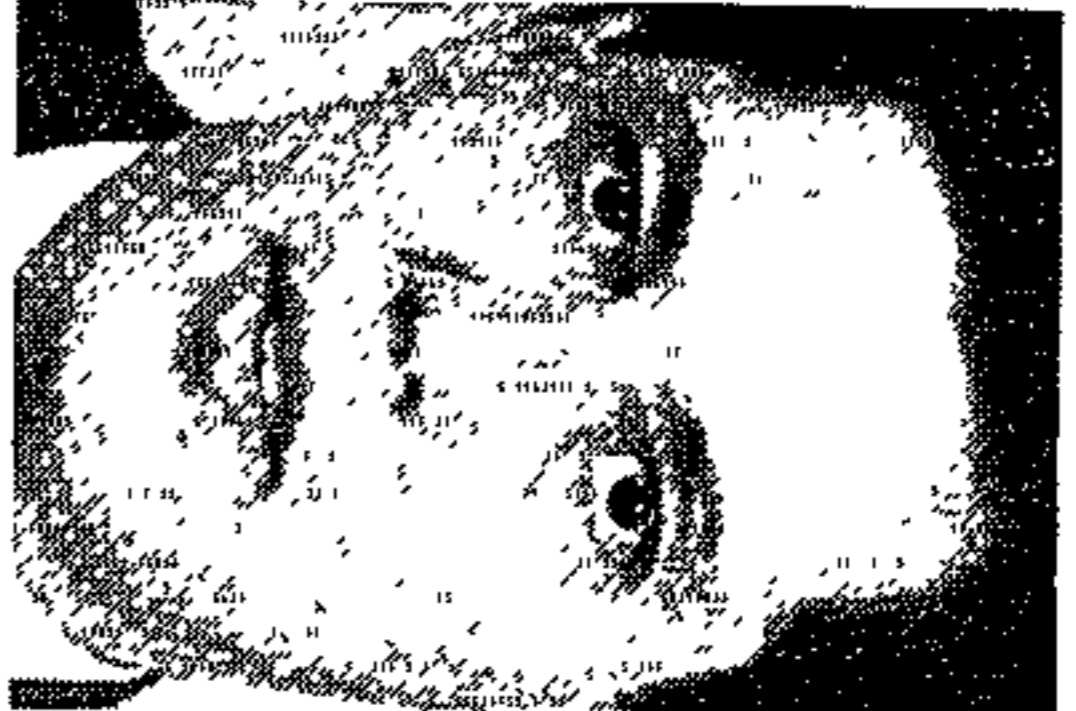
● Figures released to the Cape Times last week by the virology department at the University of Cape Town revealed that there were 168 HIV-infected cases recorded in the Western Cape last year, with 149 cases recorded in the first six months of this year.

There were 19 cases and nine deaths from full-blown Aids in the Western Cape last year and 20 cases of full-blown Aids and nine deaths in the first six months of this year.

CMF 712/15 11/8/90 92

BUSINESS/PROPERTY

APPOINTMENTS



Mr Mike Dumont, sales manager, Dashing Office Furniture.



Mr Fanie le Roux, Western Cape operations manager, FT Building Supplies.

'Aids catastrophe looms'

From MALCOLM FOTHERGILL

92

W/E Argus 11/8/90

JOHANNESBURG. — South Africa is heading for a catastrophe as a result of Aids, warns an article in the Nedcor Group economic unit's latest Guide to the Economy.

The article, by Edward Osborn, says the accuracy of Aids projections may be in doubt, "but there would appear to be no doubt about the inevitability of a major catastrophe".

It says the threatened magnitude of the epidemic "is such that it must play a fundamental part in all forward thinking and planning".

Growth pattern

Cost structures, mechanisation trends, consumer demand patterns and markets will all change radically, it says.

"The problem is that, at this juncture, there is not even the vaguest notion of the underlying

growth pattern or patterns of HIV infection for South Africa's complex racial, geographic and economic structures.

"Accordingly any projections beyond three years are most hazardous."

One projection, made by Old Mutual corporate actuary G K Prentice, was that 10 million South Africans would be HIV-positive in 10 years' time.

This was challenged by a medical researcher as over-pessimistic, "but nevertheless the medical researcher's own projection is still one of 7,5 million".

Possible future scenarios include a rapid rise in Aids-related deaths towards the end of the century, reaching a peak of more than 1 million a year by 2007 and remaining around that level until 2010.

Another is that South Africa's adult population may reach a peak around the turn of the century, then decline steadily until 2010, "when num-

bers not sick and dying from Aids will be little different from those of 1990".

In this scenario, the "clear" adult population will remain around 13 million for the first decade of the next century, against 20 million at the moment.

By 2000, about 48 percent of adults will either be HIV-positive or sick with Aids. This percentage will decline towards 2010 as Aids sufferers die.

"These demographic and mortality trends, if proved to be even approximately correct, have profound implications for the country's labour force, economic growth and medical services," says Mr Osborn.

Spreading fast

Since HIV infection seems to be spreading fast, a marked change in behaviour is unlikely and the prospects of a vaccine being discovered and then produced cheaply are remote, a surge of Aids-related deaths is likely in the first decade of the next century.

This could push the costs of medical treatment to R90 billion or so in the 21st century, against the present total medical budget of some R70 billion.

Leper colonies

"A horrendous, but conceivably realistic, alternative lies with Aids colonies similar to leper colonies, as has been reported to be the case in Zimbabwe on Lake Kariba."

Among other effects Mr Osborn foresees could be:

- Medical-aid premiums rising, and membership being denied to those found to be HIV-infected.
- Insurance companies reducing bonuses and increasing reserves to meet the increased risks of earlier mortality among policy-holders.
- The labour market changing drastically, putting upward pressure on wages as skills shortages increase.
- The market shifting from volume to quality, with renewed emphasis on consumer durables and semi-durables.

Aids epidemic grips Zimbabwe

6/16/90
11/8/90
92

Biggest killer of children

From ROBIN DREW
Argus Africa News Service

HARARE. — Thousands of babies in Zimbabwe are destined to die of Aids-related diseases as the deadly virus sweeps through the nation like a bushfire.

Aids already has killed more children than any other cause at Harare's two main hospitals, says an expatriate doctor who left the country after slamming the Ministry of Health for being secretive about the spread of Aids.

Officially, 3 034 Aids cases have been recorded in Zimbabwe up to the middle of this year but the true figure is much higher.

Cases soaring

Last year, 80 children under the age of four were recorded as having died from Aids-related diseases.

In the second quarter of this year 181 children in the same age group were diagnosed as full-blown Aids cases.

The National Aids Council in Zimbabwe says 20 per cent of Aids cases occur in children under the age of five.

A quarter of all newborn babies are said to be testing positive for HIV and the deputy Health minister, Dr Swithun Mombeshora, is on record as saying that up to 50 per cent of children born to HIV infected mothers die before three years old.

There could be as many as one million HIV positive people in Zimbabwe, according to a study by Mr Peter Fraser-Mackenzie.

He has been researching the epidemic for the Commercial Farmers' Union.

Guesswork

The National Aids Council estimates there are 466 000 HIV positive cases but says it is only an estimate drawn from a crude extrapolation of Blood Transfusion Service fig-

worker, Father Ted Rogers, has forecast that by the turn of the century most young people today will be dead from Aids.

Health Minister Dr Timothy Stamps says Zimbabwe must plan for the worst.

He said it is now policy for health personnel to feel free to publish Aids statistics.

"We must stop pussyfooting around," he said. "We must get the facts, then we can deal with the facts."

Firms foresee that AIDS will 'rend SA economy'

Al Day 12/18/90

92

AIDS will begin to shred the fabric of SA's economy within a decade, according to predictions made this week by three major financial institutions.

Nedcor, Volkskas and Old Mutual have separately warned of a looming AIDS catastrophe in the first decade of the next century.

Their predictions focused on the effect AIDS would have on population growth, health care, housing, education, employment, industrial productivity and export markets in SA, the potential economic powerhouse of sub-Saharan Africa.

The National Union of Mineworkers (NUM), in a recent report, said: "We have a ready made 'path of least resistance' which the AIDS virus can follow. Millions of South Africans live in ... poverty, without permanent homes, in single-sex hostels ... without access to the most basic services."

Volkskas said in its latest economic review that the medical bill for treating people with AIDS-related illnesses could reach R14bn, almost 20 times the current national health budget, by 1995.

Nedcor's economic research unit said the health care bill could reach a theoretical R90bn by the year 2000, more than the total 1990 national budget of R73bn.

Old Mutual chief actuary Theo

Hartwig told Reuters: "We are talking about more than 45%, up to half the adult population, being AIDS carriers by the turn of the century.

"Something approaching half a million people will be sick or dying," he said in one of the more conservative forecasts.

The simultaneous warnings followed days after a report by NUM urging mine owners to break the pattern of migrant labour that shatters family life and encourages the spread of AIDS.

Strategies

Acknowledging that projections on the spread of AIDS were little more than educated guesswork, Nedcor said: "The accuracy may be in doubt, but there would appear to be no dispute about the inevitability of a major catastrophe.

"Without due recognition of the impact of AIDS, planning decisions could be seriously amiss. There will be radical changes to cost structures, mechanisation trends, consumer demand patterns and markets."

The banking group urged businessmen to monitor trends in the light of AIDS and to adjust their corporate strategies accordingly.

The other groups stressed education as the only way to mitigate the impact of the disease, which is ex-

pected to kill millions throughout Africa by the year 2010.

Hartwig said South African business and industry would face major adjustments caused by labour and skills shortages, altered consumer patterns and different construction priorities.

"For the next five years there is probably going to be very little physical impact, but from there it is going to go into overdrive," he said.

Hartwig said AIDS testing was already obligatory for life policies of more than R100 000 and would have to be introduced for smaller policies as the disease spread.

Medical insurance was already being restricted for AIDS treatment and Hartwig said the government could be forced to react like much of the Third World, sending diagnosed AIDS patients home to die with little or no medical care.

"The cost of medication to delay death and improve the quality of life for someone ill with AIDS is obscene. It's going to be a burden on the total economy," Hartwig said.

And Nedcor said: "As the numbers of sick and dying soar, the entire nature of the labour market will change drastically ... it will be difficult, if not impossible, to attract skilled immigrants to a country that is seriously threatened by AIDS." — Sapa-Reuter.

ARGUS 9/8/90

Aids 'will cause decline' in Zimbabwe population

Argus Africa News Service 92

HARARE. — Analysts have presented a frightening picture of the toll taken by Aids in Zimbabwe where the population, instead of doubling in 30 years as often forecast, will decline.

By the turn of the century, many of today's young professionals and skilled workers will be dead if the increasingly gloomy predictions by medical specialists, social workers and economists are borne out.

The chairman of the National Aids Council, Dr Macleod Chitiyo, confirmed the officially recorded cumulative total of 3 034 cases of Aids by the end of June this year, and said it was estimated that 466 000 people were now HIV positive.

This figure was reached by a crude

extrapolation of figures from blood transfusion service tests.

This gave a figure of 261 cases for every million of the population, which put Zimbabwe high on the list of countries most affected by Aids.

It is accepted that official figures are conservative but even these show that in the last six months there were 1 723 new cases of Aids diagnosed, more than the total for 1989.

Nearly 60 percent of those affected are in the professional and skilled group while 20 percent are children under five.

The population was projected at 16 736 000 by the year 2017 but deaths from Aids-related diseases are likely to cut this to 8 606 000 by 2017, below that of 1987.

Banking giant calls for Aids guidelines

Staff Reporter

9/6/92 9/8/92 92

GRAVE social, socio-economic and political consequences could develop in South Africa if Aids became widespread, according to Volkskas's Economic Spotlight.

The Aids threat to the world was so serious that everything must be done to inform as many people as possible about the disease and its consequences.

The concomitant financial and economic implications were so far-reaching that no stone must be left unturned in checking the spreading of the disease, the Spotlight said.

The cost of treating one Aids patient — according to the Department of Health and Population Development — was between R30 000 and R60 000 a year.

HIGHER FIGURE

"This figure is undoubtedly higher at present and is expected to increase annually."

The number of Aids cases in South Africa doubled every eight months.

Estimates indicate that the number of Aids victims could number 22 000 in 1993 and about 175 000 two years later.

"However, if there are 175 000 Aids patients by 1995 as estimated, treatment costs will come to an astronomical R14 billion."

'500 000 Aids victims in SA by next year'

Star 9/8/90 (92)

BLOEMFONTEIN — Some 500 000 people will be infected by the Aids virus in South Africa by the end of next year.

A workable strategy must be found to stop this prospect, Mr John Pegge, National Director of NICRO, said in Bloemfontein on Wednesday. He addressed a forum of the National Council of Women of South Africa on "Youth at Risk — Criminality and Aids".

Mr Pegge said within 15 months — by the end of 1991 — 487 000 South Africans would be infected by the Aids virus. It had to be

recognised these 487 000 people would be drawn from the sexually-active population. This meant they would be young people.

In 1984 among the homosexual community in Cape Town the first people with Aids had been 45-50 years old. In 1986 the age had dropped to 30 years, in 1988 to 25 and this year the youngest was 16 years old.

Women, he said, had a special role to play in the fight against Aids. They had been subjected to "repression and marginalisation". — Sapa.

Frightening future in Zimbabwe

Star 9/8/90 (92)

The Star's Africa News Service

HARARE — Analysts have presented a frightening picture of the toll taken by Aids in Zimbabwe, where the population, instead of doubling in 30 years as often forecast, will have declined.

By the turn of the century many of today's young professionals and skilled workers will be dead if the increasingly gloomy predictions by medical specialists, social workers and economists are borne out.

The chairman of the National Aids Council, the main co-ordinating body, Dr Macleod Chitiyo, con-

firmed the officially recorded cumulative total of 3 034 cases of Aids by the end of June this year, said it was estimated that 466 000 people were HIV positive.

This figure was reached by an analysis of figures from blood transfusion service tests.

This gave a figure of 261 cases per million of the population which put Zimbabwe high on the list of countries most affected by Aids.

Conservative official figures show that in the last six months there were 1 723 new cases of Aids diagnosed.

insurance claims

LINDA ENSOR

92

THERE were 78 AIDS claimants noted by life assurers as at August 6, according to figures released yesterday by Mercantile & General Reinsurance.

Out of a total of 145 policies on which AIDS-related claims have been lodged since 1984, claims on only 13 policies have been received this year. But Mercantile & General says the low figure may be due to some claims not having been notified yet.

Last year claims were made on 61 policies, compared with 49 in 1988, 12 in 1987, seven in 1986, two in 1985 and one in 1984.

Of the 78 claimants, 74 were male, 52 single and 16 married. In terms of age, two were in the under 20 years bracket, 11 were from 21-30, 39 were 31-40, 21 were between 41 and 50 years and five were over 50 years.

The average duration of the policies was 4.93 years, with 29 of the total number of policies on which AIDS-related claims were lodged being of only one year's duration. *5109 8/8790*

Twenty-three of the policies were two years old and 19 were three years old when the claims were made.

Total sums assured on life policies was R6.5m (an average of R114 297). Permanent health insurance policies (PHI) came to R19 588 a month and disability policies to R1.3m.

The policies on which AIDS claims had been based were as follows: individual life (99), individual disability (16), individual PHI (4), group life (13), group disability (6) and group PHI (7).

AIDS will lead to labour shortages

SYLVIA DU PLESSIS

LABOUR and skills shortages flowing from the AIDS epidemic will begin to have great visible economic consequences in SA at the turn of the century, Nedcor economist Edward Osborn warns in the group's latest monthly economic guide.

There will also be radical changes to cost structures, mechanisation trends, consumer demand patterns and markets, Osborn says. *8/10/90 7/8/90*

The estimated 350 000 new jobs needed annually to cope with a growing population may still be required during the 1990s, with the number of people infected with AIDS-related diseases beginning to have a tangible impact only towards the end of the decade, Osborn says.

Unskilled

"But thereafter, as the numbers of sick and dying soar, the entire nature of the labour market will change drastically."

Skilled and semi-skilled workers will be increasingly in relative short supply.

Pressures on wages will inevitably rise, and there will be an even wider dispersion

of wages to reflect the relative skills shortage. This will make it imperative to devote resources to raising SA's skill levels.

"It also means training the indigenous people of SA in that it will be difficult, if not impossible, to attract skilled immigrants from abroad."

The skills shortages and steeper wages will have a marked effect on the cost structure of industries. Ex-factory prices are likely to rise, and there could be added incentive towards mechanisation and automation, Osborn says.

Rapid changes to the domestic market's composition are also possible.

There could be a shift from a volume market to a quality market with renewed emphasis on consumer durables and semi-durables, he says.

Osborn says a point of concern regarding exports will be markets to the north, because those countries are about five years ahead of SA in terms of the spread.

There could be a relative collapse of those domestic markets and an inability to meet export payments, he says.

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tians and Russians who'll
bulk and who won't even
elves against the cold!
ry. Dave has done all the

possibility of swimming through oil films from pass-
ing vessels and the possibility of wind once he sets
out.

Yet those who know him, admire his mental re-
siliience, his superb physical condition and his cour-
age.

SA 'way behind' in the war against Aids

With Aids 4/8/90
Weekend Argus Correspondent 92

PORT ELIZABETH. — South Africa
is lagging way behind new interna-
tional strategies in the war against
Aids.

This was said by Mrs Martheanne
Finnemore, deputy director of the
University of Port Elizabeth's Insti-
tute of Industrial Relations.

Mrs Finnemore, who recently at-
tended the sixth International Aids
Conference in San Francisco, said
people with Aids made the most ef-
fective trainers in the fight against
the killer disease.

She appealed to Aids victims to
come forward, stand up and be iden-
tified and help educate conservative
South Africans.

South Africans would have to
learn to accept that there were a
wide variety of sexual practices in
the country.

Many could not come to grips
with homosexuality or prostitution
even though both were a reality.

Many South Africans still at-
tached blame to getting Aids. Whites
thought it was a black disease,
blacks thought it a white disease and
heterosexuals blamed homosexuals.

But it was a fact worldwide that
more and more heterosexual people
were getting the disease. The old at-
titude that sex had to be kept under
the blankets had to be changed.

In a society that was already pro-
miscuous it was ridiculous to say
that by discussing Aids and sex in
schools and in public this would lead
to promiscuity.

She said countries like the United
States, Australia, Germany, Zaire
and Uganda had embarked on ag-
gressive marketing strategies to
change public behaviour.

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n in Saudi Arabia that meet the Kuwaiti Emir to discuss the invasion

government should go further and stop all maintenance of and spare part supplies for all G5 guns that South Africa had sold to Iraq. — Sapa-Reuter and Political Staff

Aids virus 'doubles'

Cape Times
4/8/90
92

By GLYNNIS UNDERHILL

THE rate of HIV (Human Immunodeficiency Virus) infections — which could lead to Aids — has doubled among the black population, as well as among heterosexuals in the Western Cape.

And yesterday Aids experts said they expected a new phenomenon to emerge soon, where the common form of virus transmission will be from mother to child.

According to the latest figures released by Cape Town City Council health department and UCT's virology department:

• There were 168 HIV-infected cases last year, while 149 cases were recorded in only six months this year.

• While only 19 cases (nine deaths) of full-blown Aids were recorded last year, 20 cases are already being treated since January this year, with nine deaths.

• It was also found that the number of virus infections was now doubling every nine months.

"The spread of the HIV disease in the Western Cape is following the same pattern as the rest of the country," said Dr Michael Popkiss, Cape Town's medical officer of health.

"It is almost certainly spreading by heterosexual sexual transmission and

is increasing in the black population," he said.

Dr Popkiss emphasised, however, that the sample used to obtain the figures was "biased" as it was taken only from self-referrals, people suspected of diagnosis and prisoners.

According to a spokesman for the UCT virology department, "good networking" among the homosexuals in Cape Town could have resulted in lower figures among that population.

A breakdown of the figures from the department shows that of the 593 infectious HIV-positive people tested in the Western Cape since 1985, 138 were in the homosexual category and 301 were "unknown risk factors".

The department declined to break down the figures into race groups because of the sensitivity of the subject. He said the lower figure among homosexuals could perhaps also be attributed to "a withdrawal from testing".

According to an Aids patient interviewed by the Cape Times, Mr Pietro Battiston, those found HIV-positive feared losing jobs, medical aid and insurance.

"As a result of the stigma of Aids, if you made Aids a notifiable disease, you would certainly drive people away from having tests," he said.

NEWS

Aids policies 'based on fear and prejudice'

By DON HOLLIDAY
Municipal Reporter

TESTING prospective employees for Aids is a waste of time, says Cape Town's Medical Officer of Health, Dr Michael Popkiss.

He was reacting to an announcement that Pretoria municipality has approved a policy preventing Aids victims and HIV-positive people from being employed.

Most Transvaal municipalities are expected to soon have a policy regarding the employment of people with Aids or HIV.

Dr Popkiss said: "Aids does

not spread in the workplace. If the City Council was to consider adopting such a policy I would strongly resist it.

"There is no reason to panic and a lot of these policies are based on fear, prejudice and ignorance."

He said logic and compassion should be used in the handling of the issue.

Screening prospective employees was a waste of time as testing a person who was HIV-positive would not necessarily reveal the condition.

"Even if they are identified as HIV-positive it may take as long as 10 years before the

disease becomes full-blown.

"Until that time the person can make a normal contribution to his or her work.

"If the City Council was to bar them who would employ them and then who would be responsible for looking after them?" he asked.

Pension schemes would not be affected as most schemes made payments only after 10 or 12 years' service.

Employers would not be obliged to grant special sick leave and medical aid schemes were protected as there was a standard limit on benefits, said Dr Popkiss.

Inyangas Star 4/8/90 92 want own Aids clinic at Bara

PAT DEVEREAUX

SOWETO inyangas who believe they can cure HIV infected patients want to build their own Aids clinic next to Baragwanath Hospital.

Members of the African Skilled Herbalists' Association (Asha) believe they could cure Aids — the disease they refer to as "Ilumbo" — with their own remedies in the right surroundings.

The president of Asha, Lymon Msibis, said they hoped that, once the clinic was built, it would offer Aids patients 24-hour treatment and sleeping facilities. The healers claim that, if allowed access to HIV-infected patients, they can prove they can heal them. Medical authorities in academic hospitals, however, are reluctant to refer patients to them.

Once given the go-ahead by the Baragwanath authorities to build their clinic, the healers say they plan to raise funds.

Baragwanath public relations officer Ms Annette Clear admitted that they had been approached by many traditional healers with cures for Aids.

Role to play

But she said the hospital could not simply hand over Aids patients to them for treatment.

Asked what he thought of the concept, head of the SA Institute for Medical Research's Aids Centre, Professor Ruben Sher, was not opposed to the idea of Western medical practitioners working with tribal healers.

"We have worked with the National Traditional Healers' Association often. I believe they have a role to play concerning the social aspect of the disease — after all we work with psychologists and sociologists. Why not these people?"

"In their communities they often have a powerful psychological influence and people trust them as councillors. They can make an impact where Westerners often fail to get the message through — one example would be to encourage people to use condoms.

"We've taken groups of inyangas to see Aids patients so that they can identify the disease when patients come to them. We've also informed them on how it is transmitted and how to prevent the spread of the virus.

Inyangas' role

But Professor Sher was sceptical that inyangas could cure those infected with the virus. He hastily added: "Who's to say the cure for Aids might not be found in a root or plant. But we haven't found a cure yet.

"While inyangas seem to mistake Aids as a curse type disease and treat it that way, we don't believe it is an ancient disease.

The director of the Institute of Non-Formal Education for South Africa, Ms Brenda Robson, agreed with the inyangas' concept. "I would like to see this happening at Baragwanath Hospital. Some hospitals in Cape Town are already using traditional healers to identify cancer patients and are working as a three-man team consisting of the doctor, the inyanga and the social worker," she said.

Aids/pregnancy study

W/Ma 3118-21990
■ A STUDY to determine the extent of the HIV Aids virus among pregnant women has been started at King Edward Hospital in Durban.

(92)
The study, which is expected to take three years, is believed to be the first in the country on the Aids virus in which patients are being identified.

Pretoria bars Aids sufferers from jobs at city council

Argus
1/8/90 92

The Argus Correspondent

PRETORIA. — The Pretoria City Council has approved an official Aids policy, in terms of which known Aids sufferers and people tested positive for the HIV-virus will not be employed.

However, the council rejected an amendment by Conservative Party councillor Mr Danie Erasmus that Aids tests be made compulsory for prospective employees.

A new set of Aids-related questions will be added to the council's application form.

Tested for HIV

Applicants will in future have to indicate whether or not they have been tested for the HIV virus, if so whether the tests proved positive and if they are blood donors.

Employees found to have the disease or who test positive for the virus will not be fired or discriminated against, and information on their disease will be kept confidential.

They will be treated as any other official who contracts a disease and will get full advantage of the council's medical benefits.

The resolution stated that there would be no obligation for prospective employees to be tested for Aids or the HIV-virus, "except in special cases".

● The World Health Organisation (WHO) today reported a "dramatic acceleration" in the HIV Aids virus in sub-Saharan Africa, with one in 40 adult men and women now infected.

People carrying the HIV virus in the region rose from about 2,5 million in 1987 to "about five million today".

CAN TIPS
y, August 1 1990 7

Aids virus soars in Africa

GENEVA — The World Health Organisation (WHO) warned yesterday that the Aids-causing HIV virus is "accelerating dramatically" in Africa as well as parts of Asia.

It said new figures showed that between eight and 10 million people are infected with the HIV virus instead of the previously estimated between six and eight million.

As many as one in 40 adult men and women in sub-Saharan Africa carry the HIV virus, WHO said.

WHO's Global Programme on Aids has found there have been as many as 800 000 actual cases of Aids since 1980.

"New figures now indicate the incidence of HIV infection is accelerating dramatically," the UN agency said.

Dr Michael Merson, director of the WHO programme, said the "rate of new HIV infection is slowing in the developed world". — UPI

'All blood tested for HIV in SA'

PRETORIA. — Blood donors are carefully selected and all blood is thoroughly tested for HIV (Human Immunodeficiency Virus), the Minister of National Health and Population Development, Dr Rina Venter, said yesterday.

In a statement released here, she said allegations by the Conservative Party that blood was transfused and distributed "without respect of persons" were not correct.

"The fact that no transmission of the HIV by way of South African blood or blood products occurred is proof of the effectiveness of the control measures."

Dr Venter said the cases of HIV-transmission by way of blood products occurred through products from foreign countries before thorough testing was implemented.

● A report from Boston says doctors who carry the Aids virus are unlikely to infect their patients, according to a study published in the Journal of the American Medical Association.

The study focuses on a Tennessee surgeon who operated on 2 160 patients in the seven years before he was diagnosed as HIV-positive last year, but had not passed the virus to any of his patients. — Sapa

'Ethnic groups must get own Aids projects'

By PETER MALBIN

AIDS education in South Africa should be specifically targeted to different ethnic groups, Professor Deon Knobel, head of the Department of Forensic Medicine and Toxicology at UCT, said yesterday.

Speaking at a conference on medicine and the media at UCT's medical school, Prof Knobel said education should be informative and non-judgmental so that people could make informed decisions.

Mr Adrian Perkel, who is involved in establishing the Aids Task Force in the Western Cape, said: "The Aids campaigns of the state haven't worked because they ignored psychological factors that inhibit behavioural change."

He said a homogeneous approach will not reach all people and an effective campaign would need political credibility, grassroots involvement and have to use simple messages.

Dr Neil Cameron of the Department of National Health called on doctors to "think through the professional and personal issues the disease is raising".

Infection by transfusion 'remote'

Experts: Blood safe

CM-7445
28/7/90 92

By CHRIS BATEMAN

IT was "remotely" possible that donated blood could pass on Aids to a recipient in spite of stringent compulsory testing, several top virologists agreed yesterday.

But, they pointed out, there were no recorded cases of this in South Africa since testing was introduced in 1985.

They were canvassed after the possibility of post-testing infection was raised by Professor Hendrik Koornhof, acting director of the SA Institute for Medical Research, earlier this week.

Dr Frank Spracklen, a local Aids physician, said yesterday that US studies had shown that 3% of 137 385 Aids cases in that country, recorded up to last month, were due to blood transfusions, blood components or human tissue transplants.

Prof Koornhof raised the issue when

asked about the transferral of Highveld Blood Transfusion Service (HBTS) director Dr S P Field, after employees under Dr Field downed tools over an allegedly racial directive.

Dr Field's directive told HBTS workers they should reduce their reliance on blood donated by black and coloured people, apparently because of the prevalence of Aids among these groups.

Prof Koornhof confirmed that a person could be infected with the HIV virus but still test negative, because commercial testing equipment was only capable of detecting HIV antibodies.

The undetectable HIV virus (for which no antibodies had yet developed in the body) could remain in this state for anything between three weeks and, in rare cases, over a year, he added.

Prof Anthon Heyns, medical director of the SA Blood Transfusion Service, said

that his company's policy was to use only tested, known regular donors' blood for fresh blood transfusions.

Tested first-time donors' blood was only used in pasteurised form, which eliminated any chance of Aids transferral. The only exception to this rule was in cases of dire emergency, he said.

The chances of known regular donors giving blood infected with the dormant HIV virus was estimated at about "one in 270 000" and of tested first-time donors 0,01%, surveys have revealed.

The chances of a recipient of tested blood contracting Aids in South Africa were therefore "so remote as to be negligible", Prof Heyns said.

Among questions in a comprehensive questionnaire for potential donors was whether the person had had more than one sexual partner over a certain number of years. If they answered yes, they were immediately excluded, he added.

Star
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Officials criticised over health issue

By Carina le Grange

The Conservative Party yesterday accused the "South African authorities" for being so sensitive towards criticism from the Black Health and Allied Workers' Union that it even threw healthy scientific principles overboard.

The CP's spokesman on health, Dr Willie Snyman, was responding to statements issued by the SA Blood Transfusion Service and the SA Institute of Medical Research that no racial discrimination was practised with regard to either the donor population or the allocation of blood to patients.

With the increases of heterosexual transmission of Aids one blood transfusion service recently ordered staff not to use blood from black and coloured donors. The union objected.

Star 26/7/90

92

Blood services: No race discrimination

The Highveld Blood Transfusion Services said yesterday that it had always been its firm policy not to practise racial discrimination either with regard to its donor population or the allocation of blood to patients.

In a statement, the HBTS noted it was concerned that recent reports regarding its policy and practice may have been misinterpreted by the public.

The statement did not specify the reports.

The HBTS furthermore noted it applied all the internationally recommended laboratory procedures to blood products in order to ensure acceptably safe blood to its patients.

Battery tests

These included tests for infection with either of the two strains of the Aids virus, carried out individually on each donated blood unit as part of a battery tests designed to exclude contamination with infectious agents recognised as blood transfusion risks.

The window period, when in rare instances blood may be infected with the Aids virus before the antibodies were detectable, was a cause for concern to all blood transfusion services and was receiving attention throughout the world, said the HBTS.

It also noted it was committed to using new technology to obviate the window period-related problems. — Sapa.

Council looks at an official Aids policy

Own Correspondent

PRETORIA — The Pretoria City Council is to consider an official Aids policy.

If approved, it would prevent known Aids sufferers and people tested positive for the HIV virus being employed by the council.

A new set of Aids-related questions would be added to the council's application form. Prospective employees would have to indicate whether or not they had been tested for Aids or the HIV virus, and if so whether or not the tests were positive.

However, there would be no obligation for prospective employees to be tested for Aids, and those found to have the disease or virus would not be fired or discriminated against.

Information on the Aids-state of officials would be kept confidential.

They would benefit fully from the council's medical scheme.

A task group headed by Medical Officer of Health Dr J P A Venter has recommended an intense information campaign to prevent the spread of Aids.

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Blood row: director to quit

THE director of the Highveld Blood Transfusion Services is to vacate his post following a row with the Black Health and Allied Workers Union of South Africa.

This came after he had issued a directive restricting the use of "high risk" blood from black and coloured donors, aimed at preventing Aids spreading through blood transfusion.

About 120 union members engaged in a protest work stoppage after Dr SP Field issued the directive that the HBTS "avoid" using blood considered to be high risk for contracting viral disease -

SOWETAN CORRESPONDENT

92

that of blacks and coloureds - and increase its supply of low risk blood - that of whites and Indians.

According to acting director of the South African Institute for Medical Research, Professor Hendrik Koornhof, the directive had been interpreted by employees as a racist decision.

Field had apologised to the staff and donors for any offence his directive might have caused and it was withdrawn the next day, Koornhof said.

Doctor resigns over blood row

JOHANNESBURG. — A doctor from Highveld Blood Transfusion Services — HBTS — was asked by the Black Health and Allied Workers Union of SA (Bhawusa) to resign following the issue of a directive which called on all staff to stop using blood received from coloured and black people.

Mr Sipho Ngwenya, general secretary of Bhawusa, said the doctor, Dr S P Field, had issued the directive which said blood from black and coloured people was "high risk" and may be infected by the HIV virus which causes Aids.

Mr Ngwenya said, a five-hour work stoppage had resulted from the issue of the directive

and the union had demanded the doctor's resignation.

He said union members had taken action at HBTS and the general public had stopped donating blood in support of the demand for Dr

Field's resignation.

"As a result of this pressure, Dr Field resigned on Friday," said Mr Ngwenya.

HBTS was not immediately available for comment. — Sapa

Negotiations are under attack

GERALD REILLY

PRETORIA — People were following a deliberate strategy to disrupt or prejudice efforts to promote the negotiation process, Education and Development Aid Minister Stoffel van der Merwe said at the weekend.

Speaking at the opening of the Gazankulu Legislative Assembly, Van der Merwe said it was clear, too, that at the beginning of the year there were people who set out deliberately to do everything possible to disrupt education.

They had decided long ago to sacrifice the interest of students, teachers and the entire community on the political altar. In some areas they had prevented tuition.

They had been given a fair hearing and all demands were investigated.

Other demands concerned political issues outside the ambit of education.

The first half of the year had been marked by extensive disruptions in the schools of most education departments.

The impression had been created that the entire education system had come to a standstill. This was untrue as the majority of teachers and students were going about the business of preparing for the future.

The time had arrived, he said, for educators, parents and communities to communicate the message that education could not be reconciled with deliberate and con-

sistent disruption of schooling.

Van der Merwe said government had stated that the present constitution was not the final blueprint. It served merely as a departure point to reform.

SA had been put on a course of change, which was irrevocable. It would never be the same again. The move was to a new, democratic SA.

"The reasons put forward in the past, by organisations such as the ANC, for violence and the armed struggle have lost their justification. Violence will bring no solution," he said.

What was needed was negotiations, acceptable agreements and compromises, Van der Merwe said.

He appealed to all organisations to abandon the violence option and to commit themselves to negotiations.

"Half hearted methods will not work for any of us — we need a joint commitment."

He said there was a need for stable government at all levels until a new constitution had been agreed on. Government institutions would have to remain effectively functional.

"And it should be remembered that politics have never fed empty stomachs."

EC 'economic overhaul' team is to visit Soviet Union next month

Own Correspondent

MOSCOW — The EC is to send a special team to Moscow next month to find ways of hauling the Soviet Union from its economic quagmire.

EC president Jacques Delors said after talks with Soviet President Mikhail Gorbachev on Friday that the Kremlin leadership was committed to a market economy and that Gorbachev "knows what he is talking about".

The report to be made by the EC's team of analysts by the end of October will assess the worth of Soviet reforms and the usefulness of aid.

Gorbachev has asked for economic assistance from the West, saying his reforms have reached their "critical moment".

His taming of hardliners at the recent 28th Communist Party congress put him in a stronger position to push ahead with reform.

The EC summit in Dublin last month

agreed that Soviet reforms should have financial backing. Delors said on Friday that the country needed, at the very least, technical assistance.

The EC is planning to establish an office in Moscow.

Delors would make no comment about the Soviet economy, except to say that monetary policy should be guided by central government.

He expressed concern that some Soviet republics might introduce their own currencies as they moved towards autonomy.

He told the Kremlin: "We hope to create a big Europe that could be a great arena of peace and prosperity. EC countries can make their contribution to restructuring in the Soviet Union. We can co-operate with you on the road that should lead to well-being and peace." — Daily Telegraph.

Call for unity in attack on AIDS

TRACY MELASS

THE National Union of Mineworkers (NUM) has called for co-operation between employers and unions in combating AIDS.

NUM health and safety spokesman Hazy Sibanyoni said on Friday: "This is the ideal situation needed to solve the problem, but as yet nothing has been formalised."

He stressed the need for private sector intervention in providing housing for miners and their families so that AIDS could in some way be controlled.

Chamber of Mines spokesman Peter Bunkell agreed that the mining industry was well positioned to play a significant role in combating AIDS.

"The industry looks forward to co-operating with all parties involved. It is obvious there is much common ground between the NUM and the employers on the issues of HIV infection and AIDS," he said.

"The chamber has already spent a large sum of money on activities aimed at contributing to general knowledge of AIDS and at preventing the spread of the disease in southern Africa, and in the mining industry in particular."

It had made donations to the SA Institute for Medical Research for AIDS-related research and for setting up counselling training courses and offering HIV testing to patients attending clinics for sexually transmittable diseases.

Transport and General Workers Union spokesman Cally Forest said that from September the union would employ an officer to provide education on AIDS. It would be the first union to do so.

Needles to be made in SA

ACHMED KARIEM

JOHANNESBURG housewife turned entrepreneur

GUN

FIFTEEN rifling ex three gun occupying nesburg E

Fight against Aids to be intensified

By PEARL MAJOLA

PREPARATIONS are under way for a seminar for women on Aids to be held by Township Aids Project in Johannesburg on December 1, World Health Day.

TAP and organiser of the seminar, Mrs Refiloe Serote, said she plans to have speakers from organisations involved in Aids work, such as the Aids Ser-

vice Organisation of Uganda at the seminar.

The seminar is one of the ways through which TAP is intensifying its campaign against

Aids.

The organisation's campaign, which started in January, includes heightening awareness about Aids - how it is contracted and how it is *not* contracted.

They educate people to talk about sex, safe sex through using condoms and avoiding anal sex.

The campaign also trains people to carry on with Aids work.

Serote, the only full-time employee of TAP, is responsible for the campaign.

"Initially we wanted to educate the youth but we realised that we could not ignore the rest of the community. So now our

campaign addresses mothers, women in general and men," she said.

But it has not been all that easy for her. "Traditionally the subject of sex is taboo in our community, even married couples do not talk about it.

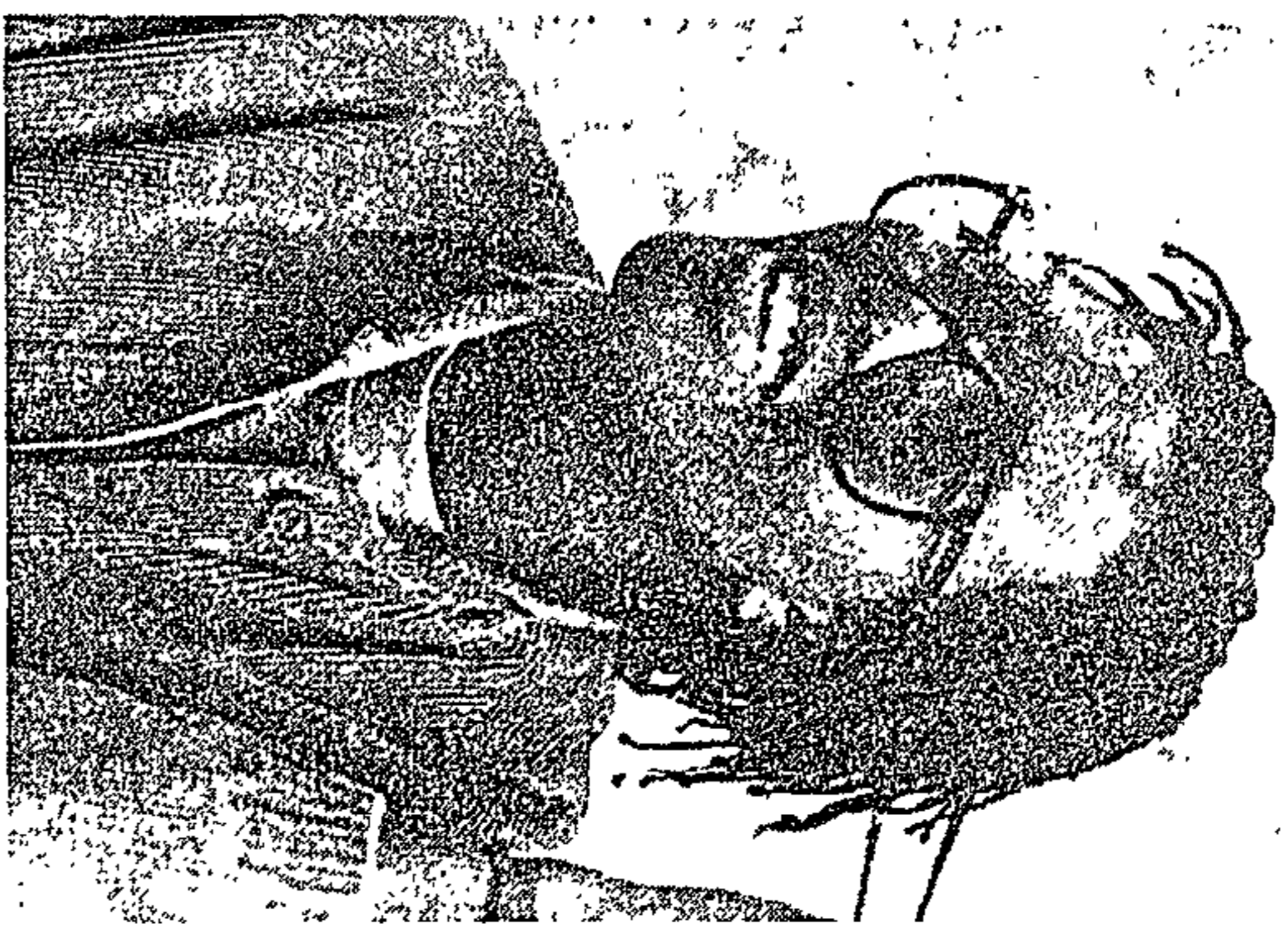
"Imagine talking about it in public and to the kind of audiences I address! "I cannot condemn homosexuality in spite of my own beliefs. My job is simply to warn people against anal sex or advise them to use condoms.

"So those are the problems I encounter, but because I am determined to do my

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WOMAN



REFILOE SEROTE, co-ordinator of Township Aids Project. Picture by VELL NHLAPHO

work, I survive," she explained. Serote appears to be managing well so far. Previously a public relations officer at Alexandra Clinic, she was approached to help form TAP, so she left her job and in 1989 attended a conference on Aids education in Cameroun.

Breakthrough in mystery baby killer disease

REDUCED levels of a chemical that controls the body's sleep cycle may be linked to Sudden Infant Death Syndrome, according to new research.

baby who died of SIDS had low levels of the hormone.

"We don't want to encourage people to think that sudden infant death will be a thing of

"the lack of melatonin itself may have been involved in the susceptibility of these children to sudden infant death". - Sapa-Reuter.

News in brief

Workers' protest march

BETWEEN 500 and 700 people, primarily employees of Anglo American Property Services (Ampros), took part in an orderly protest march on Saturday which ended at the head office of Anglo American Corporation. Sowetan 23/7/90

A list of demands was presented to Mr Alec Gullan, a director of Ampros, with a request that it be given serious consideration. - Sapa

Pay talks for mediation

MEDIATION in the current wage dispute between the Black Trade Union and Transnet will begin on Monday July 30. Blatu acting president Mr D Phiri said on Friday. Sowetan 23/7/90

Blatu is demanding a minimum salary of R1 100 a month and an across-the-board salary increase of R500. Management is offering a minimum wage of R680 plus a 9,1 per cent increase. - Sapa

Quit, Aids row doc told

A DOCTOR from Highveld Blood Transfusion Services (HBTS) was asked by the Black Health and Allied Workers Union of SA to resign following the issue of a directive which called on all staff to stop using blood received from coloured and black people. Sowetan 23/7/90

Mr Siphon Ngwenya, General Secretary of Bhawusa, told Sapa the doctor - Dr SP Field - had issued the directive which said blood from black and coloured people was "high risk" and may be infected by the HIV virus which causes Aids. - Sapa

Education 'tops the list'

BLACK South Africans should consider education as their first priority in preparation for leadership positions in the post-apartheid society. Sowetan 23/7/90

This was said by the United States Ambassador to South Africa, Mr William L. Swing, in his farewell speech to a group of South African students who left on a study tour to the United States yesterday.

Letter of demand for FW

ABOUT 15 000 people in Nkownkowna township in Gazankulu near Tzaneen marched from the local stadium to Ritavi Police Station on Saturday where the Rev B M Maakana handed a letter of demand to chief of Gazankulu Police Major B Chabalala. Sowetan 23/7/90

The letter, directed to State President F W de Klerk, contained demands including the release of all political prisoners and detainees, the removal of the army and the security police in the townships and villages of Gazankulu and the holding of free political activities without hindrance. - Sapa

Next move in Zambia

LUSAKA - Advocates of a multi-party system in Zambia elected a national committee yesterday to lead the campaign for an end to one-party rule, culminating in a referendum scheduled for October 17. Sowetan 23/7/90

The National Interim Committee for Multi-party Democracy Referendum (NICMLDR), formed after a two-day meeting in Lusaka, is headed by former Cabinet Minister Arthur Wina. The government has promised Zambians a free campaign and vote in a referendum to decide if the country will revert to multi-party politics after 17 years of single-party rule. - Sapa-Reuter

Num seeks recognition

SOME 600 guards and cleaning staff, members of the National Union of Mineworkers, on Saturday marched through central Johannesburg and presented a memorandum to the headquarters of the Anglo American Corporation, pressing demands for the recognition of NUM as their union. Sowetan 23/7/90

NUM's Witwatersrand chairman, Mr George Nkadimeng, said: "Anglo American Corporation refuses to recognise NUM as a union for the workers ... Anglo says the workers are members of the Transport and General Workers' Union." - Sapa

332-05711, YEBINE MATEWOS

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Sowetan 20/7/90

HIV (human immunodeficiency virus) is now becoming a risk primarily to heterosexuals in South Africa, as is the case in the rest of Africa, according to the Department of National Health and Population Development.

The department on Wednesday released the latest figures for known Aids and HIV-positive cases as supplied by the South African Institute of Medical Research.

Of the 430 cases of South African origin reported since 1982 up to June 21 this year, 192

Aids risk for heterosexuals

SOWETAN Correspondent

were not homosexual or bisexual.

They include 88 women and 25 paediatric cases. Among the reasons given for contracting Aids in this group are heterosexual activity and trans-fusions.

Among whites 224 people fell into the

homo/bisexual transmission category, while only 14 people of other races shared this mode of transmission.

Nine whites and 123 blacks contracted Aids through heterosexual activity, according to the statistics.

Of the 31 blacks who fell outside of the sexual transmission category, 25 cases were paediatric,

while none of the 22 whites in this category include children.

Up to June 21 this year, 100 new cases of Aids were reported, of which 17 died.

Since 1982, when two cases were reported, the fatality rate for the total of 430 reported cases was 48 percent.

To date 34 people, youngsters up to 19 years old, had been diagnosed with Aids. The age group with the highest incidence is that of 30 to 39 years (128 cases), followed by 82 cases for the 20 to 29 age group.

Almost a quarter of these HIV cases are female, but the sex of 745 is unknown.

Aids agony for Soweto mother

The Argus Correspondent

JOHANNESBURG. — Every now and then the sunlight catches a tear in her eye. Her baby sits uncomfortably on her lap, drawing milk from a bottle. Mother and child share a secret that no-one else in their community knows — they both have the Aids virus.

We are sitting on the verandah next to Ward 36 at Baragwanath Hospital, Soweto, where 10 babies have died of the fatal disease in the last year.

The young woman, who wished to remain anonymous, is among the parents of 12 other infected babies who attend the hospital about once a month for treatment.

Infections

Looking at the two, one would never suspect they were victims of an incurable disease. The mother looks as healthy as any other mother. The child, although a little thin and watery eyed, does not appear to be plagued with sickly discomfort.

But according to paediatrician Dr Ian Friedman, the nine-month-old baby's glands are swollen and its growth is slow. It has had recurrent infections, including diarrhoea and chest complaints.

For the mother, every visit to the hospital is a painful reaffirmation of the fact that she has the HIV virus.

She first discovered her condition when she brought her child to the hospital seven months ago.

"I brought him because he wasn't picking up weight. He also had a con-

stant nose bleed. When the tests confirmed that both of us had the HIV virus, I cried a lot.

"I didn't know which one of us would die first," she said.

The young mother said the most difficult adjustment was accepting her condition after the initial shock. "At times I thought it couldn't be true. At the same time, I knew it was. I once met an HIV infected woman at the hospital who insisted she didn't have it."

A major psychological effect of the disease has been her isolation in the knowledge of it. Although she lives with her mother in Soweto, only she and the hospital staff are aware of her condition.

"I can't tell my friends. They would isolate me. I have not even told my mother because I don't think she would really understand. She would insist that I see a traditional healer. I have never wanted to do this.

One of hundreds

There is no way of telling how she got the virus. It could have been incubating since her first sexual experience.

The young woman is among hundreds in Soweto who have the virus, only a fraction of whom are aware of the fact.

According to Dr Friedland, many mothers whose babies were tested positive for HIV have not returned to the hospital for treatment. It is not known whether these babies have subsequently died.

Aids: SA heterosexuals just as much at risk

The Argus Correspondent

JOHANNESBURG. — HIV (human immunodeficiency virus) is now becoming a risk primarily to heterosexuals in South Africa — as is the case in the rest of the continent, according to the Department of National Health and Population Development.

The department yesterday released the latest figures for known Aids and HIV-positive cases as supplied by the South African Institute of Medical Research.

Of the 430 cases of South African origin reported since 1982 up to June 21 this year, 192 cases were not homosexual or bisexual. The cases include 88 women and 25 paediatric cases. Among the reasons given for con-

tracting Aids in this group are heterosexual activity and transfusions.

Among whites, 224 people fell into the homo/bisexual transmission category while only 14 people of other races shared this mode of transmission. Nine whites and 123 blacks contracted Aids through heterosexual activity, according to the statistics.

Of the 31 blacks who fell outside of the sexual transmission category, 25 cases were paediatric.

None of the 22 whites in this category was a child.

Up to June 21 this year, 100 new cases of Aids were reported of which 17 died. Since 1982, when two cases were reported, the fatality rate for the total of 430 reported cases was 48 percent.

In all, 33 cases of Aids of non-South African origin have been reported, of which only three were homosexual.

The origin of 14 cases are given as Malawi, eight from Zambia, two from Holland and one each from a variety of countries including Haiti, Zaire, Canada, Brazil, Kenya and Austria.

Of the known total of 4 351 HIV positive cases, most — 2 436 — reside in the Transvaal. Natal has 976 cases, the Cape 546 and the Free State 159.

BARAGWANATH HOSPITAL
200 NOW ONLY

Sharing the deadly secret of Aids

By Helen Grange

(42)

Every now and then, the sunlight catches a tear in her eye. Her baby sits uncomfortably on her lap, drawing milk from a bottle. Mother and child share a secret that no-one else in their community knows — they both have the Aids virus.

We are sitting on the verandah next to Ward 36 at Baragwanath Hospital, Soweto, where

10 babies have died of the fatal disease in the last year.

The young woman, who wished to remain anonymous, is among the parents of 12 other infected babies who attend the hospital about once a month for treatment.

Looking at the two, one would never suspect they were victims of an incurable disease. The mother looks as healthy as any

other mother. The child, although a little thin and watery-eyed, does not appear to be plagued with sickly discomfort.

But according to paediatrician Dr Ian Friedman, the nine-month-old baby's glands are swollen and its growth is slow. It has had recurrent infections, including diarrhoea and chest complaints.

It is only a matter of time before the child will develop an infection it cannot recover from — even with the help of monthly injected human antibodies at the hospital.

For the mother, every visit to the hospital is a painful reaffirmation of the fact that she has the HIV virus.

She first discovered her condition when she brought her child to the hospital seven months ago.

The young mother said the most difficult adjustment was accepting her condition after the initial shock. "At times I thought it couldn't be true. At the same time, I knew it was. I

once met an HIV infected woman at the hospital who insisted she didn't have it."

A major psychological effect of the disease has been her isolation in the knowledge of it. Although she lives with her mother in Soweto, only she and the hospital staff are aware of her condition.

"I can't tell my friends. They would isolate me. I have not even told my mother because I don't think she would really understand. She would insist that I see a traditional healer. I have never wanted to do this."

According to Dr Friedland, many mothers whose babies were tested positive for HIV have not returned to the hospital for treatment. It is not known whether these babies have subsequently died.

Aids experts have stated that about 50 percent of Aids cases countrywide are reported in the Johannesburg area. It is estimated that by the end of 1991, about 40 000 people in greater Johannesburg will test positive for HIV.

ons"

Figures show (92)

17 AIDS deaths

By Daily TANIA LEVY 1917/90

AT LEAST 17 people in SA have died of AIDS this year, National Health and Population Development Department statistics show.

The department says 100 new AIDS cases of SA origin were recorded by June 21, bringing to 430 the total number reported since 1982. Nearly half of these people have died.

So far 22 children in SA have been diagnosed as AIDS sufferers. However, Baragwanath Hospital has seen 30 paediatric AIDS cases during the past year, according to a newspaper report this week. Ten of these babies have died.

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Figures show (92)
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CPH 18/7/90 (92)

12 babies die of Aids

JOHANNESBURG. — Twelve infants between the ages of one month and 2½ years have died of Aids in the past year at Baragwanath Hospital in Soweto.

A paediatrician at the hospital, Dr Ian Friedland, said more than 30 babies with HIV-infection had been diagnosed at the hospital since May last year. Twelve had died, but he was uncertain about the condition of the other babies as they were no longer brought to the hospital.

Dr Friedland said the infants had contracted the disease from their mothers and ruled out the possibility that they could have contracted it through blood transfusions.

Dr Friedland said there was an increase in the incidence of HIV-infection in children, with seven cases having been diagnosed at the hospital last year and 25 this year. — Sapa

976 - 1st 18/7/90 (92)
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Big winner mystery

A MYSTERY Cape Town punter, who won R664 000 on the Cape pool at the weekend, has stunned racing officials by not claiming the money. Yesterday, three days after his win, he had still not collected.

And staff at the tote have no idea who the lucky winner is.

The punter placed R24 on the Pick Six on Saturday's racing at Greyville in Natal and scooped up the massive carry-over.

Ms Wendy Hawkesworth, a staffer at the tote, said yesterday that the coupon would remain valid for three months.

"But we have no idea who this person is. There is no name or information on the coupon — only a number."

976 - 1st 18/7/90
Explosion rocks police HQ

Own Correspondent
EAST LONDON. — An explosion ripped through the building housing the police divisional headquarters here about 8.20pm.

Early indications are that there were no casualties, and that the explosion had been caused by a bomb.

The blast came soon after an End Conscription Campaign (ECC) meeting started nearby. The meeting was to discuss the Civil Co-operation Bureau (CCB).

The main speakers at the meeting were the lawyer representing former security policeman Captain Dirk Coetzee at the Harms commission into the CCB, Mr Ahmed Mothala, and a journalist investigating the CCB, Mr Anton Steenkamp.

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20 more Bara kids face horror death

Aids kills

10 babies

BARAGWANATH Hospital has admitted 30 cases of babies suffering from the killer disease Aids in just over a year. Ten of these have already died.

Disclosing this yesterday, Dr Ian Friedland, a paediatrician, said of the remaining 20, 12 were known to be still alive, but the parents of the eight others had stopped bringing their children to hospital for treatment.

He said although there was no

By MOKGADI PELA

effective cure for HIV infection, babies were treated for diseases which could attack their immune system and thus lead to an early death.

Friedland said the average age of the baby victims was six months. Their ages ranged between one month and two-and-half years.

Incubation

He said the incubation period of the disease was much shorter in children than in adults. Children usually died within a year of infection.

All babies suffering from Aids at Bara contracted the disease from their mothers during pregnancy.

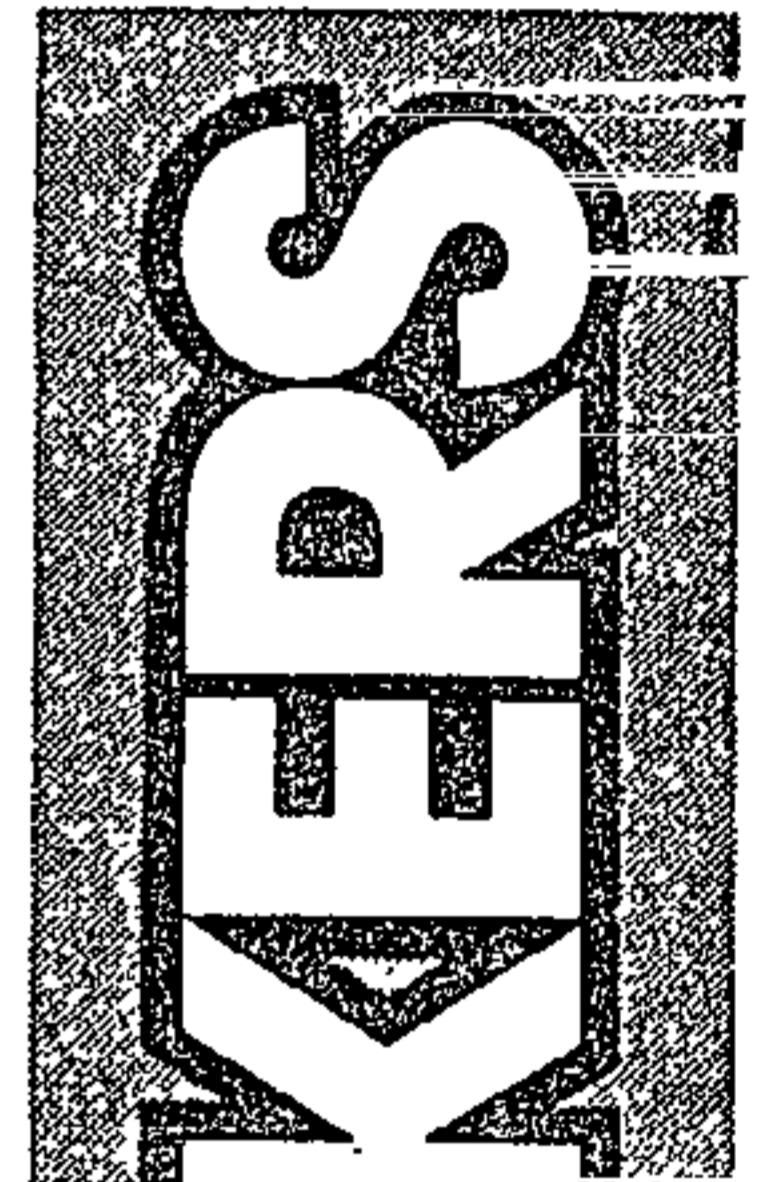
A mother that is HIV positive has a 30 to 50 percent chance of transmitting the virus to her baby.

Friedland ruled out the possibility of children having contracted Aids through blood transfusion. He said since 1985 all blood was being screened before transfusion.

He listed some of the commonest HIV symptoms among children as:

- * Failure to gain weight as ex-

● To Page 2



20 babies may die

● From Page 1

- pected;
- * Enlarged glands;
- * Diarrhoea lasting for long spells;
- * Recurrent serious infections like meningitis and pneumonia; and,
- * Enlarged liver or spleen and chest infec-

tions that do not clear up.

Friedland said the growing HIV epidemic required a sexual behavioural change.

He emphasised the importance of using condoms or monogamous relationships to prevent the community contracting "the killer disease".

Sowetan 17/7/90

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Sowetan 17/7/90

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10 Bara babies die of Aids

Own Correspondent

Star
17/7/99

Ten babies have died from Aids at Baragwanath Hospital in the last year, a hospital paediatrician has disclosed.

Of 30 infected babies admitted to Baragwanath in just over a year, 10 have died, 12 are known to be still alive, and the parents of the remaining eight have stopped taking their babies

for treatment.

Paediatrician Dr Ian Friedland said although there was no effective cure for the HIV infection, babies were treated for diseases which could attack their immune system and lead to an early death.

The 10 babies had been infected by their mothers during pregnancy.

Mandela to address rally

MAPUTO — ANC deputy president Nelson Mandela, who arrived in Maputo on Saturday, was to have talks with Mozambican leaders yesterday.

Today he is to address a rally in Maputo's Independence Square.

Mandela, on the last stop of a triumphant tour of Europe, North America and Africa, was met by President Joaquim Chissano at Maputo airport, where he received a hero's welcome from tens of thousands of Mozambicans.

Asked at a Nairobi news conference before his departure for Maputo about prospects of an ANC link-up with the PAC, he said: "There are certain organisations which have no significance whatsoever to our struggle." — Sapa-Reuter.

Jo'burg council to spend R300 000 fighting AIDS

B104/16/7/90 (92)

TANIA LEVY

THE Johannesburg City Council has earmarked R300 000 for AIDS education this year.

By the end of 1991 an estimated 40 000 people in greater Johannesburg will test positive for HIV.

According to the council's acting Medical Officer of Health, Nicky Padayachee, about 6 000 people in the area tested HIV positive by the end of last year. This figure is doubling every eight and a half months.

Of the 463 cases of full-blown AIDS reported in SA by 21 June, 178 are in the greater Johannesburg area.

Padayachee says the area probably accounts for between 50% and 60% of the country's total number of people with AIDS.

Health and housing committee chairman Marietta Marx says

R300 000 has been allocated separately from the health budget and will be controlled by the management committee.

Padayachee says most of the money will be spent at the council's AIDS centre in Hillbrow — training volunteers from existing non-governmental organisations. These people have the credibility and skills to reach communities but need material and training assistance from City Health.

He says some of the money will go towards existing AIDS awareness programmes such as bus advertisements and the health department's AIDS play which has already been performed for more than 15 000 unskilled workers.

Schools are a crucial site for AIDS education, particularly in SA where more than half the population are of school-going age. Young people are the most sexually active and therefore most at risk of becoming infected with the virus.

While black and coloured schools have welcomed the council's AIDS programmes, the Transvaal Education Department refuses to allow this sort of education at white government schools, Padayachee says. Parents have to pressurise government to allow AIDS education in schools.

One of the greatest tragedies of AIDS is that people will not take the disease seriously until they start seeing many cases — and by that time it will be too late to contain the epidemic, he says.

Stresses of township life heighten labour conflict, says study

DANIEL FELDMAN

TOWNSHIP life, characterised by high levels of social and political unrest, was found to heighten labour-management conflict and increase worker militancy, a recent study said.

Wits industrial psychology lecturer Jacqueline Duke, who conducted the survey, said: "The turmoil evident in the wider SA society has exerted a direct, negative effect on black community life." This affected labour relations.

Duke found 76% of the sample of township residents experienced disturbed sleep because of township unrest; 75% reported that life was dangerous in the townships; 67% experienced an atmosphere of tension; 58% reported a general breakdown of law and order in the townships; and 52% experienced violence on public

transport. B104/16/7/90

The unemployment crisis was also highlighted — 60% of respondents said a family member was unemployed or had lost his job during the past year. Other stresses were accommodation and rent problems, education and the effect of the legal system on black community life.

Duke said township stress led to intensified conflicts between different factions in the workplace, decreased job satisfaction, and negative attitudes toward the company, including perceptions of company policy, supervision and the handling of grievances.

It was essential that organisations ascertain what stressed employees and what their community-based needs were before embarking on social responsibility programmes.

"Managers need to communicate across different cultural and ethnic groups in organisations. Through an understanding and awareness of different cultural groups, managers can develop creative strategies that will satisfy the divergent needs, motivations and aspirations of all employees in the organisation."

Industrial relations consultant Stuart Pennington and SA Clothing and Textile Workers' Union assistant general secretary John Cope-lyn will speak on these issues at a seminar next month.

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Round the clock fight against killer disease

92

Sowetan
13/7/90

THE advent of Aids has prompted health experts to work round the clock to educate the public about the killer disease, says Professor Ruben Sher of the South African Institute for Medical Research.

"This is so because there is no cure for this epidemic. Our only hope lies in raising people's awareness about the virus.

"One thing about the HIV-virus is that it does not discriminate. Aids is not who you are but what you do," Sher said.

These words, taken from Sydney Lachman's

HEALTH NEWS



By MOKGADI PELLA

book *Aids in the 1990s* (distributed by SA Drug-gists Ltd) were uttered a few years ago but still ring true, particularly with the realisation that a cure will not be found in the near future.

Authors from the World Health Organisation state: "We are still in the early phases of a complex pandemic whose future scope we cannot yet predict.

Inequities

"It is relentlessly highlighting the weaknesses, inadequacies and inequities of our health and social systems."

Lachman's book is a must for health professionals, patients and the public. It will help destroy some of the myths surrounding Aids.

Medical reporters will also find it valuable in that it deals with the facts instead of sensationalism.

The author argues that to achieve better results when educating people about Aids, it is important to have their trust.

"It is important for the targeted population to perceive and understand that changes in risk-associated behaviour are necessary.

"Involvement of opinion leaders in such communities could ensure increased credibility and persuasiveness in this regard," Lachman said.

The ever-increasing statistics require urgent intervention before it is too late.



PROF SHER

UNIVERSITIES are "catchment areas" for sexually-transmitted diseases (STD), including the Aids virus, but not enough is being done, health experts have warned.

At both universities in the Cape Peninsula, the University of the Western Cape (UWC) and the University of Cape Town (UCT), there are people who have been tested HIV-positive.

But neither university conducts ongoing education on aids or has full-time counselling available dealing with the problem.

Professor Gordon Isaacs, head of the School of Social Work at UCT, said it was "heartening" to note that universities included Aids awareness in their health programmes.

"In my opinion, though, awareness is not enough. Research has shown that to combat the spread of Aids, education must be ongoing," Isaacs said.

"At a high school in the United States, kids who were made aware of the issue were found to have forgotten most of it six months later.

Caring

"There should be formal ongoing programmes, both at health centres and related departments on campuses."

Isaacs said no education programme could be complete without a "caring" aspect; counselling should be offered alongside education.

He said any university, by nature of its composition, was a "risk population" as it was a natural arena for sexual experimentation and actualisation.

"University students like to believe that because of their intellectual ripening, they are immune to the dangers of the HIV virus.

"They do not realise that HIV in the main is like any sexually-transmitted disease, it is spread because of intimacy.

"Because of the high rate of STDs on some campuses, it follows that their students are more at risk of contracting the HIV virus."

Full-blown

Department of National Health and Population Development figures show that most female Aids cases in South Africa occur between the ages of 20 and 29, while most males with full-blown Aids are aged between 30 and 39.

The department estimates that by the end of last year, 55 000 people were infected with HIV.

Isaacs said hostel accommodation at most universities had changed in the past 50 years and students have become more intimate.

"At hostels, students are granted the privilege of adult responsibility, including intimacy.

Aids threat at Cape 'varsities

92
South 12/7 - 18/7/90

Aids in South Africa is reaching alarming proportions, with conservative estimates projecting that nearly half of the population aged over 15 will be HIV-positive by the year 2000. The battle against the killer virus, and the action taken to prevent it spreading, cannot keep up with the rising tide of Aids in Southern Africa. And one of the risk populations is the campus community, REHANA ROSSOUW discovered:

"I have found that some students cannot deal with this responsibility. At UCT, condom machines have been vandalised, with childish graffiti scrawled on it. This seems phobic to me, or it is a sign of being scared and venting bravado in the face of fear.

"In my clinical experience, students are reluctant to use condoms
"Hostel accommodation in the student environment encourages reckless behaviour as students become disinhibited without adult supervision," Isaacs said.

Reluctant

Universities in South Africa were probably reluctant to hold formal HIV programmes for fear of being recognised as catchment areas, he said.

He believed that, like any advanced and progressive corporate organisation, universities should have an Aids policy, including non-discrimination of staff, students and workers.

"No university in South Africa has a policy on Aids, although it may be underwritten in a non-discrimination clause," Isaacs said.

The universities, by virtue of their academic expertise, should also be linked to community programmes where Aids education and counselling were offered.

He said most universities were not "ready" to establish Aids information bureaux on campus because it would separate students suspected of being HIV-positive from the rest of the community. In South Africa, Aids was still stigmatised.

"Counsellors must always guarantee confidentiality and, if necessary, anonymity Aids is linked to sexuality and therefore is a sensitive area to deal with.

"The HIV virus is unable to differentiate between educated and uneducated people.

"Universities must become aware that students are creatures of sexuality, and that their expression should not be denied but be tempered with care."

Meanwhile UWC said it believed the question of Aids had to be addressed urgently in a more comprehensive manner throughout the South African community.

Its Student Health Centre has hosted two seminars on Aids awareness, sexuality, rape and safer-sex practices.

"Several off-campus people were involved in these seminars, which included personal testimony from Aids sufferers," the university said in a statement.

Number

"At present, UWC does not conduct Aids testing on campus. Our staff is presently undergoing training programmes on Aids and pre-test HIV counselling.

"As no Aids-testing facility presently exists on campus, we are unable to confirm the number of students infected," the statement said.

UWC students are referred to off-campus centres for testing and the results are kept confidential.

Agreement

The Student Health Service is gearing towards offering a comprehensive pre-test facility, the university statement said.

"This need has become all the more urgent in the light of general agreement that the health authorities will be unable to cope with future demands.

"Staff see it as part of their responsibility to counsel and advise students with sexually-related problems or sexually-transmitted diseases

"Because of the prevalence of sexual experimentation among young people, UWC's Student Health Centre believes it has a crucial role to play in educating students about sexually-transmitted diseases.

"This desire to reduce the risks facing students has been the driving force behind our educational campaigns," the university said.



Health workers plan drive against disease

PROGRESSIVE health workers have formed a national Aids coordinating committee to replace an interim national task force.

The move was decided on at a one-day consultation at the University of the Western Cape last Saturday.

Participants discussed a draft statement adopted at an international health conference held in Maputo in March.

At the conference, attended by the ANC health secretariat and South African health organisations, delegates called for an Aids task force to be set up to coordinate the fight against the disease in Southern Africa.

They concluded that state-run programmes were flawed and that it was vital to integrate community organisations in a

campaign against the HIV epidemic. They recommended regional and national coordination in the fight against Aids.

Last Saturday's meeting, organised by the interim task force, began with reports from each region in South Africa on work done to combat Aids. Discussion followed on what work should be done on a regional and national level.

"There was very firm consensus at the meeting that we are not ready to establish a national Aids task force because of differences in strength between the

regions," said a delegate at the meeting. "We felt it was important to first strengthen the regions before embarking on joint, national action."

Representatives to the meeting decided to form a primary health care national Aids coordinating committee to replace the interim task force.

A contact person from each region was nominated to return to their regions and send two to three representatives to the national coordinating committee.

Aids working groups would be formed which would focus only on work to

combat Aids in South Africa. At the South African Health Workers Congress (Sahwco) conference held in Natal recently, its president Dr Krish Vallabhjee said the significance of a mass movement for health was apparent when confronted with a virus such as Aids.

"The main weapon against Aids is mass awareness. But we have failed to advance the campaign against Aids because we lack the grassroots health structures and the mass consciousness around health, despite the seriousness of the issue," said Vallabhjee.



KRISH VALLABHJEE
Sahwco president

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South 12/7 - 18/7/90

Syphillis shock for Bara

92
Up to 10
babies
treated

Sowetan 9/7/90

BETWEEN five and 10 babies are treated for syphillis-related diseases every day at Baragwanath Hospital, according to Dr S Wainer, a paediatrician at the hospital.

This "tragic condition results from mothers' failure to present themselves for early treatment and diagnosis during pregnancy," said Dr Wainer. Affected mothers risked transmitting the infections to their offspring, he said.

Wainer said Bara treated 60 cases of severe congenital syphillis in children each year. Of those, about a third will die within four days after birth while survivors could be put in the intensive care unit for a long time.

Wainer said a bed in the intensive care unit cost the hospital a minimum of R1000 a day to keep open. He said there were about 1000 mothers having a positive blood test for syphillis at Bara per annum.

Conference

The sixth Conference on Priorities in Perinatal Care in South Africa disclosed other shocking figures: Of the 1572 infants admitted to the Kalafong Hospital's neo-natal unit 1,5 percent had congenital syphillis. At King Edward Hospital in 1985, 42 infants were born with congenital syphillis, 31 weighing less than 2,5 kilograms.

Wainer stated some of the complications caused by syphillis on the baby were that it could

By MOKGADI
PELA

terminate the pregnancy:

*A baby could be born with lung disease of prematurity (hyaline membrane disease);

*Syphillis may cause pneumonia which then takes a long time to heal;

*Kidneys may be affected leading them to leak proteins instead of retaining them;

*A liver may be affected resulting in hepatitis (inflammation of the liver);

*The blood may run short of red blood cells;

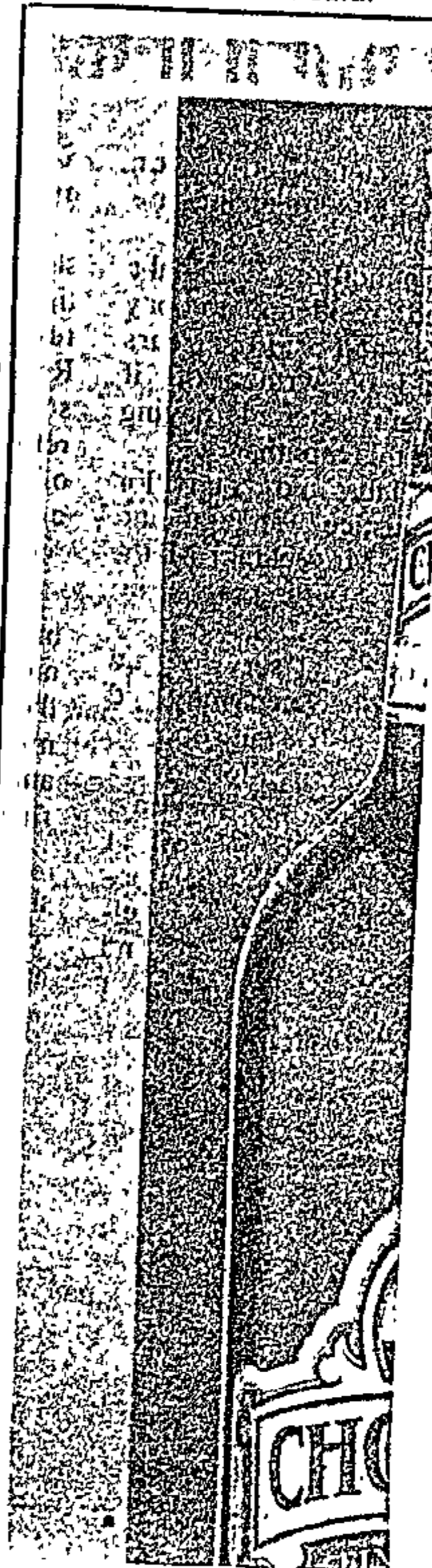
*The blood may have a deficiency of platelets (which help the blood to clot) preventing the baby from bleeding excessively;

*It may even affect the baby's brain leading to stunted development; and

*Syphillis could impair a baby's hearing and vision.

Wainer said the average mother visited antenatal clinics at 29 weeks of pregnancy. However, the ideal situation would be for pregnant women to visit clinics soon as they were aware of their pregnancy. "It is important that the blood tests for congenital infection be done as early as possible so that treatment may have maximum benefits for the baby," he said.

He advised women who visited private practitioners to insist on blood tests in case they were not done. "Blood tests on pregnant women are very important when realising that between 20 and 30 percent of mothers having babies at Bara have not had their blood screened," Wainer said.



Star 7/7/90

92

Alarming increase in Aids cases

THE number of Aids and HIV positive cases in South Africa's heterosexual population has been rapidly increasing since 1988, according to figures just released.

Professor Ruben Sher of the South African Medical Institute of Research said this week that the number of heterosexual HIV infections had also shown a marked increase in the PWV area, and in Natal 100 new HIV positive cases a month have been identified since April, showing a rapid increase.

Transfusion

Professor Dennis Pudifin of the Natal Aids Advisory Group told the Saturday Star that the figures for Natal constituted only the "known cases, based on testing" which is "very limited considering the population size".

Professor Sher said the rapid increase in Natal was due to the fact that cases picked up by the blood transfusion services had been included.

National Health Department Medical services director J A Lombard announced in Pretoria the department was aware of 4 351 individuals who were carriers of the Aids virus, while it was estimated that between 55 000 and 65 000 South Africans were HIV positive.

Professor Sher said of the total HIV positive cases in South Africa up to June 22, 2 481 were black, 1 187 white, 133 coloured and 19 Asians.

The race of 531 are unknown. In the black community the incidence is mainly heterosexual.

He said 430 people in South Africa had Aids.

430 cases
this year,
only 156
last year

CARINA LE GRANGE

Of these, 250 were white males, six females; there were 73 black males and 79 females; 12 coloured males and two females, and four Asian males.

In the Transvaal the highest incidence occurred in Johannesburg, with 178 known cases.

Pretoria had 21 cases and other rural towns listed one each, with the exception of Sebokeng and KaNgwane, where there were two cases each.

In comparison with the present 430 Aids cases, the number for 1989 was 156.

There were 89 cases in 1988.

Children

Dr Lombard also said since 1988 an increasing number of heterosexual cases were recorded, with the major mode of transmission among the black population being between heterosexuals and from mother to child.

Professor Pudifin said the official HIV-positive figures for Natal now stood at 2 000, of which 300 cases had been identified since April this year.

He said the Aids epidemic in the homosexual white population had declined — in keeping with world trends.

Firms screen new recruits for AIDS ⁹²

CAPE TOWN — Leading companies in the life assurance and other industries have started applying compulsory AIDS tests to new employees in an attempt to protect employee benefit schemes from high risk members.

Old Mutual and Southern Life recently revised their employment procedures to include full medical tests for certain age groups and AIDS blood tests for all new recruits. Previously, applicants were asked to complete confidential medical questionnaires which were followed up by medical examinations where necessary. Sanlam has not yet instituted compul-

LESLEY LAMBERT

sory AIDS screening, but its chief medical adviser, Altus van der Merwe, said it would not hesitate to do so if the incidence of AIDS reached levels where screening became "cost effective".

"When the AIDS epidemic reaches proportions where it becomes cost effective to screen every newcomer, I am sure most companies would introduce compulsory screening," he said.

An industry spokesman said a number of other companies, mainly in the assurance

□ To Page 2

AIDS screening

industry, had introduced, or were considering introducing, compulsory screening.

The life industry started insisting on AIDS tests for policies exceeding R200 000 a few years ago and has reduced this amount as the incidence increased.

Old Mutual and Southern personnel managers said the rationale behind the new procedure for employees was to protect significant employee life and pension benefit schemes from the effect of life threatening diseases.

They argued that the majority of employee scheme members could be financially disadvantaged by risks of which the accuaries were not aware. To ensure the

actuarial soundness of its employee schemes, Old Mutual also tested for high cholesterol — another major life-threatening condition.

An industry spokesman ruled out any suggestion that the companies were carrying out AIDS tests to avoid AIDS carriers affecting the morale of other employees. One life assurer has monitored the effects of an AIDS carrier on other staff and found that rather than disrupt office relationships, his condition encouraged colleagues to be more supportive.

Unlike other countries, particularly the US where compulsory AIDS tests evoked a public outcry, there appears to have been little resistance in SA.

□ From Page 1

31/07/92

06/12/92

300 new Aids cases expected this year

About 300 new Aids cases are expected to be diagnosed in South Africa this year, according to the Department of National Health and Population Development.

Dr H J Lombard, director of medical services in the department, said in Pretoria yesterday that 100 new cases had been diagnosed this year up to June 21, while a total of 156 new cases had been diagnosed last year.

Projections were that 60 000 people in South Africa were currently infected with HIV.

Dr Lombard said that it was impossible to say at this stage whether or when a saturation point would be reached for the spreading of the dis-

ease in South Africa, and to what extent the disease would have spread by then. This would differ from community to community.

Eight nurses, four auxiliary health workers, more than 100 schoolchildren and 10 schoolteachers in Natal/KwaZulu were infected with Aids, it was revealed yesterday.

Despite their HIV-positive conditions, the teachers are thought to be currently employed, the nurses are working in various provincial and KwaZulu hospitals, and the scholars are at school in KwaZulu.

It is not known whether they have been adequately counselled on their condition and whether they are taking precautions to avoid infecting others.

Natal's representative of the Aids advisory group, Professor Dennis Pudifin, said: "The heterosexually transmitted Aids situation is getting rapidly worse with 100 new cases being positively identified in Natal every month."

He said two-thirds of the cases were picked up by doctors, hospitals and clinics, while the other third was picked up by Natal Blood Transfusion Services during their routine testing.

There are now, according to Professor Pudifin, who has the official figures, 2 000 HIV-positive cases in Natal, of which 300 have been identified since April.

Natal's MEC in charge of health, Dr Tino Volker, said: "It is most worrying that so many people, including teachers and nurses, are obviously disregarding the Aids education campaign. I can only urge people to take precautions and to practise safe sex." — Sapa.

Southern Life AIDS reserve reaches R125m

SOUTHERN Life has established a special AIDS reserve which, after the R50m transfer made in its last financial year to end-March, now totals R125m.

LINDA ENSOR

Annual transfers to the fund would be made, said chairman Neal Chapman in the assurer's latest annual report.

"Until such time as we have a picture of what the situation will be in about 10 years' time, we feel it prudent to continue to strongly build up the AIDS reserve," Chapman said yesterday.

He said in the annual report that AIDS and the HIV virus were spreading rapidly to the heterosexual population.

This would have "a significant impact on

the economy in particular where it affects the skilled and semi-skilled workforce. There will be an increasing demand on already insufficient medical resources".

Chapman said yesterday that to date the number and size of claims experienced by Southern was still "miniscule".

He said the transfer to the AIDS reserve, the contingency reserve and the earnings stabilisation reserve was made from gross actuarial profits before arriving at disclosed earnings figures and would not affect earnings or investment income.

● See Page 6

97
Linda Ensor

100 Natal pupils infected with Aids

Case 74/8 4/7/90 (92)

DURBAN. — Eight nurses, four auxiliary health workers, more than 100 school pupils and 10 school teachers in Natal/KwaZulu are Aids infected, it was revealed yesterday.

Despite their HIV positive conditions, the teachers are thought to be currently employed, the nurses are working in various provincial and KwaZulu hospitals while the scholars are at various schools.

Natal's representative of the Aids advisory group, Professor Dennis Pudifin, said the following HIV groups had been identified by the Natal Blood Transfusion Services during their routine donor and blood testing this year — 10 teachers, 118 scholars, eight nurses, four auxiliary health workers, 12 transport drivers and 64 labourers.

"The heterosexually transmitted Aids situation is getting rapidly worse with 100 new cases being positively identified in Natal every month," added Prof Pudifin.

He said two thirds of the cases were picked up by various doctors, hospitals and clinics while the other third was picked up by Natal Blood Transfusion Services during their routine testing.

There are now, according to Prof Pudifin, 2 000 official HIV positive cases in Natal of which 300 have been identified since April.

● Projections are that 60 000 people in South Africa are currently infected with the Aids virus.

Star 3/7/90

(2)

Aids fight 'politicised'

The effectiveness of anti-Aids campaigns around the world and in South Africa have been undermined because they have been politically discredited, a conference of health Ministers from the self-governing territories and South Africa heard in Pretoria yesterday.

The Ministers were briefed on the Aids situation by Dr H J Lombard, the director of medical

services of the Department of National Health and Population Development.

Dr Lombard said in a presentation to the conference that the Aids "message" had been politicised throughout the world.

"Well-meant governmental programmes and efforts have been politically discredited. Our country is no exception."

Up to 65 000 in SA have HIV virus, conference told

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317140
GERALD REILLY

72

PRETORIA — Between 55 000 and 65 000 South Africans were estimated to be infected by the HIV virus, National Health Department Medical Services Director J A Lombard said here yesterday.

He told a conference of health and welfare ministers of the six self-governing territories that the department was aware of 4 315 individuals who were carriers of the AIDS virus.

The conference was jointly chaired by Education and Development Aid Minister Stoffel van der Merwe and National Health and Population Development Minister Dr Rina Venter.

Up to mid-June 430 people had been diagnosed as AIDS cases.

Lombard said in 1989, 156 AIDS cases were diagnosed, compared with 89 the year before.

Since 1988 an increasing number of cases had resulted from heterosexual exposure. The main modes of transmission among the black population were heterosexual (91%) and mother to child (100%). Only 14 coloured and four Asian cases had been identified, Lombard said.

Speakers emphasised AIDS had to be seen as a national catastrophe affecting all population groups.

At a media briefing Venter said heads of health departments had been instructed to develop a strategy to coordinate the efforts of the departments of education aimed at combating AIDS.

Van der Merwe said the aim was the development of a joint strategy among the various health authorities.

CROSSWORDS have a new home. They are on Page 16 today, and will in future appear on the page opposite Racing.

100 heterosexuals with Aids found every month in Natal

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Own Correspondent

DURBAN — Researchers have found that eight nurses, four auxiliary health workers, more than 100 school pupils and 10 schoolteachers in Natal/KwaZulu are infected with the Aids virus.

The heterosexually transmitted Aids situation in Natal is rapidly worsening, with 100 new cases being positively identified every month.

Testing

Natal's representative in the Aids Advisory Group, Professor Dennis Pudifin, said that the following HIV-infected people had been identified by the Natal Blood Transfusion Services during its routine donor and blood-testing operations since the beginning of the year: 10 teachers, 118 pupils, eight nurses, four auxiliary health workers, 12 transport drivers and 64 labourers.

Although the nurses were thought to be working with patients, they posed no risk to

them as Aids was transmitted mainly by sexual intercourse, said Professor Pudifin.

"They would obviously take precautions; for example, not come into contact with a patient if they have a bleeding cut," he said.

Two-thirds of the cases were picked up by various doctors, hospitals and clinics, while the other third was picked up by Natal Blood Transfusion Service

There were now, said Professor Pudifin, who has the official figures, 2 000 HIV-positive cases in Natal, of whom 300 had been identified since April this year.

Professor Pudifin said that the Aids epidemic in the homosexual white population had declined (in keeping with trends in the rest of the world), with only three new cases since January, bringing the number of Natal homosexual men who were HIV infected to a total of 68.

There were four white heterosexual and HIV positive people in Natal.

AIDS time bomb is set to explode in a decade

ALTHOUGH it is much publicised, AIDS is still an unknown factor as far as life assurance is concerned and therefore a future problem.

Actuaries forecast that AIDS will be the major killer in Africa by the end of the century and South Africa's population will start to fall, despite an increase in the birth rate. This is the view of Old Mutual's chief operating officer, Gerhard van Niekerk.

Already insurance companies are reducing their limits for AIDS test requirement levels from R200 000 to R150 000 and even R100 000.

Experience

Those seeking insurance above these figures are now required to undergo HIV tests for AIDS, or else cover is excluded in the event of death caused by AIDS. S (Times) 11/7/90

Mr Van Niekerk says the experience of countries in central Africa is providing SA life companies with an indication of what to expect.

He stresses that trade unions and employers should be made more aware of the problem.

Old Mutual chief actuary Theo Hartwig says AIDS did not originally seem to be a problem because of its incubation period of between seven and 10 years. But now panic has been replaced with the need for planning to meet the possible consequences.

Keeping up to date with the spread of AIDS and, if possible, gaining statistics is all that can be done in the absence of a cure for the disease.

He says that up to 1% of adult blacks in SA are estimated to carry the HIV virus. The incidence of AIDS among women is higher.

Among blacks it has never been a homosexual problem, but a heterosexual one.

"Our predictions based on all information available to us is that it will take another five years before AIDS becomes a big issue in South Africa.

"By then the proportion of



GERHARD VAN NIEKERK
Greater awareness needed

By ANTHEA DUGAN

carriers will have increased greatly. But by the year 2000 hundreds of thousands of deaths will occur annually.

"To date the proportion of AIDS carriers has been doubling every eight months.

Transmit

"The incubation period of the AIDS virus is the sinister aspect. In this time people do not know they have AIDS, but can transmit it."

The number of people carrying the HIV virus is not known because it is not a notifiable disease and people are unaware of it until they are tested.

Sanlam chief medical officer Altus van der Merwe says: "We know the incidence among blood donors, people

attending pre-natal clinics, sexually transmitted disease clinics and roughly what it is among the life assured population.

"But among the general populace, it is impossible to tell.

"Four years ago, discussions were held to decide whether to make AIDS a notifiable disease. But medical authorities feared this might drive carriers underground because of fear of being victimised by their communities.

"South Africa is one many counties which has adopted this view."

Education is the only alternative, but even this has limitations because people are loath to change their lifestyles.

Piet 'Skiet' thanks cops for fast work

CAM Times 30/11/90

Own Correspondent

JOHANNESBURG. — Alleged right-wing terrorist Mr Piet "Skiet" Rudolph appeared briefly in the Magistrate's Court here yesterday and promptly thanked the police for the manner in which they had handled the investigation into his activities.

Earlier yesterday, Witwatersrand attorney-general Mr Klaus von Lieres said he was charging Mr Rudolph and co-accused Mr Hendrik Cornelius Bredenhahn on six counts of terrorism.

The two were remanded until December 5 when they will be granted leave to apply for bail.

Prosecutor Mr Herman de Beer told the court they had been charged with the theft of arms and ammunition from air force headquarters in April.

They have also been charged with bombings between April and September at Pretoria's Melrose House, the Auckland Park and Roodepoort National Party offices, the Food and Allied Workers' Union's (Fawu) Rustenburg offices and two bombs under cars outside the Beeld newspaper's offices in Johannesburg.

Both men, who have been held at Pretoria Central since their arrest in September, instructed their attorney to tell the magistrate they were not being mistreated or abused in detention and that they wished to thank the police for the speedy and efficient way in which the investigation was being dealt with.



PIET 'SKIET' ... Mr Piet "Skiet" Rudolph outside the Johannesburg Magistrate's Court yesterday.

Doctor found dead after Aids diagnosis

CAM Times 30/11/90

92

JOHANNESBURG. — Two months after being informed that he had tested positive for Aids, physician Dr Benjamin Leonard Gollach was found shot dead.

A Johannesburg Inquest Court magistrate, Mr CG de Lange, found that the gunshot wound in Dr Gollach's head was "self-inflicted".

In a written statement, Dr Gollach's son, Mr David Gollach, 33, of Harare, said he and his family were at his father's home in Oaklands, Johannesburg, when the shooting occurred.

Earlier that day Dr Gollach and his son, who is a businessman and farmer, had travelled to Brits on business.

They had returned in the afternoon and Mr Gollach and his family were in the study when they heard a shot. David Gollach found his father dead in the bedroom.

"About two months ago, my father's doctor, Dr Scher, did tests on him and diagnosed Aids. My father had been very depressed since this diagnosis," the statement said. — Sapa





Aids timebomb ⁹² a silent terror that is ticking away

By ESANN van RENSBURG
Medical Reporter

THIS is Aids week.

It has become necessary to isolate a week in the year during which to focus on Aids — the most feared and fatal disease of our time.

There is no cure for Aids and the only way to stop it spreading is through education.

Aids could become the leading cause of death in South Africa within the next 10 years, according to research done at the Centre of Epidemiological Research in Southern Africa.

Silent terror

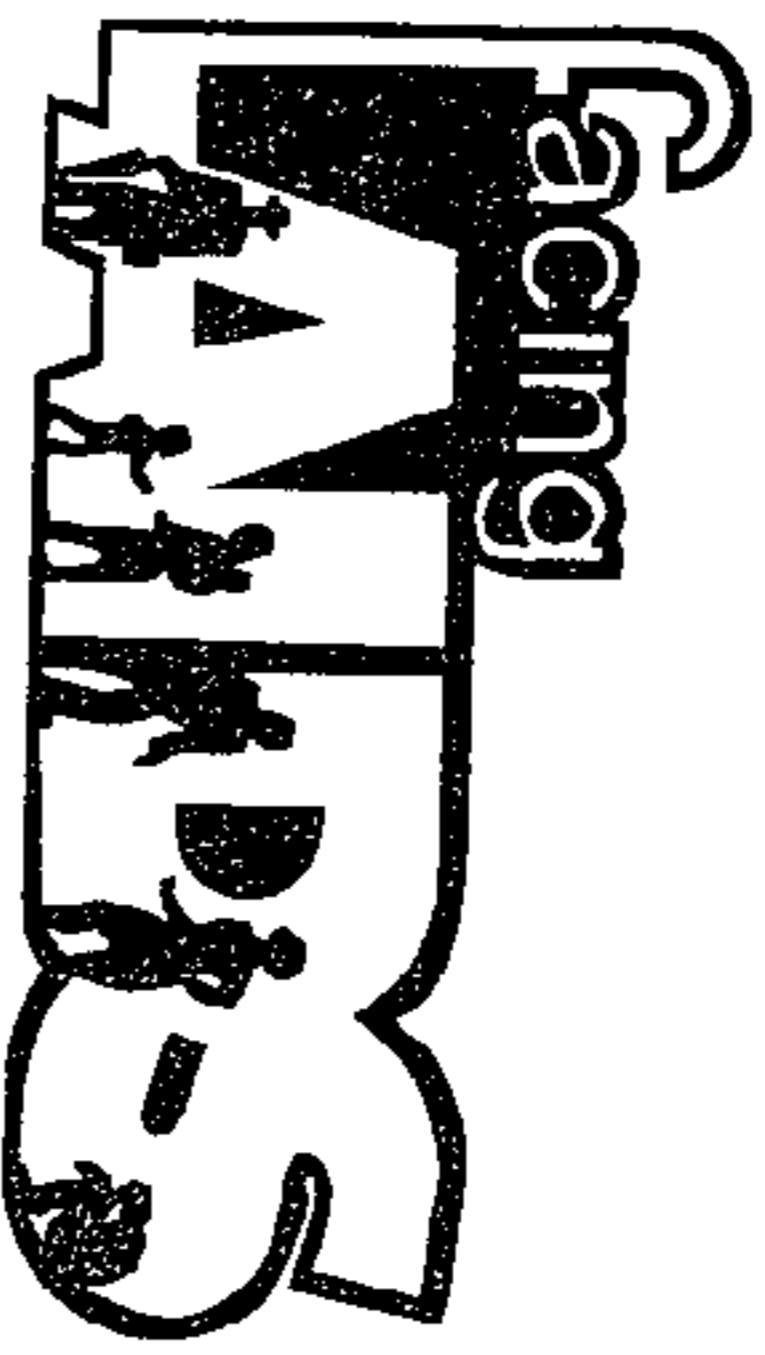
The epidemic is silently gaining momentum, research shows, yet few people realise just how serious the situation already is.

Scientists say the effects of Aids will rock the entire world economy and the disease will have devastating effects on the political and social conditions in most countries.

By 2 000, an estimated six million Aids cases will have occurred, according to the World Health Organisation.

By the end of 1992 more than 350 000 cases of Aids will have occurred among women — three times as many as at the end of the 1980s, WHO said.

At the beginning of November, 554 Aids



cases had been reported in South Africa. This is 55 up on the previous reported total a month earlier, according to the Department of National Health and Population Development.

There have been 659 HIV-positive cases reported in the Western Cape. The number of pediatric cases in South Africa is 71.

In June, according to the WHO, there were more than 250 000 Aids cases in 150 countries.

Only an estimate

Because of under-reporting and delays in reporting, this figure could be as high as 700 000, the organisation said.

● The very young age (from 12 years onwards) at which children of all population groups become sexually active (this includes South African children); and

● The large numbers of women who turn to selling sex to improve their economic circumstances.

For every one person with full-blown Aids, at least 10 others are infected, WHO says.

Worldwide, one in every 400 adults or six to eight million people, have been infected with the HIV-virus.

Four million males are in this group compared to two millions females.

As of 1990, about 60 percent of all global HIV-positive cases resulted from heterosexual intercourse, WHO said.

This figure will jump to between 75 and 80 percent by 2 000.

By mid-1989 three to four million people — half of them women — were infected with the HIV-virus in Sub-Saharan Africa.

One in every 50 adult men in Sub-Saharan Africa is infected with the Aids-virus.

By 1990, 200 000 HIV infected babies were born in Sub-Saharan Africa.

The heterosexual spread of Aids is still on the increase as reflected by the number of infected females and children.

At a recent international Aids conference in Kinshasa the pattern the Aids epidemic is expected to follow in South Africa was vividly illustrated and it was reported that up to 33 percent of the adult population in coun-

tries such as Zaire, Uganda and Malawi are infected with the HIV-virus.

Infected armies

The national armies of several countries were reported to have infection rates of up to 60 percent.

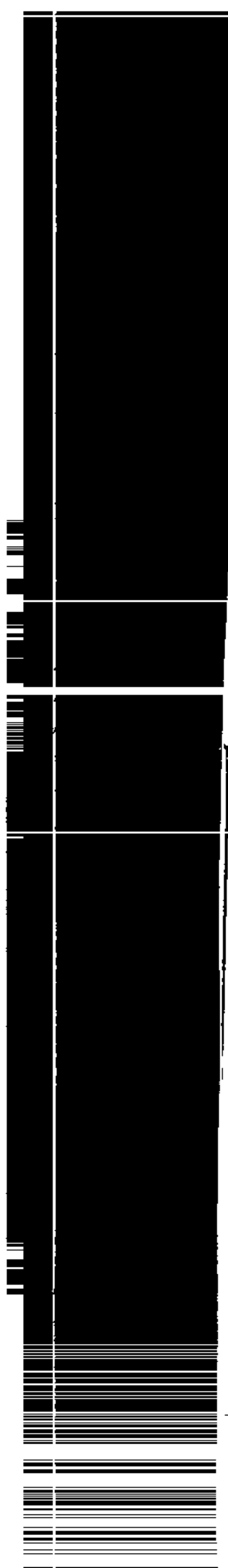
A number factors make Aids in Africa unique. They are:

● The largest majority of men in Africa are traditionally polygamous or adhere to a multi-partner lifestyle;

● The lack of women's status implies that they have very little or no negotiating power in sexual relationships;

● Women's resulting lack of economic power also reinforces their submissive roles;

● The importance of fertility among some groups leads to HIV-positive parents continuing to have children;



30/11/90

Aids fear for women in Europe's cities

The Argus Foreign Service

LONDON. — Aids will be the greatest cause of death among young women in the main cities of Western Europe within a few years.

This is the opinion of Dr James Chin, head of the World Health Organisation's Aids forecasting unit.

Dr Chin said: "It is safe to say that it will become the major cause of death, particularly in cities like Rome and Milan where there is a high drug-using population."

He said cause-of-death graphs had been flat for a decade. "Then we saw Aids. The graph is going up at 45 degrees. The increase will continue until the epidemic peaks, possibly in the mid-1990s in Europe."

In 1988 Aids killed more women between 25 and 34 in New York City than any other cause of death. There were 288 deaths from Aids, 102 from drug overdoses and 97 from cancer.

Frankie Lynch, health education coordinator for the Terrence Higgins Trust, said that in September 1987, 347 British women were known to have HIV but the number has increased to 1 574. "Last year we saw a 72 percent increase in women with Aids."

The Panos Institute published a report on women and Aids to mark World Aids Day tomorrow. It said:

"Women everywhere, especially young women, are increasingly at risk."

Judith Mariasy, co-author of *Triple Jeopardy: Women and Aids* said: "Many women with HIV are being missed by their doctors who do not realise that the chronic infections they are suffering from are due to the virus. Most attention has centred on men and there is little research into the clinical picture of HIV in women."

GIRL NEXT DOOR

Suzanne Woolf of the Sussex Aids Centre said that a man who had sex with a prostitute was safer than a man who had casual sex with "the girl next door".

The incidence of HIV among prostitutes was far lower than among the general population because prostitutes insisted that their clients used condoms, she said.

"The women we are trying to reach are that vast group of heterosexual women who have ignored Aids and HIV. The average woman does not see herself at risk because she is not a drug user and does not sleep around."

Nina Lopez-Jones, of the English Collective of Prostitutes, said: "It is the men who are doing their utmost not to use condoms. They offer girls two or three times the going rate to have sex without a condom."



Job seekers have to do Aids tests

By ANDREA WEISS
Staff Reporter

INCREASING numbers of job seekers are being asked to submit themselves to HIV tests (for the virus which can lead to Aids) before they will be considered for employment.

Pre-employment testing for the Aids virus is now so widespread that in certain job sectors, people who test HIV positive for one employer may not be able to find a job elsewhere. Among those who require the test are insurance companies and para-statal companies such as SAA, Eskom, Mossgas and Soekor.

But the practice is contentious.

Critics say that pre-employment testing makes a large number of people, who would otherwise be economically active for anything up to 10 years without symptoms of disease, "unemployable".

The upshot is discrimination against those who are already battling with the implications of their condition — putting them on the street in a country with an already heavy social burden and poorly developed social security.

The proponents of testing argue that it is essential to protect pension and medical aid funds and to determine how "productive" an employee is going to be. Companies that screen generally do not offer jobs to anybody who tests positive.

The International Labour Organisation and World Health Organisation has ruled that pre-employment screening for HIV/Aids should not be required and that there should be no discrimination against HIV-infected employees with regard to social security or other benefits.

Rationale

Eskom requires an HIV test and also counsels people who do the test, a spokesman confirmed. The rationale is to protect pension and medical aid funds and also because "we would not be sure of what productivity level we are going to get out of the person".

The same policy applies in SAA where senior public relations manager Mr Leon Els confirmed that pre-employment testing was now mandatory. He said the decision was in line with airlines throughout the world. People who tested positive were not employed — "because of the type of work they do; it does affect them later in their career".

Pre-employment testing is widespread in the insurance industry because employment packages often include insurance benefits.

Old Mutual actuary Mr Theo Hartwig said of pre-employment testing: "It's a very tricky question. The first point is that a per-

son who is HIV positive is not a danger on your premises. Most of the problem is likely to be a misconceived ignorance on the part of the other employees and I don't know any enlightened employers who would discriminate."

Mr Hartwig believes employers are nervous about having HIV positive people on their staff because of the moral obligations they might feel towards people who die or become disabled from Aids and to whom normal staff benefits have been denied.

Ms Erica Greathead, director of the Planned Parenthood Association, sees the trend as misguided and believes South Africans are hopelessly ill informed about Aids.

'Capable'

One test done before employing somebody does not necessarily ensure that they will not become infected later. Did this then mean that employers were going to test their staff every year and what would they do if they found them to be positive?

If companies wish to protect their benefits, they can write in an exclusion clause for Aids, she suggests.

"The big question is what right do I have to require a person to go for a test which could make that person unemployable."

People who are HIV positive are "perfectly capable of working and leading a fruitful life. Yet, we are saying we don't want you because you have a disease which might kill you 10 years from now. Who is going to fund that?" she asks. "We already have an overburdened health and welfare service and we have no social security."

Another critic of pre-employment testing is Mr John Pegge, voluntary director of Gasa 6010 counselling service, the first service organisation ever to have counselled people infected with HIV in Cape Town.

"What is happening in South Africa is that we have not learned from foreign experience," he says.

"In South Africa it is estimated there could be close to half a million infected people within two years. What we are doing is creating a situation where the HIV positive population is being dumped on an inadequate state health-care system and hopeless social security system."

Discrimination of this kind also leads to anger which "is not good for containing the spread of the HIV virus", he warns.

● Body Positive is an international organisation for people who have tested HIV positive. Anybody wishing to make contact in Cape Town should call Rick 4344050 (home) or 921040 X 2603 (work); or Ivor on 4391077 (work).

30/11/90

Removing myths about Aids

By **ESANN van RENSBURG**
Medical Reporter

THERE are many lay beliefs about Aids and human immunodeficiency virus (HIV).

Few reflect the truth and none contribute to the fight against this virus that can attack anyone of any age at any time.

There are beliefs about what Aids is and how it can be diagnosed, about its origins, why some people get it and others not.

"When Aids claimed its first homosexual victims, ordinary people nodded their heads and saw it as God's vengeance on those who led unnatural and promiscuous lives," write the authors of *Aids: Scientific and Social Issues*.

The idea that disease might be the result of divine intervention or supernatural forces is an old one, the authors say.

Extreme beliefs

"Even if we were to accept them on their own terms, beliefs such as these are extraordinary incoherent."

An American rabbi who has questioned these lay beliefs asked why God chose to punish male homosexuals and not females, and why would He be angry with drug-takers who inject and not with those who sniff?

Other extreme beliefs about the origins of Aids suggested that the CIA or KGB were to blame, that the disease was the consequence of pollution, that it was manufactured in a laboratory and that it was an African disease.

Research into lay beliefs about the factors that cause someone to develop Aids suggested an important distinction could be made between two sets of ideas, according to the authors.

The first suggested Aids



was the result of something within people and the second that Aids was caused by something outside or around them.

All of this would suggest that Aids was not caused by a virus, but by some quality of the individual, the authors of the article said.

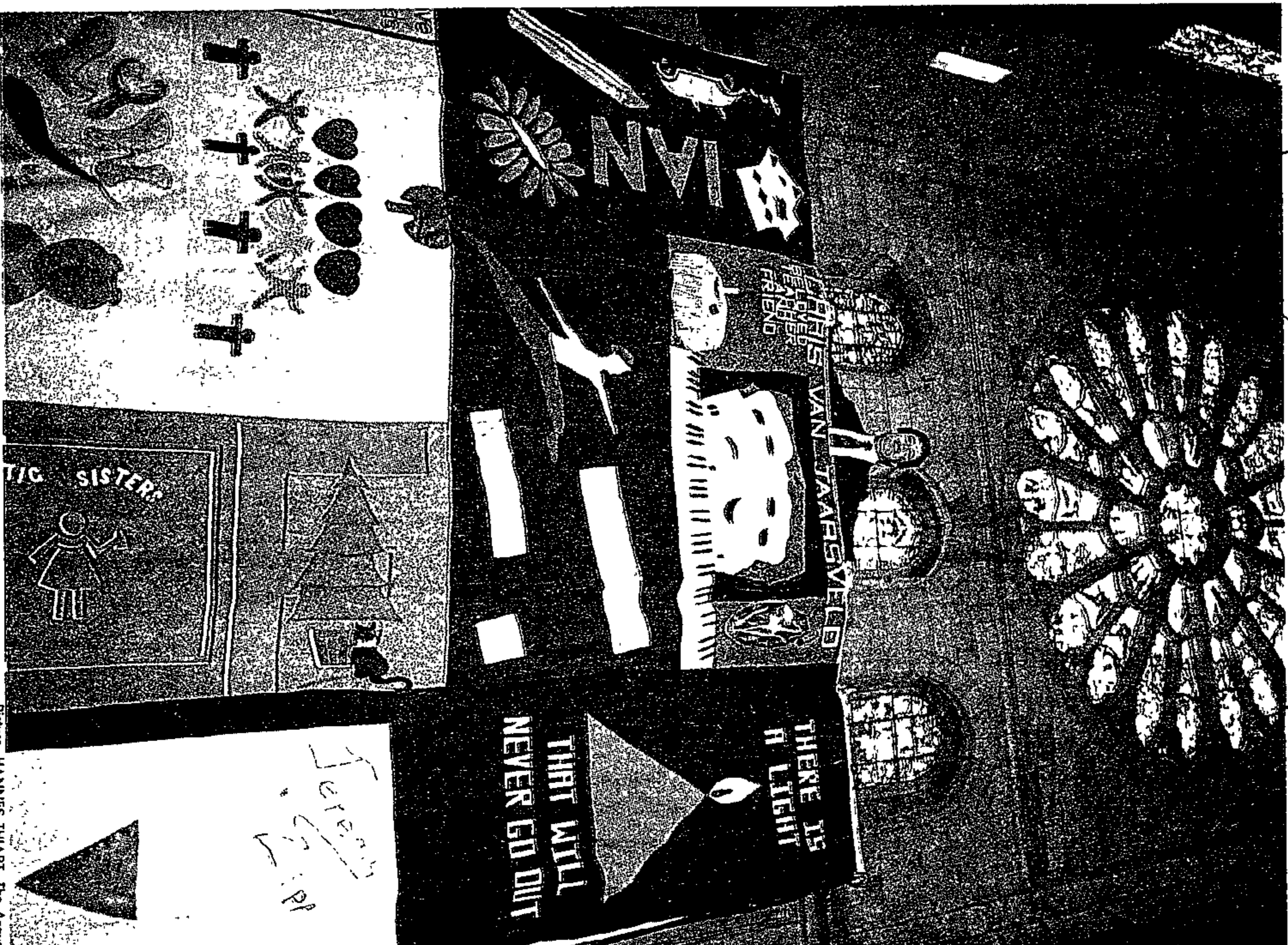
This would suggest that some people could be predisposed to develop Aids by virtue of their sexuality or their lifestyle.

The Aids virus was first discovered in 1982/1983 and it was found to be a virus that attacks the T4 cells of the body and manages to get inside the cell membrane.

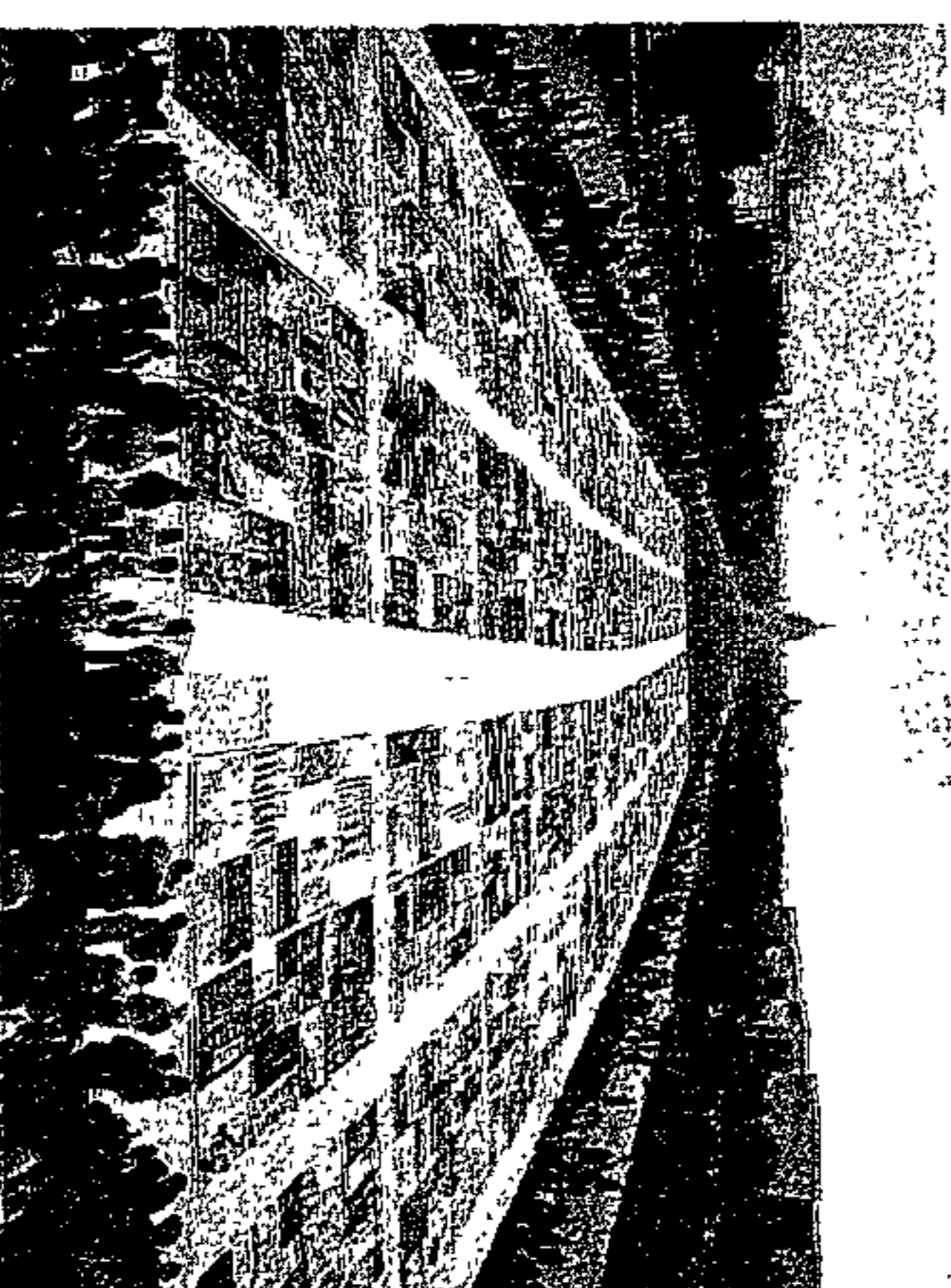
The virus reproduces and depletes cell function until it dies and in this way the immune system is attacked and damaged, according to Sister Chindy Shimms of the Western Province Blood Transfusion Service.

Aids can spread through blood, plasma and sexual secretion through intercourse. People have, in the past, been infected through contact with blood products, but blood is now thoroughly tested for the Aids virus and no cases of infection through blood have been reported since the testing started more than five years ago, Sister Shimms said.

"There is no evidence to suggest that insects, saliva, casual contact such as hugging or use of the same eating and drinking utensils can cause infection with HIV."



Picture: HANNES THIART, The Argus
AIDS QUILT: Mr Ivor Dorrington, chairman of the Names Project, with the giant Aids Memorial quilt which will be dedicated at St George's Cathedral tomorrow.



14 000 NAMES: In Washington 14 000 "Names Project" quilts, each one for an Aids sufferer, were laid out filling a vast area.

'In loving memory'

By **GORRY BOWES-TAYLOR**
Staff Reporter

A GIANT Aids memorial quilt will be dedicated at St George's Cathedral tomorrow at a service to coincide with World Aids Day. This year the theme is *Aids And Women*.

There are eight panels in this vast quilt, each a "loving memorial" to someone who has died of Aids.

The Cape Town quilt, so far the only one in South Africa, is part of the international Names Project — a durable memorial to raise public awareness and much-needed funds for the fight against Aids.

In America there are 14 000 Names Project quilts, which, when hooked together, form a massive quilt.

Mr Ivor Dorrington, chairman of Cape Town's Names Project (he is also chairman of Body Positive), who himself has Aids, stitches quilt panels to help people who can't sew. Those who do produce their own panels have their names featured in a

pamphlet with a little story as to why they made it that way and how they feel about it.

Mr Dorrington has just finished a second panel, one he was asked to do in memory of a young man he'd never met.

He says: "It was difficult to make a panel for someone I didn't know anything about. I spent hours meditating and thinking about what his friends told me about him, how he loved the theatre."

In the end 'Freedom at last' was stitched in white satin against a theatrical theme.

"We've been approached by the Catholic Cathedral, St Mary's, to start the next quilt to be hung there. Already we're getting in some individual panels made by families and friends.

"We plan to hang the third quilt in the Civic Centre. We have a city council, who through their Aids Training Information and Counselling Centre (Aticc), are most sympathetic to educating the public about Aids, and providing a pre-Aids counselling service to those who go for testing."

Aids Day tomorrow

TOMORROW is World Aids Day, a day specially designated by the World Health Organisations to create awareness on the Aids epidemic. (92)

The WHO estimates that 446 300 South African blacks will be tested HIV positive by 1991.

Various community organisation will hold seminars, workshops and demonstrations as part of a campaign to educate and highlight to the public the dangers and protective measures that could be adopted to curb the disease. Soweto 30/11/90

The theme of this year's Aids Day, which is "Women and Aids", will also be stressed and women will be told of contributions they could make to fight it.

Soweto will stage floats that will leave from different points.

The floats will later converge at the Oppenheimer Tower, where the prizes will be awarded.

R50 000 boost for fight against Aids

By Carina le Grange
Medical Reporter

The growth rate of HIV infection, which leads to Aids, is probably more than 100 percent a year, Sanlam general manager Francois Marais said in Johannesburg yesterday.

Mr Marais was speaking at a function at the South African Institute for Medical Research (SAIMR) at which he donated R50 000 on behalf of Sanlam to the director, Professor Hendrik Koornhof, for use by the Aids Centre.

Doubling rate

This donation brings Sanlam's contribution to fight Aids to R200 000.

Mr Marais said that with the incidence of HIV infection now having a doubling rate of less than nine months, South Africa was not winning the war against Aids.

"At least one Aids-infected baby is born in South Africa every day — and most mothers are too afraid to tell the fathers. At Soweto's Baragwanath Hospital alone, 300 HIV-infected mothers gave birth this year," he said.

Incorrect

His company had created a reserve of R200 million specifically to cope with Aids claims, but the most disturbing fact was that the majority of claims came from professional people.

This was a "tragedy for South Africa, with its shortage of trained people".

He urged the authorities and all other parties in the negotiations process to make active attempts to obtain the co-operation of all South Africans in the fight against Aids, in the light of the new spirit prevailing in the country.

Sapa reports that Dr Altus van der Merwe said the current



Cash for Aids . . . Dr Ruben Sher (left) of the South African Institute for Medical Research was present when Francois Marais of Sanlam (right) handed a cheque for R50 000 to Institute director Professor Hendrik Koornhof.

estimate of 150 000 HIV-positive cases in South Africa could be incorrect by as much as 50 per cent either way.

He said the screening of blood donors indicated that the number of HIV-infected people in South Africa was increasing,

but it was difficult to predict accurately what the prevalence rate of the epidemic would be in five or 10 years' time.

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*Cape Times, Thursday, November 29 1990 3'

'An Aids baby born every day in SA'

JOHANNESBURG. — At least one Aids-infected baby is born in South Africa every day — and surveys have shown that 45% of the country's workforce could be infected within five to 10 years, according to insurance giant Sanlam.

Speaking at a ceremony during which R50 000 was handed to the SA Institute for Medical Research's (SAIMR) Aids centre here yesterday, Sanlam general manager Mr Francois

Marais said 300 HIV-infected mothers gave birth at Johannesburg's Baragwanath Hospital alone this year.

This represents a threefold increase from last year.

Mr Marais said HIV infection in the country was increasing exponentially, with a doubling time of about nine months.

Professional people accounted for the majority of Aids-related disability claims during the past year, he said.

According to the World Health Organisation, recent surveys show that in the next five to 10 years, 45% of South Africa's workforce may be infected if nothing effective is done to stop the epidemic.

A recent study by the Human Sciences Research Council also showed that information alone was not enough to change dangerous habits.

At a SAIMR seminar yesterday it was also revealed that:

● By the year 2000 Aids could be expected to kill more people in South Africa than all other diseases.

● About three million women around the world are believed to be HIV-infected.

Mr Marais said recent research by local Aids experts has confirmed that the major growth of the epidemic in the country was now mainly among urban heterosexuals. — Sapa

Nyangas to join Aids fight

STW 29/11/90



By Robin Drew
Star Africa Service

HARARE — Zimbabwe's traditional healers are to be used in a campaign to alert people to the catastrophe which will occur unless the spread of Aids is checked through a revolutionary change in sex patterns.

The outcome of the campaign will decide the fate of millions of people and chart the future course of the nation.

Promiscuity is rife in Zimbabwe where already 500 000 of the 9 million population are believed to be infected with the deadly virus and where it is officially recognised that nearly 10 000 victims are al-

ready suffering from full-blown Aids.

Dr Gordon Chavunduka, president of the national association of traditional healers, appealed this week to the Ministry of Health to involve the thousands of traditional healers in the Aids awareness campaign.

"Give them the proper information through workshops," he said, "and they will be invaluable in spreading the facts."

Dr Chavunduka, a sociologist and university professor, said the advice given by nyangas was taken seriously as they were regarded as experts, not only in the field of health, but in many other areas of social and cultural life.

The co-operation of the healers would be needed to

change attitudes, customs and habits surrounding established sex patterns, he said.

These included polygamy, the custom whereby widows were "inherited" by another member of the family, and the practice of "seed-raising" where a close relative of a childless couple was allowed to sleep with the wife in an effort to produce a child.

There was also the need to inform all healers of the dangers of using, say, a razor blade on more than one patient because of the chance of spreading the disease through contaminated blood.

The appointment earlier this year of Dr Timothy Stamps as Minister of Health saw the Aids awareness campaign shift into high gear.

His predecessor, Brigadier Felix Muchemwa, has been

criticised for playing down the threat. He once referred to Aids as a "petty issue" and doctors were instructed not to refer to Aids or HIV infection on death certificates.

Last year saw the beginning of a change in official attitudes following mounting pressure in the newspapers and from medical sources for the Government to face up to the enormity of the problem.

Now there are radio and television programmes and interviews with sufferers. Currently an Aids Awareness Week is under way with rallies and processions.

President Robert Mugabe launched the campaign with a warning that the future of the Zimbabwean nation had been placed in great jeopardy by the spread of Aids.

Aids strikes at leading white schools

Stev
11/2/90

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DURBAN — In a shock revelation made by a Aids counsellor yesterday it was disclosed that the dread disease has now spread into the classrooms of top Durban schools.

A local white 17-year-old schoolgirl has been confirmed HIV positive. And, it is believed, there are more victims.

The finding is set to shatter parents, many of whom believe that Aids could never happen to them or to their children.

Many have believed that Aids only occurs among the black population, to prostitutes, their clients and among lower income groups.

Tell parents

Mrs Liz Towell, manager of the Aids Training and Information Centre in Durban, and who counsels people who test HIV positive confirmed that "Aids was not confined to poor or underprivileged people as many like to think".

She has seen at least one school girl who was HIV positive and circumstantial evidence showed there were more, but these children were not inclined to tell their parents, she said.

According to cross-section of people she counselled (121 this year), there were an equal number of whites and blacks, there were teen-

OWN CORRESPONDENT

agers, white men who had had flings and who were perhaps married and white women.

The entire spectrum of the community was represented, she said.

"It is not just from prostitutes that one gets Aids. It is normal people like you and me. Aids is not reserved to any class, race, age or anything else," said Mrs Towell.

From her statistics it is clear that more white men and women and teenagers are HIV positive than was ever previously recorded — possibly because these people keep their condition a secret.

She has personally counselled the schoolgirl who tested HIV positive as well as Aids infected school-leavers and those who are now doing tertiary education.

"This means that they would have to have been HIV infected in their teens and presumably during their schooldays."

Mrs Towell also recently counselled a white girl from a good local school who was worried that she would be HIV positive after having had five sexual partners.

She tested negative, but, according to Mrs Towell and other experts, this girl was not the excep-

tion in terms of her behavioural pattern.

"Most of my clients have become infected through ignorance and total innocence," she said. "People just haven't believed this disease or have perhaps just not known enough."

According to Mrs Towell, oral sex was very popular among school goers who felt that the practice was safe. "Although the chance of contracting Aids this way is smaller it is still not safe," she warned.

An ARK (a Christian rehabilitation centre) spokesman, Mr Marius du Plessis, confirmed that the hundreds of school children he had counselled certainly knew all about sex while many were having it. He also stressed that HIV infection was not confined to prostitutes.

Vulnerable

Mrs Towell warned that certain groups were most vulnerable: "Children who leave school and then come to Durban for their tertiary education, for example to the university or the technikon, are most at risk because they enjoy new found sexual freedom."

"Women who are recently divorced and find that there is no affection without sex and who are perhaps lonely and have lost their self-esteem are another very vulnerable group."

Women's vital role highlighted

WOMEN of all ages, races and irrespective of marital status, had an important part in preventing the spread of Aids, the Minister of National Health and of Health Services, Dr Rina Venter, said in Pretoria yesterday.

Speaking on the eve of World Aids Day, declared by the World Health Organisation (Who) two years ago, she said the day was part of worldwide efforts to fight the spread of the illness.

"World Aids Day reminds us that to face the epidemic of Aids we must work together, sparing no efforts, and transcending differences within and between societies and countries," she quoted the director of Who's global programme on the disease, Dr Michael Merson, as saying.

Implications

Dr Venter said Aids affected women as an illness, as well as through its social and economic implications. Women had an important role in preventing its spread.

Their role included:

- A personal responsibility to practise safe sexual behaviour.
 - A responsibility to educate and train children within families.
 - The promotion of spiritual education and the enforcement of moral codes.
 - A responsibility to the community by imparting knowledge to domestics, friends and colleagues at work.
 - Being "care providers" within their families and within the health service.
- Sapa.

Aids: cause for concern among varsity students

BOSTON — About one in 500 United States college students is infected with the Aids virus, and further spread of the deadly disease is likely on campuses unless students change their sex habits, a study concludes.

Based on the new findings, the US Center for Disease Control (CDC) estimates that from 25 000 to 35 000 college students are infected with HIV, the Aids virus. "It is cause for concern and appropriate attention," said Dr Helene Gayle who directed the study.

The CDC study is the first nationwide attempt to judge the presence of HIV on college campuses, said co-author Dr Richard Keeling of the American College Health Association. It shows that the virus is about as common there as in the public at large.

However, the researchers cautioned that Aids could still spread dramatically among college students, just as some other sexually transmitted diseases have done. The study was based on random testing of blood samples

DANIEL HANEY

drawn from 16 863 students at 19 state universities.

"This is both good news and bad news," commented Leighton Ku, a public health specialist at the Urban Institute in Washington. "It's good that it's not sky high, as some might have feared. But it's bad that it's there at all."

Among other results of the study, published in Thursday's New England Journal of Medicine:

- Overall, the survey found 30 Aids-infected students. All but two of them were men.
- The infection rate was 0.5 percent for men and two-hundredths of 1 percent in women.
- Those over the age of 24 were seven times more likely to be infected than younger students.
- At 10 of the 19 campuses, the survey turned up no Aids infections at all. — Associated Press.

First home for victims opens

THE Guest House Project — a community project aiming to ensure the dignity, confidentiality and practical care of People With Aids (PWAs) — will celebrate World Aids Day today. It will open its first home for people suffering from the killer disease.

The home opens in Kensington with the next planned for Soweto.

Lack of funds

The Kensington home — seen as the prototype to addressing the problem of dramatically increasing numbers of HIV-positive people and Aids sufferers — will, however, be opening partially furnished and on leased instead of bought property because of a lack of funds.

Pat Barnes, a fundraising co-ordinator, said The Guest House Project's pilot home would be able to accommodate 10 people immediately.

A community will be established to enable residents to live with dignity by encouraging them to be self-supporting and self-determining.

"With HIV positive people converting almost daily to full-blown Aids, the eventual numbers could exceed 500 000

SUE OLSWANG

people by the end of 1995," said fundraising co-ordinators Pat Barnes and Lisa Allison.

"In view of the projected figures it would be unrealistic to assume that the cost of caring for these numbers could be borne by the public sector," they said.

"The Guest House Project not only sees itself as providing essential care for PWA's but aims to establish community self support groups and programmes."

Also planned, with the aim of reducing the burden on tax payers, are training programmes for community health care workers, counsellors and volunteers to allow PWA's to be cared for in their own homes by the community.

- The Guest House Project has already established a training and information division. Companies are invited to contact The Project for in-house staff training and consultation on corporate policy development. Telephone (011) 788-6187, 442-7177 or 788-9140 for more details.

Aids horror needs no embellishment

ARTICLE
AIDS

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IN your editorial of November 17, I was quoted as having said that "If nothing is done now, this country will lose 10 million from Aids in a few years' time". This requires an urgent correction, since nothing of the kind was said, either by me or my strategy manual for businesses, "Facing Aids".

In the manual I state emphatically that APRG/Syncom reports on the various forecasts available, investigates the underlying methodologies and assumptions and analyses the implications for business and public policy makers.

What are the facts and figures presently available? The official figure of people infected by HIV, but without symptoms, is in the region of 100 000 (possibly 150 000 in the light of recent epidemiological findings in Natal). The official cumulative number of Aids deaths is still under 600, but could be double that figure for a number of reasons.

The future course of the epidemic is determined by so many factors that responsible epidemiologists refuse to forecast beyond two to three years.



Address your letters to Saturday Star, PO Box 1014, Johannesburg 2000.

The best model for Aids in Africa was developed by John Bongaarts of the Population Council in New York, using 33 variables. It reaches the conclusion that in the lifetime of the epidemic of 25 years, the peak would be an infection rate of between 20 to 30 percent of the adult population. Much higher, of course, in selected target groups, such as prostitutes.

For a policy analyst and business strategist, certain assumptions on the course of the epidemic over the next 10 to 20 years must be made, provided one remains fully aware of how shaky these are.

The two main criteria for such a forecast are the potential pool of people who can contract HIV and the many factors which determine the doubling time of the number

of infected. *Star 11/21/90*

The potential pool in heterosexually transmitted HIV are all sexually active people between the ages of 15 and 50, which, at present, is between 15 million and 18 million people, augmented by the transmission from infected mother to child, which Bongaarts assumes to be 50 percent. (The spread of Aids in the much smaller populations of gays and injecting drug abusers is small compared to the heterosexual non-drug-abusing pool.)

A year ago, the doubling time was 8½ months, showing signs of gradual lengthening. If we assume an average doubling time of 16 months over the next 10 years, then the number of infected could be between 5 million and 10 million by the year 2000. Over the same period, between 500 000 and a million would be dead or dying of Aids.

During the first decade of the next century, based on an incidence of 5 million to 10 million infected, some 2,5 million to 5 million will be dead or dying of Aids.

This is a conservative scenario and excludes the alarming rise in incidence of tuberculosis and some other infectious diseases, previously almost under control.

Should the doubling time be only slightly shorter, the total death toll over the next 20 years could well be over 10 million out of a total adult population of 35 million in 2010. While extremely serious and damaging to the country, this is a far cry from 10 million dead "in a few years' time".

Underestimating Aids is as damaging as wild speculation or scare tactics. The facts are grim enough, let's stick to them.

Andre Spier,
Johannesburg.

What Mr Spier did say in his series in The Star was "10 million infected by the year 2000 is a distinct possibility" and that practically all who get HIV virus will develop Aids which is "always fatal". He began the series by saying "perhaps 10 million and more (South Africans) are likely to die from Aids".

Women against Aids

Clpren 2/12/90
WOMEN should play a much more prominent role in fighting against the deadly disease AIDS, microbiologist and AIDS expert Dr Steve Miller said this week.

Commenting on the launch of a booklet entitled *What every woman should know about Aids*, Miller said women will increasingly be exposed to Aids.

He said women have historically provided

care, warmth and support to the sick. As Aids spreads rapidly through South Africa, women will be increasingly called upon to fulfil these roles. Those in need will include spouses, children and other women.

The booklet, sponsored by the Park Lane Clinic, will be available free of charge through doctors' consulting rooms and at the clinic.

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Natal shackland fertile ⁽⁹²⁾ ground for spread of Aids

By S'BU MNGADI *C Press 2/12/90*

THE Natal/KwaZulu region has been identified as the "perfect environment for the spread of Aids".

Heterosexually transmitted Aids is becoming a trend among the black population in the province.

Natal provides ideal conditions for the incurable disease, according to Maria Hambridge of the Centre for Social Development Studies at Durban's Natal University.

Writing in *Aids Analysis* she said the urban population around Durban is one of the fastest growing in South Africa and has experienced major upheavals due to political violence.

It is well documented that there is an increase in sexual promiscuity in times of violent social conflict.

The 1985 census revealed that 52 percent of the black male population was under the age of 18 and 70 percent were under 34.

These figures are drawn from those who are both economically and sexually active - the population sector most at risk.

The hardest hit by Aids are the poor in developing countries. In South Africa they are shackdwellers.

At least 64 percent of blacks near Durban live in shacks, according to a 1985 Urban Foundation survey.

Violence has broken the bonds of social cohesion, destroying patterns of authority and family life. "Parental authority has been eroded and competing political structures have taken over," says Hambridge.

She says promiscuity and patriotism might seem strange bedfellows, but not in Natal where sexual mores have disintegrated, and have been replaced by sexual promiscuity which "bound up with the anti-apartheid struggle places young women in a situation where to refuse sexual activity means to be unpatriotic".

Such activities, combined with a male-dominated culture which closely links sexual activity with child-bearing - and denies the the social relevance of contraception - creates the ideal environment for sexually transmitted diseases, including Aids, to flourish.

AIDS time bomb ticks away

SI Times 2/12/90

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AIDS has emerged as a major threat to life-assurance companies.

Here is a selection of recent headlines on AIDS gleaned from one of numerous fat library files: "100 new AIDS cases in Natal each month"; "75% of the population in the Caprivi strip is HIV positive"; "6% of Johannesburg could be infected this year"; "10-million children world-wide could die of AIDS by 2000"; "8-million are infected world-wide"; "1-million in the US"; "prediction of 21 700 AIDS cases by 1996 conservative"; "499 AIDS cases in SA since 1982".

"Two-thirds of world AIDS cases in Africa"; "UK hetero AIDS has doubled in a year"; "World Health Organisation

estimates AIDS infected 20%-30% in Africa". "Johannesburg-Soweto the AIDS capital of SA, 40% of black adults could be infected by 2010".

Old Mutual has calculated that a million South Africans a year could be dying of AIDS by 2010.

Scary

AIDS affects relatively few today, but infection has grown exponentially. The scary numbers arise from projecting the terrifying trends of the past 10 years.

The scare may yet prove to have been exaggerated, but until a cure is

found and AIDS growth flattens, there is little doubt it is a gathering crisis that the life assurers have recognised as a major threat 10 years from now.

The life offices have protected themselves by writing exclusion clauses into life policies over a certain sum, usually R200 000, alternatively insisting on HIV tests.

Their difficulties probably do not lie with new policyholders. It is their existing policyholders they need to worry about, for they cannot say to a person who has paid premiums for 10 years: "Sorry, we don't cover AIDS."

The other problem is proving that a policyholder died of AIDS.

'Scores' of teenagers are carriers of AIDS

SI Times 2/12/90

By RYAN CRESSWELL

AIDS is spreading among white schoolchildren because they are largely ignoring the threat of the disease, health officials warned this week.

The warning came after Liz Towell, manager of the Aids Training and Information Centre in Durban, disclosed that a white, 17-year-old schoolgirl from a top school had been confirmed HIV positive.

Mrs Towell said she had also personally counselled many recent school leavers who had been HIV infected while at school.

She said one girl from a top school needed counselling because she was afraid she had contracted AIDS from one of five sexual partners. Experts believe the girl's sexual behaviour is not the exception.

A Cape Town doctor said

he was sure there were "scores" of schoolchildren in Johannesburg, Durban and Cape Town who were HIV-positive.

"There are no exact figures available for schoolchildren, but it's more than reasonable to assume that scores of children are infected with the HIV virus in the main cities," he said.

"Perhaps even smaller towns have this problem.

Active 92

"Teenagers are increasingly sexually active and statistics have shown there is a very low level of AIDS awareness among them," said the community health specialist.

Dr Steve Knight, a member of the Natal AIDS Working Committee and the Progressive Primary Health Care Group, said teenagers were not curtailing their sexual activities because of the AIDS threat.

"Fear tactics and sensational figures will not help us here," he said.

"Until we get into the classrooms to pass on knowledge and statistics about AIDS, and unless we teach schoolchildren how to cope with AIDS, we are not going to succeed in the fight."

Risk

"Adolescents do not really perceive AIDS as a personal threat. The interesting thing about the disclosure of the 17-year-old schoolgirl is that girls are particularly at risk.

"Their friends are usually older. There is a lot of sugar-daddy going on, especially in the black community."

Yesterday was World AIDS Day and this year the day focussed attention on "Women and AIDS".

Mrs Simone Baveray, Durban director of the Family and Marriage Society of SA (Famsa), said her staff recently counselled a couple whose marriage was breaking up because one of the partners was HIV positive.

"I am sure we are going to get many more cases like this," she said.

● The World Health Or-

ganisation estimates that at least six-million people are now infected with HIV. The organisation says by the year 2000 an estimated six million cases of full-blown AIDS will have occurred among men, women and children.

Millions of children may be 'orphaned by AIDS'

AFRICA would become the largest orphanage in the world as AIDS killed the parents of an estimated 5,5-million children by the year 2 000, SA Institute for Medical Research AIDS training and counselling centre spokesman Grania Christie said.

And the number of female AIDS cases worldwide would equal that among men at the end of the decade, said ANC health secretariat spokesman Manto Tshabalala.

She said in SA there were already believed to be more women than men infected with the AIDS virus.

The World Health Organisation (WHO) chose "Women and AIDS" as the theme of this year's World AIDS Day, observed by 166 member countries on Saturday, because the inferior position of women in society made them especially vulnerable to the virus.

At the same time, WHO saw women as the key to achieving health for all.

The exercise by women of their rights as human beings was one of the best preventative medicines for

TANIA LEVY

AIDS in the absence of a vaccine or cure, according to a statement by UN Division for the Advancement of Women spokesman Jacques du Guerny.

Tshabalala said women would account for about 200 000 of the 500 000 extra AIDS cases expected to be reported around the world in the next two years.

Control

Women's underprivileged position in families and society meant they had little control over financial and health resources and were excluded from policy and decision-making.

With an inferior social, political and economic status, women generally had little control over their lives, including control over their own fertility. In SA, they had been particularly marginalised by not only a male-dominated but also a racist society, Tshabalala said.

Contrary to laws which viewed women as dependants, apartheid and in particular the migrant labour sy-

tem had led to a large number of female-dominated households.

Yet most of these women had little access to land, housing, finances or health care. Their minimal education meant most were illiterate and this greatly undermined attempts at AIDS education, Tshabalala said.

The war in Mozambique and violence in Natal, the epicentre of HIV infection among women, led to situations where women were sold as slaves or resorted to selling sex to survive, placing themselves at risk of HIV-infection.

Christie said young women were at particular risk, pressured by their peers and increasingly exploited by older men who saw them as less likely to be infected with HIV.

Rape victims and the wives of homosexuals were also at risk, and there were still cultures in SA where concubines were acceptable, she said.

In a statement, WHO's global AIDS programme director Michael Merson said World AIDS Day was a reminder that to face the epidemic, people had to work together, transcending all differences within and between societies and countries.

Homes for victims open

TANIA LEVY ⁹²

JOHANNESBURG's first two houses for people with AIDS opened on Saturday, World AIDS Day.

The Sacred Heart House is a Catholic church project which will cater for people in the terminal stages of AIDS who are in need of accommodation.

People in earlier stages of AIDS, who are not ill enough to be in hospital, will be accommodated at the Guest House, which was opened at the weekend by AIDS counsellor David Stone. *6/2/90*

Sacred Heart House is run by AIDS-sufferer Pietro Battistin. People of all religions and races will be accommodated.

There will be up to 12 people in residence and individuals will decide on the type of counselling and medical attention they receive. Most will be referred to the house by hospitals.

Three full-time nurses will be employed. The house will rely for food, finances and other assistance on catholic organisations and volunteers.

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TANIA LEVY (92)

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Azapo on ⁹² AIDS tests

The Azanian Peoples Organisation has lent its support to any programme that would see returning exiles tested for the HIV virus. ^{sovela} 3112190

Azapo said in a statement the health problems of the black population of South Africa should not be overlooked because of the AIDS crisis.

The organisation argued that although the latest AIDS statistics were "horrifying" they should not overshadow other diseases.

Azapo supported "safe sex" and said in addition to monogamous relationships and the use of condoms, returning exiles should undergo HIV tests. - Sapa.

Detrimental effects on relations

AIDS, by its infectious nature and circumstances through which it is contracted, often has detrimental effects on relationships between the victims and their families, friends and the community.

Speaking on reactions of society and families towards victims, a clinical psychologist Mrs Buyi Ngidi, said at a symposium held at the Baragwanath Nurses College to mark Aids Day, that society responded in various ways to Aids victims.

There was sometimes a feeling of denial from society, that a victim is suffering from an unknown disease or is bewitched, but never com-

By PEARL MAJOLA

ing to terms with the fact that he has Aids.

The second response was to find a scapegoat, either blaming a racial group or homosexuals. These, she said, hampered the process to minimise and control the spread of the disease.

The responses of the family depended on the interaction of members. A victim whose family cares for him or who is a breadwinner will get more sympathy compared with an ordinary family member.

"Their values and beliefs have influence on the way the family responds. A wife, who believes strongly on the

Sowetan 5/12/90
marriage vows, may forgive a man who left home to work in the city and eventually deserted his family, but another woman may respond differently," Ngidi explained.

The family are the first people to know about an Aids victim. But they face a dilemma - they want to protect their loved ones from society's scorn so they cover up and do not tell anyone about the problem. As a result the community is exposed to the victim and could be infected.

This raises the question of whether medical confidentiality should be exercised to protect victims from being ostracised and secluded,

or cases should be made open so that everyone takes the necessary precautions. (92)

A Zambian pathologist based in Swaziland, who works at the laboratory diagnosing Aids/HIV positive patients, gave a brief account of the Zambian experience.

He said it had taken a long time for people to realise the seriousness of the problem. Only when they saw the suffering of close relatives did they come to terms with it.

On the one hand if cases are made known to the public, victims are faced with losing jobs or being secluded from society. On the other, if medical confidentiality is kept, more people could

possibly suffer through contact with selfish victims who may deliberately infect them.

Most important is to establish intense educational programmes for both the community and health workers and effective counselling of both victims and their families.

Aids tests discriminate **WOMAN**

A DOCTOR who has worked for eight years with Aids patients told a symposium at Wits University that HIV tests were being used as a tool of discrimination.

By SIZAKELE KOOMA

Soweto 11/2/90

92

Dr Dennis Sifris, of the Johannesburg Hospital's HIV clinic, said an HIV test was not different from all viral infection tests, but the reaction of sections of the medical profession and other people had made it different.

“Companies use HIV tests to discriminate against employees. People who test positive are not hired or pressure is put on them to resign. “Provincial clinics also discriminate against people who were infected through sex. They give medical treatment only to those infected through blood transfusions,” Sifris said.

Tests

“I would recommend an HIV tests anytime, provided that the test is seen in perspective and pre- and post-test counselling is offered to the person,” he said.

Regular

He said doctors and health care workers were advised, during training, of the risks entailed in their jobs.

“Counselling is only a small part of medical management. People who have been diagnosed as positive should go for regular medical examination to check virus activity.

“Most people only saw a doctor when symptoms start showing. He said opportunistic infections like tuberculosis signified the end stage of Aids.

Other Aids symptoms include herpes, fever, sweats, thrush, dermatitis, diarrhoea and weight loss.



Guests at the symposium were given free pamphlets on Aids.

Chronic

Aids, the disease that results from infection by HIV, was a “chronic manageable condition” like diabetes and other diseases that could only be managed but had no cure, he said.

“They are told to treat all patients as potentially hazardous. The panic and the fear around Aids is therefore not necessary.”

Every member of the medical profession, Sifris said, had the responsibility of taking care of all patients and use protective measures available to him or her.

“The infection could lie latent or dormant for 15 years. It was advisable, he said, for people to test for the virus at an early stage, when their T-cell count had not dropped too low.

Medication, like the drug AZT, could delay the onset of the disease by a number of years.

AN Aids victim related to a chilled audience how he had been refused further blood tests after he had been diagnosed, and the curt and uncarving manner in which a doctor had broken the tragic news to him.

Addressing a symposium on Aids in Johannesburg, Pietro Battiston said he went to a Cape Town hospital for X-rays almost three years ago suffering from chest pains. He thought maybe he had tuberculosis.

"A series of tests were done and a blood sample was taken. The doctor told me the blood would also be tested for Aids but did not tell me what that meant. When the tests came back positive the only explanation he could give me, over the phone, was that 'Aids is a disease that kills'." Battiston said.

Disbelief

He could not believe the doctor's diagnosis. He had two more tests and after the third test the same doctor told him he was wasting his time and equipment that could be used for something else.

"I did not know what step to take next. I was left in limbo. No counselling was available for people like me. I could not decide whether or not to tell my relatives and friends.

"Things became very tough when people got to know I had Aids. I felt alienated. Nobody wanted

Aids victim tells a saddening tale

BY SIZAKELE KOOMA

to be near me. I did not know whether to touch people or shake their hands when I greeted them," he said.

Battiston said attitudes towards Aids patients, especially in terms of counselling services, had improved. But he believes that tests should be done with the consent of the people concerned.

"I have held seven people when they died from the disease but I still believe the most traumatic experience is the test. It is worse when the choice to do the test was not yours and the

people you are dealing with are insensitive towards your feelings. "People should be allowed to make their own decisions about tests. Their rights should be respected. The entire

cross-section of society wants to help but they need to be mobilised properly," he said. Battiston and a group of other Aids sufferers have started a home for the terminally ill.

some 1/12/90

(92)

No Aids vaccine before 2000, says virologist

(92)

ster

10/12/90

Own Correspondent

DURBAN — There will not be any vaccination against the Aids virus before the turn of the century — if one ever becomes available, says one of South Africa's leading virologists who identified the first Aids case in the country.

Deputy president of the Medical Research Council Dr Walter Prozesky, who is the past head of the South African Institute of Virology, put the situation into its grim perspective.

Bolster

"The purpose of a vaccine is to bolster the immune system, but Aids shuts off the immune system, so there is our first problem. If a vaccine were found then it would have to be tested on humans first and this opens a can of ethical and related problems," he told reporters.

"The minimum time for the development of a vaccine from its invention is 10 years and it is more likely to take 15 years, which means that there will be nothing before the year 2000."

Describing how he had found South Africa's first Aids case, he said, "I was

at home on a Saturday morning in December, 1982 and read an article in Time Magazine about Aids in the gay San Francisco community.

"The following Monday a physician phoned me. He had a Johannesburg patient with four different infections from different bacteria, yeast and fungi. We then asked the patient if he was homosexual and if he had recently been to the States and it all fell into place," said Dr Prozesky.

The patient was an airline steward who had contracted the disease in the United States. He and his lover died a few months later.

"Aids was definitely imported from San Francisco initially by homosexual airline stewards, later by haemophiliacs who were given blood imported from America and then from mine-workers from the north," said Dr Prozesky.

Dr Prozesky estimated that there would be 30 000-40 000 HIV-infected South Africans by the end of next year and says that this country is still on the exponential curve, with a doubling time of eight months.

The Medical Research Council, which gets a R40 million grant from the Government every year, has an Aids Research Unit.

fourfold

FOURFOLD rise in children hit by AIDS

THE number of AIDS-infected children in SA increased fourfold this year, figures released yesterday by the National Health Department show.

All 54 children reported to have AIDS this year were black and had received the virus from their mothers. Last year 14 cases of children with AIDS were reported.

According to the department's latest update, an additional 20 AIDS cases were reported during November, bringing the total for this

TANIA LEVY

year to 231. (92)

The figures showed a total of 574 AIDS cases since 1982, of whom 262 (46%) had died. (118)

This year alone there had been 51 AIDS-related deaths, 12 of them during November. B/D 12/12/90

By December 3 this year, 201 AIDS cases had been reported in Johannesburg, 41 in Soweto, 86 in Durban, 36 in KwaZulu and 79 in Cape Town. Bloemfontein

reported 12 of the Free State's 22 cases.

The heterosexual spread of AIDS became increasingly evident with 119 new cases reported this year, compared with 47 homosexuals or bisexuals — all whites — who contracted the disease this year.

Among the black population, 116 heterosexual cases were reported this year.

There was now a total of 434 men and 139 women with AIDS. The sex of one case was unknown.

Pregnant women have virus

Own Correspondent

EAST LONDON. — Just under one percent of expectant mothers tested at Cecilia Makiwane Hospital proved HIV-positive, Ciskei's Department of Health, Social Welfare and Pensions announced yesterday.

In response to queries about a recent Aids infection-monitoring survey, the department said nine of the 1 000 specimens tested were confirmed positive — a percentage rate of 0,9%.

The department plans further surveys involving other groups among the Ciskei population.

There have been 52 HIV-positive cases in Ciskei since 1988.

54 children⁹² got Aids this year

CAP 119 FS 12/12/90

Own Correspondent

JOHANNESBURG. — The number of Aids-infected children in SA increased fourfold this year, according to figures released yesterday by the National Health Department.

All 54 children reported to have Aids this year were black and got the virus from their mothers. Last year there were 14 cases.

According to the department's latest update, an additional 20 adult Aids cases were reported during November, bringing the total for this year to 231.

The figures showed a total of 574 Aids cases since 1982, of whom 262 (46%) died.

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Among the black population, 116 heterosexual cases were reported this year.

There was now a total of 434 men and 139 women with Aids. The sex of one case was unknown. It was clear that heterosexual

Aids was increasing, which had serious implications for child health and future generations, the report said.

However, the sexual behaviour of children and adolescents was still open to influence, making them a positive target group for intervention. With this in mind, the department had planned a number of Aids-prevention projects for young people in 1991.

These included Aids educational films for high school children, a survey of young people's sexual attitudes and practices and a campaign to make parents aware of the importance of Aids and sex education for their children. — Sapa

Concern at increase in paediatric Aids cases

92

Star 12/12/90

By Marguerite Moody

Twenty new cases of Aids were reported last month, bringing the total number reported so far to 574, the Department of National Health and Population Development said yesterday.

In its latest Aids update, the department said the number of paediatric cases had increased from 23 in June to 74 at the end of November.

"It is clear from the number of paediatric cases that heterosexual Aids is on the increase, and this has serious implications for child health and future generations."

A large part of the department's Aids prevention activities next year will be concentrated on young people.

Planned projects for 1991 include the following:

- Two Aids educational films for high school children, dealing with the facts around Aids, and the prevention of the disease.

- A survey of young people's attitudes, beliefs and practices surrounding sex and Aids. This survey will guide future education strategies.

- A campaign to make parents aware of the importance and need for open Aids and sex education.

- The design of an Aids training package for schoolchildren. This package will enable any youth worker, teacher or parent to inform children about Aids and to prepare them to meet the challenge of a safe sexual lifestyle.

"In this major and important effort the department can only succeed with maximum support from the general public, including young people themselves, parents, teachers and all youth workers," the statement said.

City nurse in new Aids scare

Cape Times 14/12/90 92

Staff Reporter

A NURSE working in the maternity section of Grootte Schuur Hospital has pricked herself with a syringe needle used on a baby which tested positive for HIV antibodies.

This was disclosed yesterday by Grootte Schuur medical superintendent Dr R M Pelteret, who said the nurse was receiving treatment.

The accident is believed to have occurred on Monday.

This is the eighth Aids needle mishap to occur in the city during the past year. At least four doctors have been involved.

Seven other Cape Town medical workers, including up to four doctors, have pricked themselves with needles

containing blood from Aids patients in the past year.

Dr Pelteret said the nurse was receiving AZT (Zidovudine). "At this stage there is no indication that the baby has Aids."

AZT is the only drug at present available for treating people infected with the HIV virus.

Dr Malcolm Steinberg, co-ordinator of the the Medical Research Council's Aids research programme, said it was now time to address the anxieties of health workers about being infected.

People were becoming paranoid about being infected from needle-stick injuries but there was no need for "hysteria".

Health workers should assume all patients were Aids-infected and take suitable precautions, he said.

Aid facts
to be ^{ARGO}
shown to ^{12/190}
teenagers ⁹²

Staff Reporter

EDUCATING youth about Aids prevention will form a greater part of the Department of National Health and Population Development's activities next year.

The department said in a statement it was clear from the number of child cases that heterosexual Aids was still on the increase. This had serious implications for present and future generations of children.

Two educational films for high schools will "sensitively address the facts surrounding the disease and its prevention".

STRATEGIES

A survey will be conducted to find out young people's attitudes, beliefs and practices towards sex and Aids and guide future education strategies.

Efforts will be made to make parents more aware of the need for open Aids and sex education for their children. "It is important that parents be reassured that knowledge of sexual matters does not foster promiscuity."

An Aids training package, currently being designed and promoting sexual abstinence before marriage, will enable any youth worker, teacher or parent to inform children about Aids.

The doctor whose worst fears came true

W/ Mail 14/12 - 19/12/90

DOCTOR Jonathan Mann is someone who has had to watch his worst fears come true. For nearly four years Mann, a United States doctor trained in public health, headed the world's largest Aids prevention effort.

He has seen the number of people infected with the human immunodeficiency virus (HIV), which causes Aids, rise from 100 000 in 1980 to at least eight million this year.

"By the year 2000 we are looking at 25-million infected, and that is very conservative," he said in an interview last week. "South Africa faces a similar kind of steep curve. If there are 100 000 infected now, you will have 25 000 Aids cases by the middle of the decade, compared with some 500 at the start. And that doesn't even take into account new infections."

Mann was in South Africa at the invitation of Medecins du Monde, a human

rights organisation involved in community-based health worldwide. He plans to establish the first US chapter of Medecins du Monde in the coming year.

In 1986, he was asked by the World Health Organisation (WHO) to set up a special unit to fight Aids. He started with a budget of \$500 000 and a staff of one; and by the time Mann resigned this year the unit, now called the WHO's Global Programme on Aids, had set up prevention programmes in 123 countries and expanded to 200 employees with a budget of \$100-million. Most of this money was raised by Mann himself.

When he resigned in March, Mann cited "major disagreements" with the director-general of the WHO, Dr Hiro-

shi Nakajima. He was loathe to go into detail. But one contentious issue was known to be the development of an Aids vaccine. Mann wanted Nakajima to call together governments, pharmaceutical companies and researchers to ensure that a vaccine — once developed — would be made available to all countries and not just the rich. Nakajima refused.

The rifts must have been deep to make Mann leave. Despite the mounting toll of infection and disease, his belief that Aids can and must be fought is unshakable. "At the start of the Global Programme, I was frustrated and frightened by the gap between people's perception of reality and the reality itself," Mann said.

"I would go to a country and the

minister of health would say we have only five cases. I had to explain that those people were probably infected seven years ago. By now you may have 15 000 people with HIV.

"We had to try and ring the alarm," Mann said. "At the same time I always felt we shouldn't overstate the case." Mann has a warning buzzer that sounds whenever he hears doomsday scenarios. "The people who say Aids means the end of the human race often carry an unstated political message. They are trying to justify coercion and punishment of the infected."

"Apart from that being immoral, it is counter-productive. Respect for human rights, including those of people infected, is crucial to an effective Aids programme. If the price of being HIV positive is losing your job or getting kicked out of home, just think what lengths people will go to to escape detection. Those will be the people most at risk, yet they will be unreachable by

any programmes."

But Mann's own scenario for the 1990s is frightening enough. "Aids is still a new epidemic in historical terms," Mann says. "It is dynamic and mobile and however much people want to believe it will be confined to certain groups, the fact is it won't. Risk behaviours are universal. The only difference between societies is the degree of honesty about them."

"It is true there are people who have a low or negligible risk. But they have to understand something more subtle. If they care about their kids and their grandchildren and friends and their friends' children, then in that sense they are at risk."

Mann says the "die is already cast" for the next decade. "There are between eight and 10-million people infected already. Even if we stopped all new infections today, they would have to be cared for. Most people won't have access to drugs that could slow progression from infection to disease. That means there could be six million people with Aids by the year 2000."

"The stress this is going to put on individuals and on societies will be enormous. The generation growing up today faces a challenge that we didn't. They have to figure out a way to protect themselves and each other without sacrificing being intimate and loving."

Mann is concerned that the enormity of such figures should not be paralyzing. "There is still a tremendous opportunity for prevention," he says. "With Aids you must work with a perspective of years and decades, not weeks. The measurement of prevention work is not what happens next year or the year after. It is what happens in the last part of the decade."

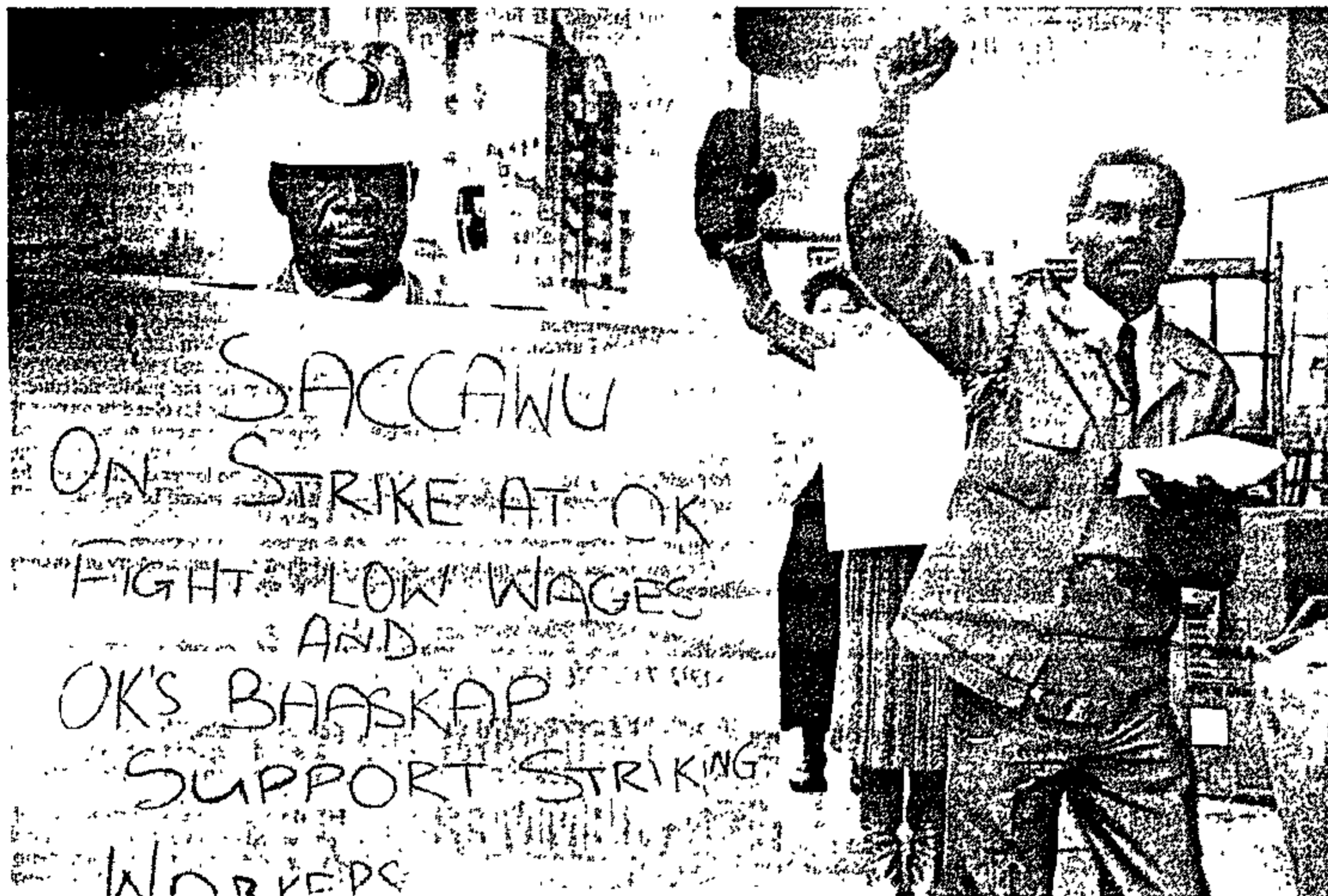
"Where prevention has been given a chance, it works. First there has to be information and education. Then there have to be services that address the concerns raised by the information — for example, are condoms available? And finally, you have to make sure there is no discrimination against people with HIV."

Mann saw enough during his travels round the world to keep him encouraged. "I went to some countries feeling very apprehensive, but I almost always left buoyed up by something. The best single measure of an Aids programme is the extent to which non-governmental and community organisations are involved. A lot of community action is evidence that people are trying to solve specific problems and doing it themselves."

"But these organisations must have access to a wider vision. There has to be a national leadership that provides guidelines, resources, technical support and opportunities to get together."

Mann also believes there could be long-term benefits from having to confront Aids, terrible as the disease is. "What Aids has done in every country has been to help people to recognise underlying problems. One example has been the need for improved primary health care. The other is the need for sex education."

"Obviously Aids is not a blessing. But the Chinese have a very insightful notion of crisis that it is made up of two parts. The one part is danger. The other is opportunity. We have to look at Aids in that way."



The SA Commercial, Catering and Allied Workers Union accounted for half-a-million lost man-days this year as a result of strike action

By DREW FORREST

FOUR MILLION man-days were lost this year as a consequence of strike action — a massive 25 percent increase over 1989.

This emerges from the annual labour relations survey of consultants Andrew Levy and Associates, which quotes Stellenbosch University's Bureau for Economic Research as warning that "labour unrest could surpass sanctions as the greatest destroyer of the South African economy".

The survey singles out as reasons for the strike surge political instability, economic pressure and union growth. In the last three years, it shows, produc-

Labour unrest emerges as one of the great destroyers of SA's economy

tion lost through strikes has more than doubled.

Wages remain the key trigger, accounting for 66 percent of man-days lost this year. No less than 64 percent of all wage negotiations entailed some form of industrial action.

Also highlighted is a dramatic shift in strike incidence to the public sector. State sector strikes, mainly in hospitals, schools and municipalities, accounted for 24.8 percent of man-days

lost, as against 1.8 percent last year.

The survey traces this to a major union recruiting drive in the sector, raising worker expectations, against the background of government pay restraint.

A further highly significant feature is intensified strike activity in small businesses, reflecting a new focus of the unions, which have wrapped up most major firms. Forty percent of strikes this year have been in businesses with

200 or fewer workers.

Accounting for the most lost man-days — half-a-million — was the SA Commercial, Catering and Allied Workers Union, involved in an unprecedented strike wave in major retail and wholesale chains. It is followed by Cosatu's metal and paper affiliates.

Of the strikes, only 11 percent lasted 10 days or more — but of these, 40 percent extended beyond 30 days. This, the survey says, can be traced to the determination of some employers — notably OK Bazaars, Southern Sun and Nampak — to ride out the strike "with little or no attempt to negotiate a settlement".

Aids carriers pose

Sowetan 14/12/90

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APART from the hard fact that there is no cure for Aids, it is difficult to assess accurately how many aids carriers there are in South Africa at present.

The current estimate of about 150 000 HIV positive cases may be 50 percent out both ways.

This is the opinion of Sanlam's chief medical officer, Dr Alnus van der Merwe. Sanlam has set aside R200 million as a reserve fund for future aids claims.

Due to the threat posed by the aids epidemic, the life assurance industry has also implemented precautionary measures in the form of HIV screen-

ing or exclusion clauses.

Van der Merwe says although only about 550 aids cases have been reported in South Africa so far, the screening of blood donors and assurance applicants point to an increasing number of HIV positive carriers.

Various assumptions have to be made by those studying the disease and its effects.

The doubling time may vary from 8 to 12 months, depending on the area and group involved.

To extrapolate current trends to try and determine the prevalence rate of the epidemic in 5 or 10 years' time is subject to a large degree of

error in view of the varying assumptions on the current state of the epidemic and the doubling time.

The important fact, however, is that the severity of the effects of Aids will depend on how seriously the population regards the present need for behavioural change.

People should change their ways now and not wait until they see many people dying around them. "By then it may be too late", he adds.

The experience of other African countries, such as Malawi and Zambia, with Aids should be a warning to us not to follow in the same manner.

Information available at a hospital such as Baragwanath, where an HIV-infected mother gives birth almost daily, indicates that there has already been a disturbing increase of the infection in South Africa.

Difficult

Van der Merwe says employers are these days faced with a difficult choice as regards Aids: should they or should they not insist on a test for Aids?

"It is not the only disease for which tests should be made. What makes far more sense and is non-discriminatory is to ask prospective employees to submit full medical

reports, including all health factors such as vision, hearing, blood pressure, the presence of sugar in the blood, and previous medical history.

"The aids test is only a small part of a person's total medical profile. The question is not whether you are HIV positive or not, but whether you are medically fit to do the job and whether your long-term prognosis is such that the company can invest in training and providing you with group disability benefits etc."

Dr van der Merwe says apart from that, companies should allow present employees who become HIV positive to

continue working for the firm as long as they can fulfil the requirements of the job.

"There is no sense in terminating a productive employee's contract just because he is HIV positive. Fellow workers should be educated that there are no dangers in working with an HIV positive colleague."

As far as employee education is concerned, Dr Van der Merwe says excellent videos are available on the market and employers should utilise these to inform their staff about the dangers of the disease.

world level would be economically impossible in this country if the worst case scenario should become reality. In fact, if the number of aids cases do indeed become difficult to control, treatment facilities would have to be organised on an outpatient or home treatment basis.

"The alternative would no doubt be too expensive for South Africa's economy at its current stage of development. The rule should be cost management through compassion", says Dr Van der Merwe.

Inquiries: Dr Alnus van der Merwe (021) 947-2069.

THE real pain of Aids is becoming evident with the increasing number of paediatric cases where innocent children are being born infected with the incurable disease.

Statistics released by the Department of National Health and Population Development show that from 1982 - to date - there have been at least 74 cases of children up to the age nine who suffer from Aids.

The latest reporting of Aids cases reveals that there are now 574 cumulative cases in South Africa. This is an increase of 20 cases on the reporting last month.

Innocent children affected

The ^{Soweto} Transvaal reported the highest number - 290 cases, followed by 170 in Natal, 92 in the Cape and 22 in the Orange Free State.

Johannesburg alone reported 201 cases, Soweto 41, Pretoria 20, Sebokeng three and Bekersdal, Evaton, Klerksdorp, Krugersdorp and Pietersburg all reported two cases each.

Men suffer the disease more than females with a total of 434 cases com-

pared to the 139 female victims.

Of these males, the highest number of victims (137) are between the ages of 30 and 39, while younger women (between 20 and 29) constitute the highest number of female victims (44 cases).

A table showing how the disease has been transmitted indicates that among black people this year there were no cases where the virus was transmitted through homo or bisexuality.

Instead 116 cases of diagnosed heterosexual people.

It is clear from the increasing number of paediatric cases that heterosexual Aids is still on the increase. This has serious implications for child health and future generations.

It is also widely accepted that the sexual behaviour of the child and young adolescent is still open to influence and modification, making them a positive target

group for intervention.

With this in mind the Department of National Health and Population Development has decided to dedicate a large part of their Aids prevention activities during 1991 to young people.

Projects

The planned projects include:

*Two educational films for high school pupils. These films will sensitively address the facts around Aids. The second film will deal with

issues around Aids prevention.

*A survey of young people's attitudes, beliefs and practices surrounding sex and Aids. This survey will guide future education strategies.

*A campaign to make parents aware of the importance and need for open Aids and sex education for their children. It is important that parents be reassured that knowledge of sexual matters does not foster promiscuity.

*The design of an

Aids training package for schoolchildren. This will enable any youth worker, teacher or parent, to inform children about Aids and to prepare them to meet the challenge of a safe sexual lifestyle, of which abstinence before marriage forms the cornerstone.

"In this important effort the Department of National Health and Population Development can only succeed with maximum support from the general public, including young people themselves, parents, teachers and all youth workers," a statement released by the Department concluded.

Cape nurse in Aids scare

Star 14/12/90

92

CAPE TOWN — A maternity nurse at Grooten Schuur Hospital is having treatment with the drug zidovudine (AZT) after pricking herself with a needle used on a baby tested positive for

antibodies to the Aids virus, HIV.

Medical superintendent Dr R M Palteret said the accident was believed to have happened on Monday. — Own Correspondent.

Study on why Aids affects the brain

with ARB us 12/12/90 92

WASHINGTON. — New laboratory studies suggest that some types of cells infected with the Aids virus may release a poison that causes the mental decline seen in 70 percent of Aids patients.

Said Dr Dana Giulian, a researcher at the Baylor College of Medicine in Houston: "We've found that one class of cells will, when infected with the virus, release a toxin that can disrupt the nervous system."

A research paper on the discovery is has been published in the journal Science.

Dr Giulian said test tube experiments showed that monocytes, immune system cells in the blood, would secrete poison molecules when infected with the human immunodeficiency virus, or HIV, which caused Aids.

When these molecules were exposed to neurons, the cells vital to mental function, the nerve cells would either die or stop functioning.

"This suggests that similar cells in the brain, called macrophages, could react the same way when infected by HIV."

Just why Aids patients developed mental decline had long been a puzzle to physicians and scientists.

Studies made early during the Aids epidemic showed that macrophage cells found in the brain can be infected by the HIV virus.

Damaged

"But neurons were never infected with the virus. And, yet, somehow, the neurons were damaged.

"If you look at the brains there is infection, but it's not in the neurons. It has no direct action on the neurons. So the question is, how does the brain become disrupted?"

Dr Giulian said the toxin secreted by the infected cells could be the answer. — Sapa-Reuter.

Aids programme will focus on youngsters

Star 15/12/90

A RECENT increase in the number of reported paediatric and heterosexual Aids cases will see much of next year's Aids prevention activities focusing on young South Africans.

"It is clear from the number of paediatric cases that heterosexual Aids is still on the increase, which has serious implications for child health and future generations," the Department of National Health and Population Development said in a press statement.

"It is also widely accepted that the sexual behaviour of the child and young adolescent is still open to influence and modification, making them a hopeful, positive target group for intervention.

Educational films

"With this in mind, the Department of National Health and Population Development has decided to dedicate a large part of their Aids prevention activities in 1991 to the young person."

Projects planned for 1991 include:

- Two Aids educational films for high school children. These films will "sen-

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sitively address the facts around Aids".

The second film will deal with issues around Aids prevention.

- A survey of young people's attitudes, beliefs and practices surrounding sex and Aids. This survey will "guide future education strategies".

- A campaign to make parents aware of the importance and need for "open" Aids and sex education for their children. "It is important that parents be reassured that knowledge of sexual matters does not foster promiscuity".

- The design of an Aids training package for school children. This package will enable any youth worker, teacher or parent to inform children about Aids and to "prepare them to meet the challenge of a safe sexual lifestyle, of which abstinence before marriage forms the cornerstone".

The department said it can only succeed in this effort "with maximum support from the general public, including young people themselves, parents, teachers and all youth workers".

Nurse pricked by HIV needle

SA PRESS 16/12/90
A NURSE working in the maternity section of Groote Schuur Hospital has pricked herself with a needle used on a baby which is being treated after it tested positive for HIV antibodies.

Groote Schuur medical superintendent Dr RM Pelteret said this week it had not been established whether the baby had Aids.

He confirmed the nurse was receiving AZT (Zudovudine) – the only drug available for treating people infected with the HIV virus.

This is the eighth Aids needle mishap in Cape Town this year, with at least four doctors involved. – Sapa

Deadly echoes of Aids

South 13/12 - 17/12/90
SEX has always been a subject with many taboos attached to it. Children are discouraged from asking too many questions related to sex. (92)

But with the spread of sexually-transmitted diseases — specially Aids — concerned voices are calling for a more open attitude towards sex education and information.

The call has become increasingly pertinent after the case of a young girl in the Cape Peninsula who was raped at the age of seven, three years ago and now has been diagnosed as having contracted Aids.

Despite the seriousness of the disease, Aids is still being treated with scant regard by the public at large. Sheer indifference, ignorance and religious hostility are some of the attitudes which meet any discussion of Aids — because Aids is a sexually transmitted disease.

Myths

It is therefore caught in whispered myths and shrouded secrecy, any public discussion on it is frowned upon.

The medical profession and government health departments are exhausting all overtures to make the public more aware. But expertise should not rest in the hands of professionals only. Every individual should be equipped with as much information about Aids as possible.

Based on information supplied by the South African Institute of Medical Research to the Department of Health, it has been estimated that by the beginning of this month, 574 people had been diagnosed as suffering from Aids in this country. Of these 139 are women. They will all die of the disease.

If the disease continues to spread at its present rate, tens of thousands of South Africans will become Aids victims by the year 2000 — nine years from now.

The potential effect the death of so many productive people will have on our economy has given rise to grave concern.

Aids stands for Acquired Immune Deficiency Syndrome. It was first diagnosed in the USA, with South Africa's first case being diagnosed in 1982. The illness is caused by a virus, the Human Immuno-Deficiency Virus (HIV), which is strong enough to kill off the body's natural defence system.

'Take over'

The Aids virus does not kill itself — it simply makes the body vulnerable and defenceless against other opportunistic infections which "take over", and this may lead to chronic illness and death.

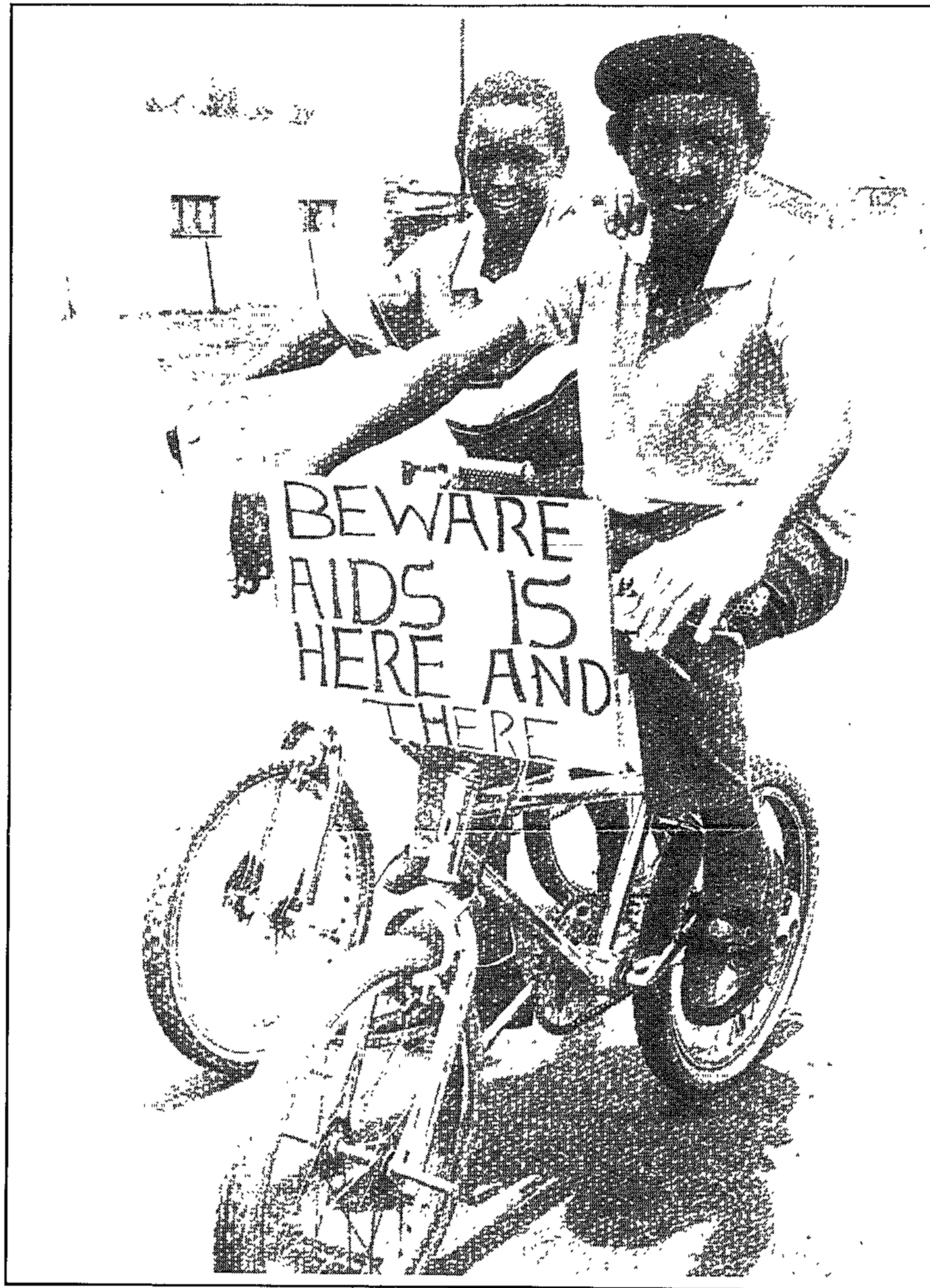
Even the most innocent viruses such as the flu virus can ultimately lead to death.

Not everyone who has contracted the virus immediately becomes aware of it. After being infected with the virus, it can take up to 10 years or as little as three months before a person becomes ill with Aids.

During this time the infected person looks and feels perfectly healthy, even if a test has shown the person to be HIV positive.

According to a spokesperson at the Department of Virology at UCT, 718 cases of HIV positives, of which 125 are women, were reported in the Western Cape between 1985 and 1990.

But these statistics are based only on actual tested cases. Medics argue that — because most sexually-active people have not been tested — HIV-positive statistics



International Aids Day was highlighted by youths riding through the streets of Soweto

When the Aids pandemic first hit the world in the early 1980s, many people hardly blinked an eye as it was viewed as something which affected only the homosexual community. With the changing patterns in the spread of this lethal virus, many women and children are becoming infected. For this reason many in the medical profession argue that Aids should be treated as a community disease. BEVERLEY MITCHELL reports: South 13/12 - 17/12/90 (92)

are inestimable.

The phenomenon of the dormant HIV virus is called the "iceberg" effect in Aids statistics. According to the Department of Health, the 574 diagnosed cases in South Africa could have been infected up to 10 years ago — this constitutes the tip of the iceberg.

Infections that took place during that period and which are still undiagnosed, and those that are still taking place, constitute the rest of the iceberg "below the surface".

The Department argues that complacency toward the illness reveals an ignorance of the natural progression of the disease. When full-blown Aids finally occurs, the person becomes very ill — mainly with cancers, recurrent pneumonia, fungus infections and

mental and central nervous system deterioration. Ultimately the person dies of an illness against which the body's immune system has been rendered powerless by the effects of the Aids virus.

The risk of sleeping with someone who is HIV-positive stalks every sexually-active person. The Department of Health states that the main mode of transmission of the HIV is through having vaginal, oral or anal sex with someone who is HIV infected.

The virus is found in body fluids, specially blood, semen and vaginal secretions.

Contact with infected blood can lead to an HIV infection. Sharing needles or syringes when injecting drugs, razor blades, toothbrushes (or any skin piercing instrument which can cause bleeding) with an infected

person can also lead to an HIV infection.

Virologists at UCT's Department of Virology believe that there has been a change in trend in the pattern of the Aids virus.

● **Pattern 1:** occurs as a result of homosexual contact. There has recently been a flattening of this trend.

● **Pattern 2:** which refers to heterosexual contact, has recently been on the increase and it seems that this is the trend through which most cases are being infected.

Women are the most disadvantaged in respect of pattern 2. In their fight against Aids, women must object to be passive sexual objects of men. The Department of Health advocates that it is every women's right to question men about their sexual behaviour

South 13/12 - 17/12/90
and to insist they use condoms.

Women must take responsibility for their own health. Anything that could lead to illness or even death should be unambiguously dealt with. Frank, open and honest discussions must occur between sexual partners if the spread of this disease is to be stemmed. (92)

Men must learn that the language of negotiation in sexual relationships is imperative.

According to the Department of Health, people should place themselves into categories of behavior to see whether it is likely or not that they would contract Aids. High risk behaviour is more than likely to cause infection.

Behaviour such as anal sex, with or without a condom, is the highest risk practice one can engage in.

Other high risk factors include:

- ◆ Having sex with multiple partners, or sex with someone who possibly has several sex partners (casual sex or sex with a prostitute);
- ◆ Vaginal or oral sex with someone who injects drugs or engages in anal sex;
- ◆ Sharing needles and syringes (for drugs), razors, toothbrushes or any instrument which can cause bleeding;
- ◆ Unprotected sex (without a condom) or protected sex with an infected person;
- ◆ Unprotected sex with a person whose sexual history you do not know; and
- ◆ The use of drugs (including alcohol and dagga) which may precipitate irresponsible behaviour.

Such behaviour should be refrained from at all times. Safe behaviour is seen as not having sex; a long-term relationship with one mutually faithful, uninfected partner; alternative sex practices such as solitary or mutual masturbation; cuddling; and the correct use of a condom which will greatly reduce the risk of infection.

Complacent

The reported cases of Aids are minuscule in South Africa at present when compared to the rest of Africa. However, experts warn that South Africans should not be complacent.

No one can claim that Aids has nothing to do with him or her; soon everyone may know someone who has the disease or, worse still, can be one of the thousands of Aids victims.

This may sound like a prophecy of doom, but reality shows that social customs and values toward sex will have to change if an epidemic in South Africa is to be avoided.

Women will have to play an active role if this is to be achieved. Women play an important role in the family, traditionally care for the family, bear and raise children. In future they will be responsible for the care of Aids patients in the family.

In the Paris Declaration of 1989, the World Health Organisation in its global strategy on Aids acknowledged the importance of women's role in prevention. They also raised the point that women and children would suffer most extensively from the social and economic impact of the HIV infection and Aids.

It is therefore important that women's needs be met through self-education and education with support from the state and voluntary section services.

But all in all it is the responsibility of the community to work towards open sex education which will inevitably lead to a consciousness regarding sexual behaviour.

Many people with the HIV virus that causes Aids may soon

enjoy a relatively full and normal life, says a man who has had the disease for six years now, and who is full of energy.

Executive proves that there is life after HIV

SK 17/12/90

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Jonathan Grimsshaw (36) was first diagnosed with HIV, the virus that causes Aids, in 1984. Six years later, he remains healthy and holds down a high-powered job with energy to spare for the pleasures of night-clubbing in London.

Contrary to the popular fear that HIV infection swiftly progresses to Aids and death, his experience is evidence that people with the virus are living healthy and happy lives.

Latest evidence suggests that people with HIV may soon be able to extend their lifespan dramatically by a combination of their own actions and new drug treatments.

Mr Grimsshaw is a founder of the HIV support group, Body Positive, and director of The Landmark, a day centre for people with HIV in south London. His pioneering work in organising self-help and support for those with HIV recently won him an MBE.

Mr Grimsshaw enjoys consistently good health. His doctor, Graham Barter, an Aids specialist at Westminster and St Stephen's Hospital, confirms this.

Even more interesting is that for someone who's had HIV for at least six years, he has a high T4 cell count. These cells are the body's vital immune defences that are killed off by the HIV virus.

The orthodox expectation is that over time, people with HIV will have fewer T4 cells, resulting in the steady collapse of their immune system and their increased susceptibility to Aids-related infections and cancers.

"There is a correlation between the decline in a person's T4 cells and the likelihood of progressing to Aids," says Dr Barter.

He adds that a study of people with HIV in San Francisco found that after 10 years of infection only half had developed Aids. The rest remained largely free of symptoms.

In Britain, tracing of sexual partners has revealed examples of men who were probably infected with HIV in the mid to late seventies. Some of them have remained in good health up to its years later.

Even among those diagnosed with Aids there are examples of long-time survival. One of Dr Barter's colleagues, Dr Mike Youell, points to the cases of two people who developed Aids-related skin cancer, Kaposi's Sarcoma, in 1980 and 1981. Both are still alive and well.

Given that Mr Grimsshaw has not been taking any of the anti-Aids drugs such as AZT (zidovudine) and DDI (didanosine), how does he explain the apparent strength of his immune system and his continuing good health?

Psychology has a lot to do with it," he says. "Working to get better treatment and care for people with HIV has given me a powerful motivation in life."

Dr Barter says: "Jonathan's mental attitude is extremely positive. This might be one of a number of reasons why he has remained in good health."

Mr Grimsshaw also attributes his wellbeing to a conscious attempt to reduce the stresses and strains on his immune system by living a healthier lifestyle. He aims to get regular rest and relaxation and to eat healthily.

Recent medical studies appear to confirm the efficacy of a healthier lifestyle and a positive mental attitude. A report by the American Association for the Advancement of Science last year acknowledged that people with HIV can probably delay the onset of Aids and limit its severity if they have a strong determination to survive, a happy relationship and a health-enhancing way of living.

Today, a person diagnosed with Aids can expect to live twice as long as a person diagnosed a few years ago.

Earlier intervention antiviral drugs such as AZT and DDI appear to slow down the replication of the HIV virus and stave off the debilitation of the

immune system at least for a year and sometimes much longer. New drug therapies are also increasingly successful in controlling Aids-related infections. Aerosol pentamidine, for example, has cut the death rate for HIV-induced pneumonia.

These developments suggest that HIV may, in the not too distant future, become a manageable chronic illness.

Some doctors predict that everyone with HIV will eventually develop Aids over a 20- to 30-year period. But Dr Barter is not so sure.

Even assuming a 100 percent development of HIV into Aids over two or three decades, Mr Grimsshaw believes this prediction is not as gloomy as it sounds.

It would mean that some people who contract HIV today, at the age of 20, may not fall sick with Aids until around their 50th birthday.

Assuming the likelihood of more effective medical treatments, they may survive for another 20 years with Aids, controlling their illness in much the same way as diabetics do. They could expect to enjoy a reasonable quality of life before dying at about 70.

Mr Grimsshaw says that many people with HIV may soon be able to anticipate a relatively full life.



In good health . . . Jonathan Grimsshaw is not ruled by the diagnosis of having the HIV virus.

THE INDEPENDENT

Prison Aids scare

92
 Four die, 53
 South 18/12/90 - 17/1/91
 test positive
 for HIV virus

By BEVERLEY GARSON

FOUR South African prisoners have died of Aids and a further 53 have been identified as HIV positive, giving rise to fears of an Aids epidemic in South African prisons.

According to an Aids specialist, Dr V Gothiram of the Natal Medical School, the actual number of prisoners infected could be much higher because, unless they consent, prisoners cannot be tested for Aids.

"No programme for testing prisoners has been established," Gothiram said.

The spread of the virus has been linked to the high rate of homosexuality in South African prisons.

Inmates

The marketing director for the National Institute for Crime Prevention and Rehabilitation of Offenders (Nicro), Ms Heather Regenass, said several prison gangs used homosexual acts to control inmates.

Regenass said prisoners who did not want to be gang-raped were forced to join one of the gangs which organised sexual services for prison inmates.

"Many prisoners must have contracted the HIV virus already. With an approximate population of 110 000, prisons are a time-bomb," said Regenass.

The SA Prisons Service confirmed homosexuality occurred in prisons but said it contravened prison rules.

"As is the case in the community in general, homosexual tendencies are also found in the prison population.

"The necessary criminal and/or disciplinary steps are taken against transgressors," a statement by the Prisons Service said.

Condoms

"All confirmed sufferers and carriers of the disease are segregated from the rest of the prison population to prevent possible further contamination.

"These individuals are counselled and cared for by informed and trained personnel under the supervision of a medical doctor.

Regenass said condoms were available for prisoners but the Prisons Service denied this.

"The provision of condoms to prisoners will in fact serve as condonation of homosexual acts which are presently prohibited," the Prisons Service statement said.

Dr Malcolm Steinberg of the Medical Research Council said the rate of Aids infection in prisons in other countries, specially the USA, was "incredible high".

Steinberg said in other countries prisoners who had contracted Aids were considered for early release.

The World Health Organisation (WHO) has called on countries to release prisoners infected with Aids and for condoms and sterile needles to be made available in prisons. —ANA



TWO GENERATIONS: A Young Pioneer of the ANC Youth League welcomes ANC president Oliver Tambo at the movement's consultative conference in Johannesburg last weekend. PIC: MANDISA MJO

Cops outnumber protesters as ANC takes to the streets in small Natal town

From CHRISTINA SCOTT

DURBAN. — The first ANC protest in Vryheid provided hours of family entertainment on Saturday as a mini-march scandalised this conservative Northern Natal town.

Tannies crept fearfully near police to take snapshots, a blonde boy shook his head in amazement from behind a wall and families clustered on the stoep within easy retreating distance.

The amazing sight: less than 100 residents of Bhekuzulu and Mondlo town-

ships toyi-toying with an ANC flag after four previous applications for permission to march had been refused.

Organisers blamed fears of rightwing violence for the low turnout.

Protesters knew their town — one policeman called this reporter a "baboon", an AWB-type asked: "Why are you whites with the kaffirs?" and a resident "accidentally" let his Rottweiler run free.

With two troop carriers, three Buffels, four Casspirs, 10 vans and at least a dozen police cars, security forces easily

outnumbered protesters. I counted 48 uniformed police at one corner alone.

At the Vryheid police station, Captain Johan Nysschens accepted a protest memorandum and shook hands with Mr Desmond Pota, a union and youth organiser, and Mr Simon Zwane, vice-chairperson of the local South African Youth Congress branch

The memorandum accused police of harassing supporters of the ANC, SACP and Cosatu and "acting as if they are still banned". The police were asked to cease alleged disruption at Filidi High

School in Bhekuzulu.

Unionist Mr Johannes Myeni said demands that police provide protection against criminals and charge perpetrators of violence sprang from persistent rumours of a northern Natal anti-ANC campaign using men involved in the attacks on Xhosa mineworkers.

Ms Joyce Mnyandu, a Nondweni ANC voluntary convener, said township residents feared the return of mineworkers from the Transvaal hostels for the Christmas break

Mnyandu alleged that plans to attack her home on Christmas Day were announced at a councillor's report-back meeting on December 9

The Legal Resources Centre (LRC) has had no response from SAP Commissioner General Johan van Niekerk to investigate Mnyandu's affidavit implicating KwaZulu police in attacks on her and her home since July.

Lawyers from the centre have themselves been the victim of rightwing attacks in Northern Natal, which appears to have slept through February 2

Mr Howard Varney of the LRC had his car door locks coated in glue in front of the Newcastle police station when he went to trace one arrested protester earlier this year. Fortunately, he has central locking.

Police said they had no comment. — DURBANNEWS

CP vow to keep suburbs white

DEFYING the current political climate, two Conservative Party-controlled suburbs have vowed to remain white.

Algoa Park and Young Park formed a joint action committee after the repeal of the Separate Amenities Act. The committee last week published an advertisement in two local newspapers proclaiming that Algoa Park and Young Park are reserved for whites only.

"Notice is hereby given that no non-white, regardless of status, will be allowed within the proclaimed white suburbs of Algoa Park and Young Park", the advertisement states.

It was presented with the emblem reminiscent of the Nazi eagle.

The advertisement continues that "non-

whites" cannot own property, use public facilities, hawk, koffer or "share in the facilities of our white and Christian schools" in Algoa Park or Young Park.

The chairperson of the action committee who compiled the advertisement, Mr Chris Meyer, could not be reached for comment.

Independence

Earlier this year — after the scrapping of the Separate Amenities Act in October — the Conservative Party declared a Rhodesian-style "Unilateral Declaration of Independence" for Algoa Park and Young Park.

The Nationalist Party MP for the Algoa constituency who has twice defeated Meyer in parliamentary elections, Mr

Frans Pieter Smilt, said: "If they want to take law and order into their own hands, they must face the consequences — including Meyer himself.

In response to the advertisement, the Democratic Party regional director, Mr Bobby Stevenson, said law and order appeared to be breaking down in many parts of South Africa, with many people wanting to take the law into their own hands.

"This is clearly unacceptable, whether it be township violence or inflammatory declarations," he said.

Meanwhile a police spokesperson for the Eastern Cape, Colonel Fred Sauerman said: "If it (the statement) is an offence, the police will look into it." —PEN

CHIT TINTS 19/12/90

Aids education for SA schools

92

Own Correspondent

JOHANNESBURG. — The government has launched its first Aids education programme geared specifically at warning high school children about the disease.

Projects for next year include two Aids educational films to be shown at schools, a parents' awareness programme and a survey of young people's attitudes towards sex and Aids.

The Department of National Health and Population Development said in a statement that children and young adolescents were a positive target for intervention because their sexual behaviour could be influenced and modified.

Nearly half of South Africa's 574 Aids cases so far were in the 20 to 39 age group, proving that people in their teens and early 20s were a high risk group.

The department's announcement coincided with criticism by a senior Johannesburg health official and Aids expert this week that neither government nor

business was doing enough about Aids.

Despite the potential human tragedy facing the country, neither the private nor public sectors had yet responded appropriately to the inevitability of Aids, said Dr Clive Evian, Johannesburg's deputy medical officer of health.

South Africa had still to see a sustained public awareness campaign, he said. "Where are the regular TV and radio programmes, cinema advertisements, talk shows and other programmes?"

Need to educate

There had been only sporadic development of community-based Aids organisations which should be the pivot of awareness and outreach programmes. He added that the liberation movements had not raised the Aids issue sufficiently.

Now was the time to start developing health and community Aids centres to support future Aids sufferers and those affected indirectly around them. Staff had to be trained, including home-

care nurses.

Teacher training colleges needed to equip teachers with the skills and knowledge to educate pupils about sexuality and Aids — subjects which should be as compulsory as English and mathematics.

If Aids forced SA schools and society to address these issues then the disease would also have positive effects, said Dr Evian.

The department said an Aids training package was being designed to enable teachers, youth workers and parents to inform school children about Aids and prepare them to meet the challenge of a safe sexual lifestyle.

Parents needed to be reassured that knowledge of sexual matters would not foster promiscuity and the mass media would be used in 1991 to make parents aware of the need for Aids and sex education.

In the first six months of next year a private company, still to be contracted, would conduct a survey of attitudes around SA among about 2 000 youngsters all race groups aged between 14 and 20.

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Older pupils target of govt AIDS campaign

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810am 19/12/90

GOVERNMENT has launched its first "all-out" AIDS education programme geared specifically at warning high school children about the disease.

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The department's announcement coincided with criticism by a senior Johannesburg health official and AIDS expert this week that neither government nor business were doing enough about AIDS.

Despite the potential human tragedy facing the country, neither the private nor public sectors had yet responded appropriately to the inevitability of AIDS in SA, said Johannesburg's deputy medical officer of health Dr Clive Evian.

SA had still to see a sustained public awareness campaign, he said, asking: "Where are the regular TV and radio programmes, cinema advertisements, talk shows and other programmes?"

There had been only sporadic development of community-based AIDS organisations which should be the pivot of awareness and outreach programmes. He added the liberation movements had not raised

TANIA LEVY

the AIDS issue sufficiently.

Very few health services in SA had adequately informed and skilled people to deal with the disease and the few AIDS training and information centres set up in the major cities were a drop in the ocean.

Now was the time to start developing health and community AIDS centres to support future AIDS sufferers and those affected indirectly around them. Staff had to be trained, including home-care nurses.

Teacher training colleges needed to equip teachers with the skills and knowledge to educate pupils about sexuality and AIDS — subjects which should be as compulsory as English.

Challenge

If AIDS forced SA schools and society to address these issues, then the disease would also have positive effects, said Evian.

The department said an AIDS training package was being designed to enable teachers, youth workers and parents to inform school children about AIDS and prepare them to meet the challenge of a safe sexual lifestyle.

Parents needed to be reassured that knowledge of sexual matters would not foster promiscuity and the mass media would be used in 1991 to make parents aware of the need for AIDS and sex education.

In the first six months of next year a private company, still to be contracted, would conduct a survey of attitudes around SA among about 2 000 youngsters all race groups aged between 14 and 20.

ST.,



QUALITY GUARANTEED
OR YOUR MONEY BACK

Blood donors in Aids scare

By MATHATHA TSEDU

TWENTY Northern Transvaal blood donors were found to be carrying the Aids virus during the three months ended in September, the South African Institute of Medical Research, said this week.

The head of the SAIMR in Pietersburg, Dr MGA Forrest, said the figure covered the entire

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Donors in Aids scare

● From Page 1

region, including the bantustans.

He said the Aids epidemic was in its infancy in the region, but was increasing.

Statistics for the period up to December 31 would be released in January next year, he said.

Meanwhile, the Aids counselling centre in the town said that only one person was known to have full-blown Aids in the area.

Two other people had died of the disease, centre director Mr HE Smith said.

Smith said there were no statistics for people found to be HIV positive.

The University of the North was, however, conducting a study which should help in putting the information together.

The study should be completed in January, he said.

Smith said statistics of Aids-infected people showed that the disease was spreading rapidly through heterosexual intercourse among black people.

While 251 of the 287 white Aids sufferers were infected through homosexual means, 185 of the 265 blacks were infected heterosexually.

The heterosexual transmission of the disease has led to 71 children under nine years old having the Aids virus.

Only two black homosexual cases had been noted, Smith said.

Among whites, only 11 people had been infected heterosexually while 13 got the virus through blood donors.

Eleven others are bantustans while one was a drug user.

Sowetan 20/12/90

92

Sowetan 20/12/90



Our Aids campaign needs a shot in the arm

W/Mail 20/12/90 - 10/1/91. (92)

EVEN if all our political knots can be untied, even if the economy can be pulled back from the swamp it's currently poised above, there are forces at work in the country that could unravel whatever fine works we weave. And the damndest thing about them is that they wreak havoc in secret and silent ways.

One such threat resides in the damage done daily to our water, soil and air. The other is presented by the rapid spread of the acquired immuno-deficiency syndrome — Aids. Throughout the world both environmental collapse and Aids — arguably the two greatest threats humankind faces — have done more than just tax resources and political wills. They have also demanded of individuals, institutions and societies a completely new way of thinking.

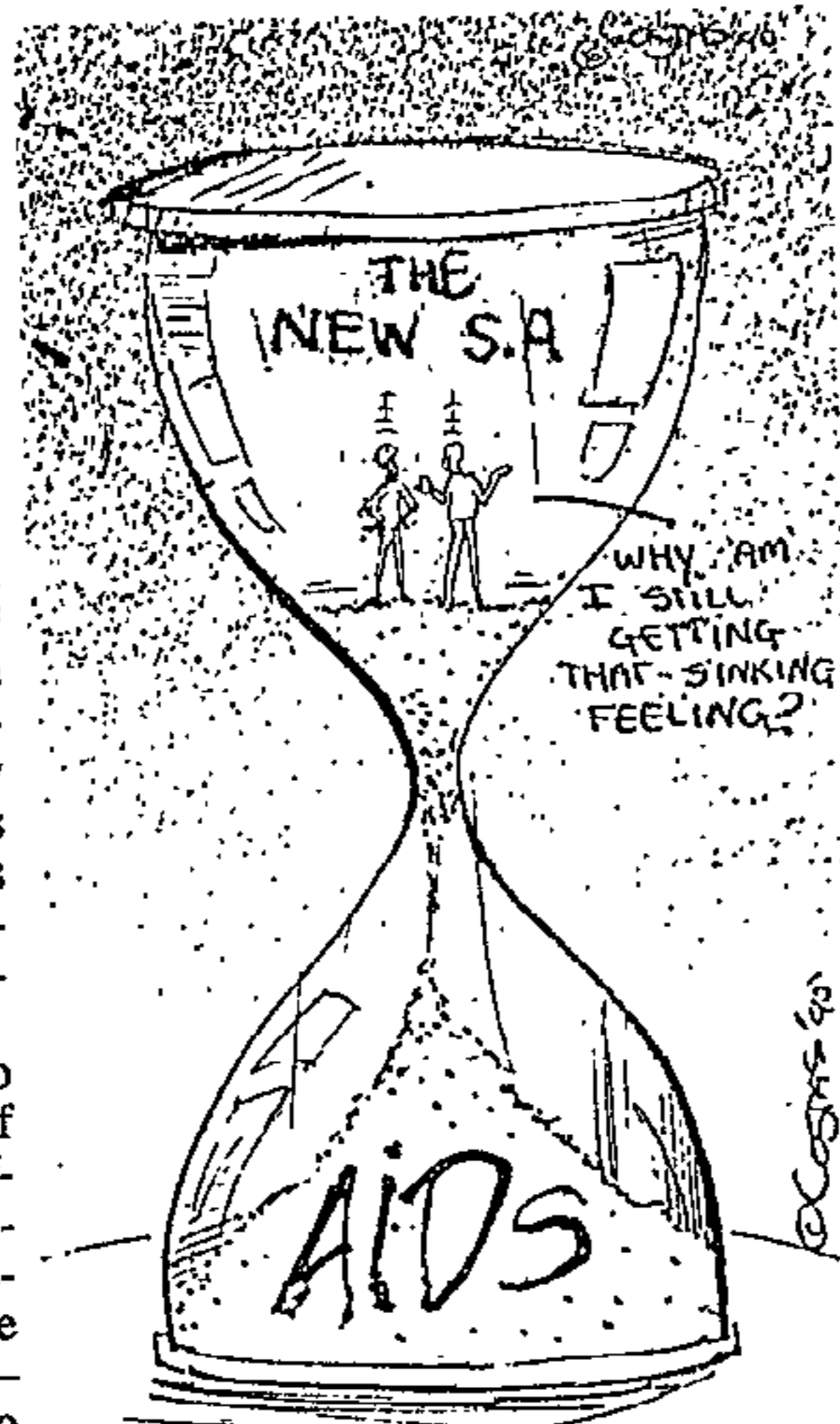
It takes one kind of mental effort to mount an immediate airlift in the event of an earthquake, another of a completely different kind to mobilise resources and people to intervene in a slow-motion catastrophe that will only manifest itself in five years' time. It has been a searching test — few can, with any confidence, claim to have passed.

South Africa's political and community actors have been peculiarly disabled in facing this challenge. One problem has been universal, that of denial, our instinctive desire to insist that other things be dealt with first, before we change that most intimate part of our lives which should be ours alone to restrict. But South Africa's Aids epidemic has also been obscured by the more pressing horrors of civil war, homelessness and hunger.

Now Aids is very much upon us and the need to break this pattern has never been more urgent. Frustratingly, our most frightening Aids statistic again measures an invisible horror — 100 000 people, currently in perfect health, but infected with the human immunodeficiency virus (HIV), which causes Aids.

As we move into the 1990s, their plight will start becoming all too evident. By the middle of the decade, South Africa can expect to have at least 25 000 people with Aids, a fatal, incurable disease — that based solely on the people already infected.

New infections in the 1990s could hoist that total way higher. The current number of Aids cases is 574. This epidemic moves in leaps and bounds.



AIDS
BY JOHN PERLMAN

The epidemic's principal targets are babies and people in the prime of their lives. The economic, political and emotional damage of this large-scale loss of life is incalculable. The need for those who understand what all these figures mean to mount a national Aids effort has never been more urgent.

In the next year, the government is likely to initiate the formation of some kind of Aids task force that draws in groups and individuals outside the state. For a large group of people active in fighting the epidemic, this will present a set of difficult choices.

On the one hand there are health groups, community organisations and political parties like the African National Congress, who are not able or willing to work unconditionally with government. On the other there are groups formed specifically to fight Aids, who have decided to beat a path without government help, either because they have not been offered it or because of profound policy differences. And somewhere in the middle are individuals

and institutions who have managed to pursue their own goals within government health structures.

This loose coalition in the making can either waste time agonising over how and when to work with government, or they can move first by mapping out a bold programme for tackling Aids and creating an organisation to fight for that. The many small groups which, against the odds, have done valuable Aids work need to continue. But the whole of any campaign is never just the sum of all its parts. Key national issues will decide whether South Africa's Aids effort succeeds or fails. And these cannot be dealt with at a local level.

There are many now who understand that while apartheid and government policy has contributed to the spread of Aids, the epidemic will not wait on the removal of these. Surely it is not beyond them to hammer out a platform which takes account of political realities but targets the issues on which we can now begin to move.

Issues on which there would be common ground might include:

- The need to protect people with Aids and HIV from discrimination, addressing current discriminatory legislation and proposing an alternative "Bill of Rights";
- The lack of resources available to community groups fighting Aids and the need for broad participation in the structures allocating this money;
- The need for government policy on sex education to be revised on the basis of evidence on teenage sexuality and not on moral wishful thinking;
- The effect on Aids prevention of the criminalisation of both homosexuality and prostitution;
- The need for strategic planning for extensive home-based community and nursing care in the 1990s;
- The need for policies limiting the availability of condoms, particularly the ban on television advertising, to be revised.

An Aids platform can have many more planks but the carpentry work cannot take too long. The numbers infected with HIV literally double roughly every 10 months. This time next year we will be talking 200 000 plus, those doomed to be the dead and dying of the mid and late 1990s, if a cure is not found.

Nothing that gets done in 1991 will prevent that. But work done now will be rewarded in years to come. It takes a particular and profound vision to see that. Those who have it need to step forward now.

✓

Hope for vaccine⁹² to check Aids^{CAMP CAMP} 22/12/90

BANGKOK. — Recent clinical tests and animal studies have boosted hopes that a vaccine against Aids can be found within the next five years, a US government Aids vaccine expert said yesterday.

"There is at least an opportunity, using vaccines, to suppress an HIV (human immuno-deficiency virus) infection so it does not fully develop (into Aids) and perhaps prevent an infection," said Dr Dale N Lawrence of the National Institute of Allergy and Infectious Diseases.

Dr Lawrence, speaking here at the end of the International Congress on Aids, said studies over the past several months using virus vaccines on monkeys infected with the closely related Simian immuno-deficiency virus "have offered extraordinary encouragement for those of us in the human field".

"I think the next year will see again a quantum leap in progress," he said. — UPI

Privacy of AIDS patients 'cannot be overridden'

SUSAN RUSSELL (92)

DOCTORS treating AIDS patients should not be placed under a general legal duty to warn third parties of the risk of contracting the disease, according to Wits law professor Jonathan Burchell.

Writing in a recent issue of *Businessman's Law*, Burchell said a doctor should be obliged to override an AIDS patient's right to privacy only in exceptional cases.

"In an extreme situation — when, for example, the AIDS patient indicates a clear intention not to warn his sexual partner of the risk or when the patient is mentally unstable and unlikely to communicate such a warning — the public interest in preserving human life could outweigh the patient's right to privacy," he said.

Burchell said the legal position of the AIDS sufferer was an often neglected aspect of the disease.

One difficulty, he said, was whether the common law should ever impose a duty of disclosure upon a medical practitioner, overriding the patient's right to privacy.

The law might have to make inroads into the rights and freedoms of the AIDS victim in order to protect society from the menace of the disease.

Burchell added, however, that the common law provided certain protections for the AIDS sufferer as well as someone at risk of contracting the disease.

"Not only is it politic to insist that screening and testing for AIDS occur on a voluntary basis, but it is vital to retain the general principle that voluntary, informed consent is needed to render medical procedures or treatment lawful," said Burchell.

"Persons suffering from AIDS should be no exception to the rule and should not be compelled ... to undergo medical examination or treatment for their condition."

Burchell said a possible exception might be made in situations where the sufferer was in an advanced state of dementia, perhaps caused by the disease.

Burchell said a sufferer in an advanced state of dementia, possibly caused by the disease, would be unable to give informed consent to medical treatment.

The patient would therefore be in the same legal position as someone suffering from a mental illness on whose behalf consent to treatment could be given by a third party as defined in the Mental Health Act.

In SA there is no legislation compelling a doctor to disclose his patient's condition to third parties who might be at risk. *Bloom 24/12/90*

Burchell posed the question whether the courts should impose a duty of disclosure on a doctor, thereby compromising the basic principle of confidentiality between his patient and himself.

He pointed out that modern codes of medical ethics acknowledged that doctor-patient confidentiality was not absolute and might be subject to limitations.

Message in the comic

TANIA LEVY (92)

A JOHANNESBURG City Health Department comic entitled *Love and AIDS* will enable organisations to increase their employees' awareness of the disease.

Telling the story of four friends living in the city, the comic aims to increase readers' awareness of AIDS. *Bloom 24/12/90*

Johannesburg's deputy medical health officer and head of the city's AIDS prevention programme Dr Clive Evian says the comic format is an ideal medium to get the message across. It is user-friendly even to people with low literacy levels, he says.

Based on the department's play about AIDS seen by 30 000 people, the comic can be included in wage packets or distributed in canteens, Evian says.

Firms will pay the printing costs of bulk orders.

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Progress in research on animal Aids virus

Arbus
27/12/90

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LONDON. — British scientists say a breakthrough in researching Aids in monkeys has raised hopes of finding a human vaccine against the killer virus.

Vaccines against SIV, the simian version of Aids, were developed in the United States but the team from the UK National Institute for Biological Standards and Control and the Centre of Applied Microbiology and Research say they have taken the technique a stage further.

Writing in the medical journal *The Lancet* the British scientists said they had developed a vaccine that protects cells against the HIV virus which causes Aids. Tests on monkeys showed immunisation had been achieved in a shorter period of time.

"Our results provide an alternative approach to immunisation against SIV and reduce the time required to test vaccines experimentally," the scientists said.

"We believe that our findings will hasten progress towards an effective vaccine against Aids," they added.

The team used monkeys infected with simian immunodeficiency virus (SIV) because the immune systems of simians

and humans are similar and because SIV and human immunodeficiency virus (HIV) follow similar courses.

Attempts to discover a vaccine against Aids have been hampered by the variability of the virus and previous research had been based on the assumption that the virus would always find ways into healthy cells. Research so far has been limited to holding the virus at bay once it infected the cell.

The British team used a strain of SIV rendered inactive, so as to cause a protective reaction but not the disease.

They found that after vaccinating eight macaques and exposing them and seven unvaccinated animals to SIV the vaccinated animals were completely protected whereas the unvaccinated ones developed the disease.

The team's report said they could not say how long the protection would last and whether it would work against all strains of the virus.

An editorial in *The Lancet* said the new research offered hope for a vaccine and possibly a cure. "There is now good reason to be optimistic that a vaccine for prevention and maybe even cure will be developed."

— Sapa-Reuter.

W/C ARGUS 29/12/90

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Sexual diseases 'now epidemic'

Weekend Argus
Foreign Service

GENEVA. — Sexually transmitted diseases have reached epidemic proportions across the world with more than 250 million new cases being reported each year.

Dr Hiroshi Nakajima, director-general of the World Health Organisation, has warned that unless sexual behaviour is modified, the resulting disease and death rates will be "staggering".

In the WHO's latest monthly bulletin, he says wounds and abscesses caused by some dis-

eases can increase the chances of catching the Aids virus HIV by 300 percent.

Latest figures show the highest incidence of sexually transmitted diseases in the 20 to 24 age group, followed by 15 to 19-year-olds and the 25 to 29-year-olds.

In 1990, there were 120 million new cases of trichomoniasis, a parasitic infection, 50 million new cases of chlamydia which can make women infertile, 30 million new cases of genital warts, 25 million new cases of gonorrhoea, 20 million new cases of genital

herpes, 3.5 million new cases of syphilis, 2 million new cases of genital ulcers and 1 million new cases of HIV.

"Sexually transmitted infections have reached epidemic proportions globally and if sexual behaviour is not modified and effective new prevention programmes are not implemented immediately, the resulting disease and mortality rates will be even more staggering," said Dr Nakajima, who called for governments to invest in research, clinics and public education as a matter of urgency to control the epidemic.

Bush sends top medical experts to check on Aids

By David Braun
Star Bureau

Star 3/1/90

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WASHINGTON — A senior member of President Bush's Cabinet is to visit South Africa to assess child welfare and Aids programmes in the region.

Louis Sullivan, Secretary for Health and Human Services (the counterpart of the SA Minister of Health), and other US officials leave for a 17-day trip to Africa on Wednesday.

Also in the delegation will be the Administrator of the US Agency for International Development (AID), Ronald Roskens; Assistant Secretary for Health James Mason; Aids administrator for Africa, Scott Spangler and other officials and experts on Aids and child health.

The visit to eight African countries is the consequence of a promise made to the United Nations by President Bush earlier this year.

Mr Bush told the UN World Summit on Children he would send his health minister and AID administrator to Africa to review what the US and the world could do to advance child survival across the continent.

Apart from South Africa, the Sullivan delegation will visit Mali, Nigeria, Ivory Coast, Uganda, Malawi, Zimbabwe and Senegal.

South Africa has been included on the itinerary because of reports that Aids is spreading rapidly southwards in Africa and that South Africa is already facing huge potential risks with the disease.

The invisible – but fatal – little virus

W/Mail
20/11/90 - 6/12/90
From PAGE 13

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squatters directly, their message was met with contempt, hostility and, most of all, disorientation. "Many of the women told us that they sleep with men from the mines," recalls the Aids educator, "but they said they could not afford condoms, and they did not have the time — let alone the energy — to trudge for hours through the dust to the nearest clinic that dispenses them. When we suggested that they ask their men to get the condoms, they just laughed."

Serote comments that "when you are faced with all the ravages of apartheid, with the everyday hardships of hunger, exposure to the elements and violent crime, how can you take seriously an invisible little virus that might have an effect seven years down the road?"

Serote believes that the education campaign will only be successful if it is taken on by the communities themselves. And, she adds, "the educators in black society are traditionally the women. So part of our drive around women and Aids is to enlist the women themselves to be educators".

Women talk, she says, putting a new twist on the hoary old saying that pegs women as prattlers: "If you tell something to a man, you are telling the individual. But if you tell it to a woman, you are telling the nation."

Women talk to their daughters, to their neighbours, to their friends. "While the men are away working, the women organise their communities." Using this philosophy, Serote has already conducted seminars with "mothers", women over 40, where she emphasises the need for basic mother-to-daughter sex education. And, next year, she will begin training a group of women in Soweto to be safer-sex counsellors.

Such a model has already been employed, with some success, in Alexandra. There, the Alexandra Clinic liaised with the Alexandra Women's Organisation (now the Alexandra Women's Congress) and trained them as Aids educators. "It was during the Emergency, when organisations were looking for 'non-political' issues around which to organise," explains Dr Gidon Frame, then director of the clinic. "and Aids was a perfect vehicle. It gave the group a legitimate reason for meetings, at which, of course, they discussed other things as well, and in the meantime the township was learning about how to combat the epidemic."

The Emergency is over and there are certainly other more pressing issues to deal with in the townships. But, warns one educator who is critical of the African National Congress' silence on Aids (despite an excellent policy paper that was issued early this year), "... if the liberation movement doesn't start paying more attention to the epidemic that is on our doorstep, it will find itself with a severely depleted constituency in a few years time".

THIS



HEALTH & DISEASE - V.I.D.

1991

JANUARY — JUNE

Jo'burg man 'is spreading Aids'

92

MBABANE Swazi medical authorities are investigating reports that a white man, believed to be from Johannesburg, is deliberately spreading Aids in a tourist area of the country.

Swaziland's director of health services, Dr John Mbambo, said at the weekend that the ministry had heard the rumours.

He said: "We are trying to track the man down, but it would be wrong for me to disclose how we are going about it. Even if the whole thing is a joke we must investigate thoroughly".

According to the rumours the man is a big spender, well-known in the Ezulwini Valley, where Swaziland's major hotels are located. He has shown several former girlfriends cards identifying him as a carrier of Aids, according to the reports.

Aids vaccine still six years away

92
Sowden
4/1/91

PARIS - Despite dramatic advances in the understanding of the Aids virus during 1990, it will take at least six years to develop a vaccine, says a top French Aids researcher.

Pasteur Institute researcher Marc Girard says that while researchers developed a vaccine that protects chimpanzees from Aids in 1990, a similar vaccine for humans is some ways off.

"It's inconceivable that we'll have a vaccine against Aids before six or seven years. If we can have one by the year 2000, we won't be doing badly," he said in an interview.

Girard, the Pasteur's associate director of applied research, coordinates a vaccine research network into the disease. The network has laboratories in France and the United States.

The more than one-hundred-year-old institute is a leading Aids research centre. It was in a Pasteur laboratory that Luc Montagnier isolated the HIV virus, which causes Aids, in 1983.

Girard believes a number of vital questions will have to be answered before the disease can be prevented in humans.

One of the biggest problems is knowing how many types of the

FOCUS

HIV virus exist and whether a single vaccine can be produced to fight them all.

"We have a vaccine to protect the chimpanzee from a certain strain of the virus. But there are many different strains of HIV. We know of 20, but there may be 250," Girard said.

Antibodies produced by one vaccine may attack only one type of Aids virus, leaving people vulnerable to other varieties. That would make it difficult or even impossible to develop a vaccine effective against all types of the Aids virus, he added.

Many strains

"There's a very good vaccine against the flu. But we've never been able to develop one to prevent the cold because there are so many different strains of the cold virus."

Aids has claimed an estimated 500 000 lives worldwide, and another eight to 10 million people are infected with HIV but have yet to come down with the disease, according to the World Health Organisation.

The speed with which Aids has spread since the first case was identified, and the mystery that still shrouds the origins of the disease, have made some experts call it the Black Plague of the 20th century.

One of the major drawbacks scientists face is that they have been working almost exclusively with a virus called BRU, which occurs in chimpanzees, because it is the simplest to use.

Direct

According to Girard, the virus seen in 75 to 80 percent of human Aids cases, called MN, has barely been used in vaccine research.

In the laboratory, the Aids virus is introduced directly into chimpanzees' blood, where antibodies become active, attacking the virus before it spreads.

But in real life Aids can be transmitted during sexual contact by way of a mucus membrane. Out of immediate reach of the blood's antibodies, the virus is much less vulnerable.

When scientists succeed in overcoming the remaining obstacles and produce an Aids vaccine, at least two or three more years of testing on humans will be required before it can be put on the market, Girard said.

In regions of Africa and South

America where Aids has spread at an alarming rate, systematic vaccination would cost billions of dollars.

Girard pointed out that previous vaccination projects had fallen short of their targets, crippled by lack of funds or practical problems such as the absence of proper refrigeration for vaccinal substances.

"In the early 1980's, WHO announced that by 1990 all of the world's children would be vaccinated against polio, measles, and hepatitis B." But 30 percent are still are not vaccinated, he said.

Despite all the obstacles, Girard is convinced the vaccine is the only realistic way to stamp out Aids.

"The vaccine is the most effective and practical solution. In countries like Brazil and Haiti, it's unthinkable to try and prevent Aids with medicines," Girard said.

Drugs such as AZT and DDI, which may prolong the lives of patients suffering from Aids without curing them, are expensive even by the standards of advanced economies.

"But once the anti-Aids vaccine exists, we could have a preventive programme for adolescents in these countries," he said.

- Sapa-Reuter.

DOWN TO BASICS

Major companies are calling on the services of a Durban firm in the battle against Aids.

AMD Hygiene Services — a division of Alf Myrdal Distributors — produces strip comics on Aids. AMD also offers training courses and seminars on Aids prevention. MD Kaye Bosworth says about 500 companies — including Nestlé, SA Breweries, Tek Electronics, Bell Equipment and Richards Bay Minerals — are using part or all of the company's programme.

The blunt booklet, which fits into wage envelopes, is called *Linda and Zakes* and graphically shows the story of how a couple meet in a nightclub and what they get up to. The comic also shows, in colourful detail, the proper way to use a condom.

Already 10 000 of the *Linda and Zakes* comics have been printed and are to be followed up in a series of 10 dealing with various aspects of Aids, child abuse, drug abuse, basic hygiene and tuberculosis.

In the second episode Linda takes Zakes home and introduces him to her family, in-

cluding her brother, who is HIV positive.

Says Bosworth: "The comics have been well received. We have tried to educate the serious way for so long but a bit of humour gets through better than lectures. We hope to make Linda and Zakes come alive."

The hygiene division, formed two years ago by Bosworth, also tries to deal with a reluctance on the part of executives to commit funds to Aids programmes in the work force. By working closely with medical advisers, AMD has gained credibility in industry and there has been a noticeable change in attitude towards Aids prevention.

The firm recommends that companies take steps now to fight Aids rather than wait until it is too late. This can include appointing a full-time person responsible for the overall Aids prevention programme.

□ Johannesburg City Health Department has produced its own comic, entitled *Love and Aids*, which tells the story of four friends living in the city. It can also be inserted in pay packets. ■

Comic books boost AIDS battle

By RYAN CRESSWELL
SITWES 6/1/91

COMICS are the latest weapon in the fight against the spread of AIDS in South Africa. One no-holds-barred booklet, entitled Linda and Zakes, graphically tells the story of how a young couple meet in a night-club and what they get up to "much later". The comic also shows, in colourful detail, the proper way to use a condom. The dialogue is realistic — and racy. Another comic entitled Love and Aids, which aims to spread awareness about the disease, tells the story of four friends living in the city.

Frank

It is distributed by Johannesburg's city health department and can be included in pay packets or left in canteens.

Firms pay the printing costs for large orders. Durban-based AMD Hygiene Services has had 10 000 of its Linda and Zakes mini-comics printed. They are small and specially designed to fit into pay packets.

AMD Hygiene's managing director Kaye Bosworth said the comic was the first of a series of 10 to be circulated to industrial concerns in the country.

In the next Linda and Zakes comic, Linda takes Zakes home and introduces him to her family, including her brother who is HIV positive.

Although the booklet is extremely frank by South African standards, most church bodies have sanctioned it.

Mrs. Bosworth said AIDS information was much more explicit in other countries. She also said some hotels in America had started putting condoms on the pillows of guests instead of chocolates.

Cape Aids shock

Cape Times

7/2/91

92

By GLYNNIS UNDERHILL

THE number of black people in the Western Cape infected with the Aids-related HIV virus trebled in 1990.

This shock statistic, which reflects a rapid spread of the virus among heterosexual people, was revealed yesterday by the Western Province Aids Advisory Group.

And figures released yesterday by the University of Cape Town virology department also show that there are now 771 HIV-positive cases in the Western Cape.

Leading Aids experts believe that these recorded statistics, compiled from requested testing at Cape laboratories, reveal only one-tenth of the actual figure.

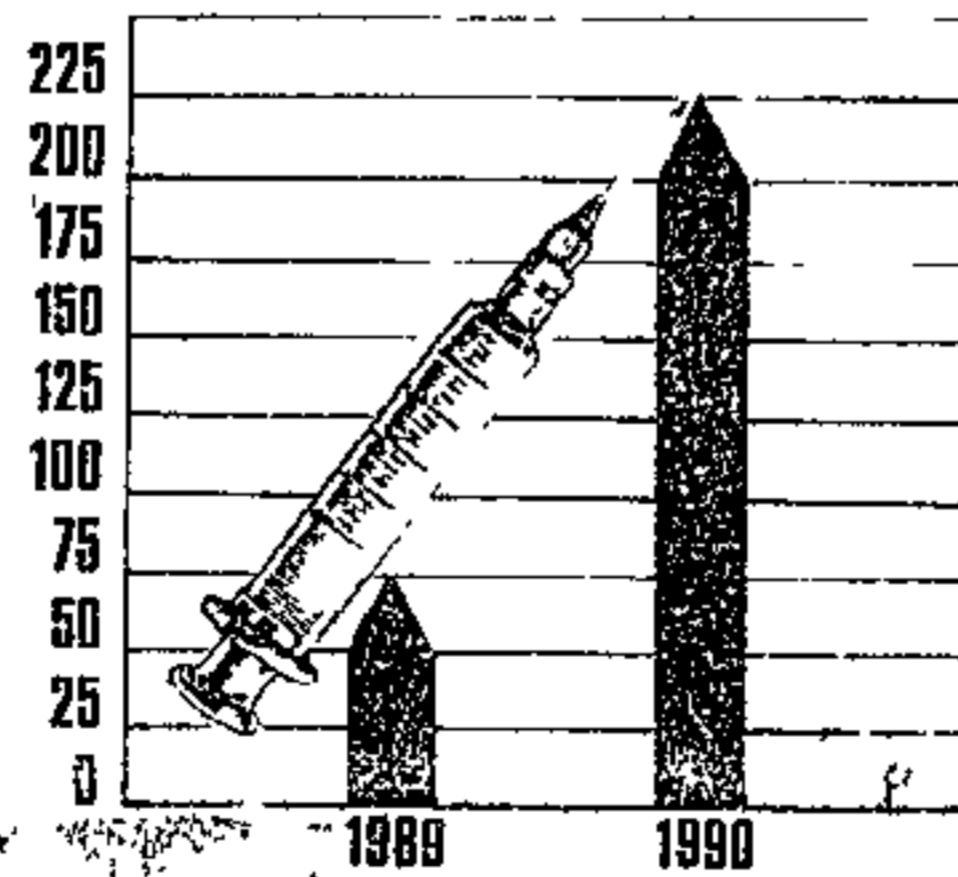
The Western Cape statistics disclosed yesterday reveal:

- Twelve mothers have passed the virus on to their babies.

- More heterosexuals are being infected than homosexuals.

- The growth rate of the disease is small in the white population and mostly among homosexuals — but escalates among the black heterosexual population.

- The level of growth of the



How the black population figures for HIV-positive cases increased from 75 in 1989 to 225 in 1990

virus among the black population has risen dramatically over the last two years.

- For more than half of the cases there is no recorded data.

In 1990 there were only 30 new HIV-positive cases recorded among the white community, but the figures for the black population increased from 75 HIV-positive cases in 1989 to 225 in 1990.

The 771 HIV-positive cases for the Western Cape can be broken down into: 142 heterosexual, 153 homosexual, 25 bisexual, 12 mother to child, 1 intravenous-drug abuser, 22 haemophiliacs, four prostitutes, 412 unknown risk.

According to a leading virologist at the University of Cape Town, who asked not to be named, the transmission of the HIV-positive virus among heterosexuals in the Western Cape in the last year is on the increase. "The figures are absolutely frightening — but as forecast," he said.

He added that in both the coloured and black communities, the infection spread rate now had a doubling time of less than a year.

"But Cape Town is still geographically remote and there is still time to do something about the disease spread."

A leading Aids expert, who also asked not to be named because of the sensitivity of the subject, said the figures were "not surprising".

"But these figures are artificial and give no idea of what is really happening out there."

He said the lack of data on the recorded cases was "shocking" in itself.

"There is a serious gap in the knowledge that is being collected. More than half of the cases, we don't know anything about," he said.

- The latest Department of Health and Population Development figures state that 574 full-blown Aids cases have been recorded in South Africa.

Eight die of Aids in 11 days

92

Sowetan
10/1/97

**SOWETAN
Correspondent**

EIGHT more people died of Aids and 39 more were recorded to have developed the disease over an 11-day period last month, according to the latest update supplied by the Department of National Health and Population Development.

The department's information is based on data supplied by the South African Institute for Medical Research. In December last year, two updates were issued - on December 3 and December 14.

According to the December 14 update, 613 people now have Aids in comparison with 574 on December 3. The number of deaths increased from 262 to 270.

The incidence of Aids among children aged nine and younger has increased by seven from 74 to 81, while the incidence

of the 10- to 19-year-old group remained static at 16 over the eleven-day period.

About 16 percent of the total number of reported Aids cases are 19 years or younger.

The recent increase in the incidence of Aids among the heterosexual community is continuing, according to the figures.

Women

Women now account for 152 cases of the total and men for 459, as opposed to 139 and 434 respectively in the previous update.

The gender of two cases is not known.

The largest number of people with Aids live in the Johannesburg area - 211 - of which more than half, 124, have died. Durban has recorded 90 cases (and 21 deaths), Cape Town 86 (46 deaths) and KwaZulu 32 (no deaths recorded).

Aids cases

The Argus Correspondent
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South Africa supplied by the

Department of National Health
and Population Development.
The department's information
is based on anonymous
data supplied by the South African
Institute for Medical Research.
In December last year,
two updates were issued — on

December 3 and December 14.
According to the December 14
Aids update, 613 people now have
deaths in comparison with 574 on
December 3. The number of
deaths increased from 262 to
270. The incidence of Aids among

children aged nine and younger
has increased by seven from 74
to 81, while the incidence of the
10 to 19-year-old group re-
mained static at 16 over the 11-
day period.
The recent increase in the in-
cidence of Aids among the het-

erosexual community was con-
firming, according to the
figures. Women now accounted
for 152 cases of the total and
men for 459 as opposed to 139
and 434 respectively in the pre-
vious update. The gender of
two cases was not known.

According to transmission
mode categories, 18 more het-
erosexual people were record-
ed to have Aids over the elev-
en-day period as opposed to 12
more people falling in the ho-
mo/bisexual category.

Increasing on a daily basis

report

9/1/90
92

Bush sends US aid team to SA

CARE Tink 9/1/91

92

Own Correspondent

JOHANNESBURG. — US President George Bush has personally directed his Health and Human Services Secretary to visit South Africa next week, to evaluate local health and educational needs and devise new aid programmes for the country.

A US embassy spokesman said yesterday that Mr Louis Sullivan would be accompanied by US Agency for International Development administrator Mr Ronald Roskens, who controls an annual budget of \$800m (about R2bn).

During the visit, Mr Sullivan — whose departmental budget makes up 38% of US federal spending — is expected to announce a number of aid packages for South Africa.

These will focus on assisting

local health services, particularly those geared towards "child survival", black education and South Africa's Aids programme.

The spokesman said the importance the US administration attached to boosting aid to South Africa could be gauged from the fact that Mr Bush had personally directed two officials of such high standing to visit South Africa.

The US administration, he said, was "anxious to reward the current process of peaceful change in South Africa".

Despite growing claims for US assistance from Eastern Europe, the spokesman said the visit — which would take in eight other African countries — signalled US commitment to not neglecting the African region. Southern Africa, he said, was a particular priority.

Last year the US contributed \$158m (about R395m) in develop-

ment aid to South Africa, the bulk of it for educational aid.

Sapa reports from Windhoek that an American fact-finding mission is due to arrive there shortly to discuss the development needs of Namibia.

US ambassador to Namibia Ms Genta Hawkins-Holmes said in a statement the findings of the mission would help the US government formulate an educational aid package for Namibia.

She said her government would send experts to establish language laboratories where necessary, and could also assist in private sector development to promote private enterprise.

The two would re-appraise US funding of such programmes in SA.

The US might also help Namibia with military training and coastal security after discussions with the government.

Aids threat to SA 'an economic one'

Argus 11/1/91 92

The Argus Foreign Service
WASHINGTON. — Aids will break South Africa economically, but will not cause a collapse in the population level, the deputy director of National Health, Dr J H Schoeman, has told an American audience.

Dr Schoeman told a breakfast meeting of the Carnegie Endowment for International Peace in Washington that 554 full-blown Aids cases had been diagnosed in South Africa.

The number of HIV-infected people in South Africa was expected to reach between 317 000 and 446 000 by the end of 1991. Most of these people would eventually get Aids.

STRONG PROGRAMME

He said the government was taking the Aids threat seriously because it was a cause of grave concern.

The authorities had launched a strong programme to combat the disease, but the problem was more one of changing people's behaviour than a medical one.

At this stage, he said, the health authorities did not see Aids causing a demographic collapse in South Africa. The disease undoubtedly would have a major impact on the

population, but this would be followed by a recovery similar to the demographic recovery in Europe after the huge losses caused by World War 1.

Dr Schoeman said Aids was more likely to break South Africa economically, because economically active people would be taken out.

He said his department was aiming to stabilise South Africa's population at 80 million people, the maximum number the country could accommodate.

If South Africa did not succeed in reducing its population growth rate, at current fertility rates the total population would theoretically reach 464 million by the year 2100.

South Africa's population now was 38 million, but by 2000 it would be 50 million and 60 million by 2008.

He said the highest levels of population growth were in the deep rural areas.

6 500 sackings today

JOHANNESBURG. — Rand Mines' Harmony gold mine in Welkom is to retrench 5 800 unskilled and 700 skilled workers today. — The Argus Correspondent.

'Aids threatens economy, not population level'

By David Braun
Star Bureau

92

WASHINGTON — Aids would break South Africa economically but would not cause a collapse in the level of population, National Health deputy director Dr J H Schoeman told an American audience.

Dr Schoeman recently told a breakfast meeting of the Carnegie Endowment for International Peace in Washington that 554 full-blown cases of Aids had been diagnosed so far in South Africa.

The number of HIV-infected

people in South Africa was expected to reach between 317 000 and 446 000 by the end of the year. Most of these people would eventually get Aids.

He said the Government took the threat of Aids very seriously.

Collapse

The authorities had launched a strong programme to combat the disease, but the problem was more one of changing people's behaviour than a medical one.

At this stage, he said, the health authorities did not see

Aids causing a demographic collapse in South Africa. The disease would undoubtedly have a major impact on the population, but this would be followed by a recovery similar to the demographic recovery in Europe after the huge losses caused by World War 1.

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the country could accommodate.

If South Africa did not succeed in reducing its population growth rate, at current fertility rates the total population would theoretically reach 464 million by the year 2100.

South Africa's current population was 38 million but by 2000 it would be 50 million.

He added that the highest level of population growth was being attained in the deep rural areas of the country, where the average woman gave birth to 5,5 babies during her life.

FM 11/1/91

92

threatening disease from tobacco or alcohol. Therefore the industry should simply ride out the Aids storm and let the new mortality experience determine premium levels.

That misses the point, insists Mutual corporate actuary Graham Prentice. "It is not simply another life-threatening disease and it is not a small incremental risk. By the end of the century, more people could be dying of Aids than of all other causes combined."

No major insurer is happy with exclusion. Liberty Life joint MD Dorian Wharton-Hood says the industry should offer unconditional cover wherever possible. His preference is for HIV tests and to allow full cover when these are negative. "Exclusion clauses could give the industry a bad name because claims could be repudiated and widows and orphans left destitute."

Sanlam, like most offices, insists on HIV tests — or an exclusion clause — where large sums are assured. Sanlam has identified a further moral problem, because life insurers administer large employee benefit funds. More employers are insisting on HIV tests before engaging new staff.

Its chief medical officer, Altus van der Merwe, argues it would be less discriminatory and make more sense for employers to call for full medical reports, covering vision, hearing, blood sugar and blood pressure. The question, he says, is not whether an employee is HIV positive, but whether he or she is medically fit to do the task and justifies a long-term investment in training and an employee benefit programme.

While ethical arguments continue, Prentice is pragmatic: "Insurance is essentially a sharing of risk. Survivors pay for the benefits of those who die. The extent to which Aids can become an insurable risk depends very much on how soon it reaches a stable endemic level, with the rate of HIV spread in equilibrium with population growth, and the price people are prepared to pay." ■

AIDS INSURANCE

92

THIRD OPTION

FM 11/1/91

Life insurers are still debating how to deal with Aids. So far the discussion has been on exclusion of Aids-related deaths from life cover benefits; or testing life proposers to establish if they are HIV negative.

Neither step solves the moral dilemma posed in a life assurance contract — that a life policy is supposed to be for life. Now a third solution is being discussed.

This would involve proposers who are convinced they will never contract Aids signing a declaration to this effect, in which case they will be accepted at "normal" premiums if they agree to regular tests. Should they later contract the virus — and 2.5m in SA are expected to be HIV-positive by the year 2005 — or if they refuse to submit to tests at any stage, their policies would revert to pure investment policies. Because Aids deaths would not impact on the mortality experience of this class of policy, the premiums would remain constant.

Southern Life actuary Paul Truyens describes this concept as a variation on the exclusion route which has the advantage that death does not have to occur before exclusion is implemented.

Truyens says if this method is agreed by the industry, it could mean the end of policies which contain exclusion clauses. He agrees it will not solve the moral dilemma.

Almost any solution which does not exclude Aids from benefits will lead to a rapid increase in premiums. Different offices will have different mortality experiences. Those with higher mortality will have to charge premiums above the market average. A life office actuary comments: "The moral dilemma is acute, but no underwriter can afford to be left with just the walking wounded."

One argument is that if Aids is excluded — by whatever formula — so should other lifestyle diseases. Yet no office aborts a contract when a client later contracts a life-

Register for HIV exposure

CAK Trip 12/1/91 92

Own Correspondent

DURBAN. — A national register recording the incidences of health care workers exposed to HIV-infected blood is to be established by the Department of National Health and Population Development after urgent appeals by various groups to make HIV infection notifiable.

Health-care workers are concerned at the risk of becoming HIV-infected themselves through contact with contaminated blood.

The Department of National Health does not possess statistics on the incidents of accidental contact and, according to the January issue of the South African Medical Journal, requires them urgently.

"These (statistics) will make it possible to obtain the indication of the magnitude of the risks facing the health care team," the SAMJ article states.

Professor Barry Schoub of the National Institute of Virology

will keep the register on behalf of the national health department.

"As such incidents of exposure could be expected to increase as the number of HIV-infected patients gets larger, it becomes increasingly important to chronicle the exposures" Dr Coen Slabber, director-general of the Department of National Health, said.

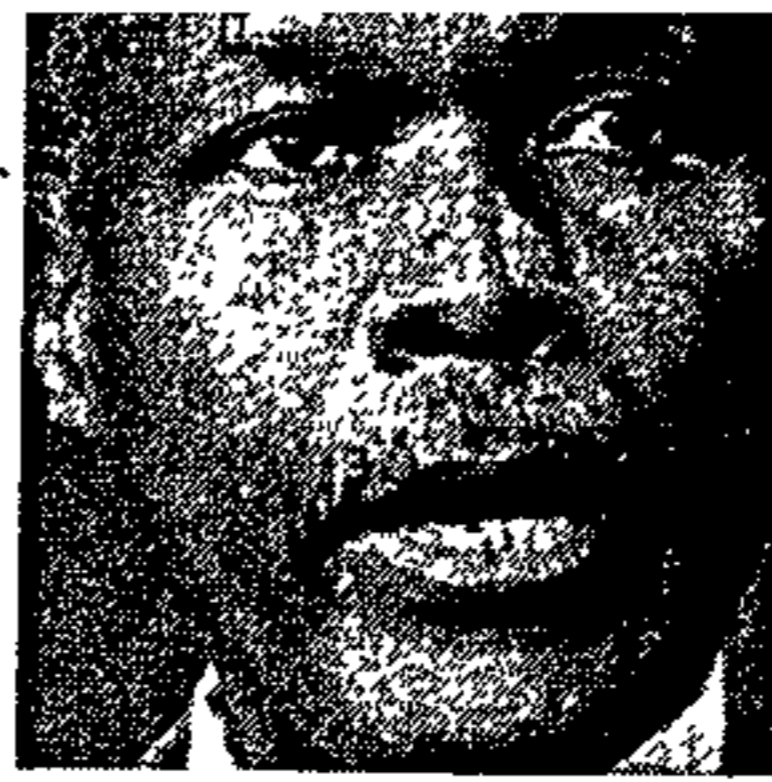
The questionnaire itself was reproduced in the SAMJ and all Medical Association members were asked to assist by filling it in if relevant.

FLA MARKET

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- Plenty of bargains
- Fun for the whole family
- Plenty free parking





Dr Louis Sullivan

Senior US officials in Soweto for tour

TOP US officials have arrived in Johannesburg with instructions from President George Bush to assess the child-welfare situation and the impact of Aids in Africa.

US secretary of Health and Human Services Dr Louis Sullivan and administrator of the US Agency for International Development Dr Ronald Roskens will attend a service at the Regina Mundi church in Rockville at 9.30am today.

A visit to Baragwanath Hospital is next on the schedule, after which they will move to the Ipelegeng Centre for a 2.30pm meeting where Sullivan will deliver a Martin Luther King Day speech.

Dr Roskens will then sign a US aid grant for the Township Aids Programme to help fund Aids-prevention training in Soweto.

They will hold talks with ANC deputy president Nelson Mandela, Archbishop Desmond Tutu and KwaZulu Chief Minister Mangosuthu Buthelezi.

They will also meet with State President FW de Klerk, Foreign Affairs Minister Pik Botha and Health Minister Dr Rina Venter.

■ The two doctors will hold a press conference in Cape Town on Tuesday.

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'Aids will halt SA's population growth' for 1992 school syllabus

Staff Reporter

JOHANNESBURG. — South Africa's population growth will have ceased by the turn of the century, due to the impact of Aids.

This was the prediction of statistician Mr. T E Hartwig in an address to the Frankel investment conference here yesterday, as he explained the use of data to construct a theoretical computer-based model which projects future infection, illness and deaths due to Aids.

"By 1995, about 10% of the working population will be infected with the Aids virus.

Thirty thousand people will be sick and 25 000 will die during the year," Mr Hartwig said.

"And by 1998, the percentage positive will have risen to 40%, with 175 000 sick and 130 000 that will die. Thereafter, the picture gets progressively more disastrous. We would prefer not to quote figures beyond this.

"The present problem in South Africa is relatively small, but growing rapidly. Towards the end of the decade the problem

will become increasingly visible.

"The impact on the economy will be small in the next five years, but during the second half of the decade, the drain on resources, possibly a lack of manpower and certainly loss of confidence could have a serious economic effect."

Mr Hartwig concluded: "We cannot even begin to assess the impact of Aids in terms of human suffering." — Sapa

● More conference reports — Page 12

TOP educationalists, academics and members of the Medical Research Council will meet to shape the new 'Life Skills syllabus' aimed at educating children on Aids at high schools next year.

A spokeswoman for the Department of National Health and Population Development said that representatives of all the education departments would be present at the workshop at Unisa in Pretoria on March 4.

The programme would be researched and tested this year before implementation in 1992, she said. It will also include child abuse as a topic.

R605 000 boost for SA Aids education

CAM. Touts 14/1/91 92

Own Correspondent

JOHANNESBURG. — The United States health and education aid delegation, led by Health and Human Services Secretary Dr Louis Sullivan, yesterday announced a R605 000 grant to support Aids education in black townships.

Announcing the grant in Soweto, US Agency for International Development (USAID) Administrator Dr Ronald Roskens also named 25 bursaries under the USAID programme, the Dr Martin Luther King, Jr Scholarships, to mark the civil-rights champion's birthday.

In a speech celebrating King's birthday, Dr Sullivan said the ANC, with its decision to suspend the armed struggle and join in a peaceful process of negotiation, had followed King's philosophy of non-violence.

"As I look around me, it occurs to me that there is no better venue in which to honour Dr King's birthday than

Soweto, home to so many leaders of your struggle for justice and freedom. "What better time for being here than the present — a time to reflect on the remarkable progress made in the past year, and to look forward to the great promise the future holds in the process towards the long-awaited new South Africa?" Dr Sullivan said.

He said South Africa could overcome the long nightmare of apartheid only by a steadfast commitment to the process of negotiation and by "adhering to the powerful weapon of non-violence".

Announcing the R605 000 grant to the Township Aids Programme, Roskens said projections were that there might be as many as 450 000 HIV-positive individuals in South Africa within the next 18 months. "One of the most effective ways of combating Aids is through community-based programmes," he said.

1991

Aids rapidly spreading to babies.

92
C.A. Tink 26/1/91

JOHANNESBURG. — South Africa is experiencing an alarming growth in the number of paediatric Aids cases, with 78 black babies at present infected with the HIV virus.

Northern Transvaal Aids researcher Mr Herbie Smith said people should realise that Aids could be transmitted through blood products, from mother to child during pregnancy, and through sexual contact. — Sapa

AIDS tests for exiles 'unfair'

TIM COHEN

92 300

THE ANC yesterday rejected a CP call for AIDS-infected exiles not to be allowed back into SA, saying this would constitute an infringement of their human rights.

CP health spokesman Dr W J Snyman said many of the approximately 40 000 SA exiles were living in countries which had alarming incidences of AIDS.

The CP urged government to adopt a policy whereby exiles would have to be tested HIV-negative before they would be allowed into SA. The CP said the test should be compulsory for all prospective immigrants.

An ANC spokesman said yesterday to single out exiles for such tests was illogical and unfair.

The spokesman said the ANC abroad had conducted extensive research into AIDS. The disease knew no values and no reverence for where a person lived.

The ANC supported AIDS projects and education, and called on individuals to act responsibly regarding the contraction and spreading of the disease. But tests should not be arbitrarily imposed on any particular section of the community. *blum*

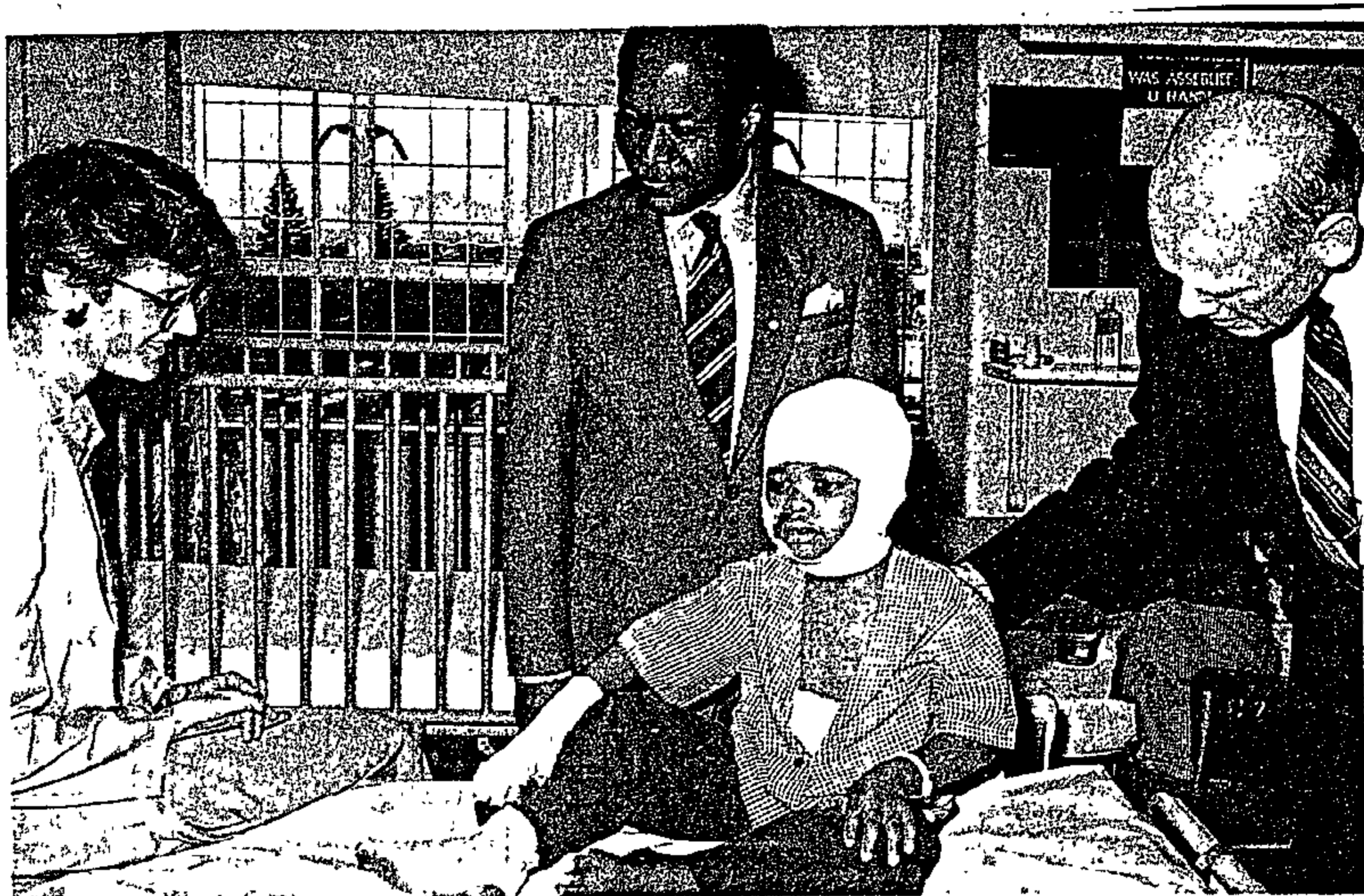
Most of the estimated 40 000 South Africans in exile abroad are expected to start returning to SA this year. *15/1/91*



Members of the National Soccer team. 40 soccer fans dead and 100 injured in a plane crash on his left.

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BURNS VICTIM . . . Dr Linda Jones (left) of the Red Cross Children's Hospital presents burn victim Bulelani Bokeni, 5, to visiting US Health Secretary Dr Louis Sullivan (middle) and Development administrator Dr Ronald Roskens yesterday. *CapE Times 16/11/91* 92 92 92 Picture: STEWART COLMAN

SA lags behind Africa on Aids

By CHRIS BATEMAN

SOUTH Africa compared poorly with other African countries such as the Ivory Coast, Malawi and Uganda when it came to public Aids awareness, the United States Secretary of Health, Dr Louis Sullivan, said yesterday.

Dr Sullivan said he had been "very impressed" by the level of Aids awareness in other African countries, fostered by extensive education from pre-primary level upwards.

However; "we have not seen that here in SA", he said.

Dr Sullivan is on a 17-day tour of Africa to assess child-welfare and Aids programmes. He is being accompanied by Dr Ronald Roskens, the administrator of the US Agen-

cy for International Development, and 25 staffers.

The mission, undertaken at the request of US President George Bush, is to determine "what America and the world can do to advance child survival across Africa".

Dr Sullivan who first visited South Africa in November 1987, said that apartheid still existed "in fact while perhaps not in principle".

This was illustrated by the national infant mortality statistics — 58 per 1 000 blacks versus six per 1 000 whites — given to him by National Health and Population Development Minister Dr Rina Venter.

Yesterday he and his entourage

visited the Khayelitsha Day Hospital, which although designed to service 65 000 people was dealing with the needs of 500 000.

He was told that the infant mortality in Khayelitsha was 40 per 1 000, whereas the equivalent white statistic in Cape Town was 10 in every 1 000.

"There are some serious health problems here that the entire nation needs to focus on," Dr Sullivan said.

The United States could play a supplementary role, possibly in the form of technical assistance.

Dr Sullivan later visited the Red Cross Children's Hospital, which he was told was threatened by state budget cuts and overwhelmed by "inappropriate" referrals.

C



Canadian knew he had Aids virus when he gave blood

OTTAWA. — A Canadian man has surrendered to begin serving a 15-month prison sentence for knowingly donating blood tainted with the Aids virus.

James Charles Thornton, 29, had been free on bail since his conviction in 1989 of creating a common nuisance endangering the health and safety of others by knowingly giving blood when he was HIV positive, lawyer Mr Lawrence Greenspon said.

An appeals court upheld the prison sentence last week, but waited until Thornton surrendered before releasing its ruling.

Thornton, a self-employed house cleaner, gave blood at the Ottawa branch of the Canadian Red Cross in November, 1987.

Although he is infected with the human immunodeficiency virus, a first step in developing Aids, Thornton has not developed the disease.

He told the court he believed he would lessen the likelihood of getting acquired immune deficiency syndrome if he gave blood, and believed the Red Cross blood screening process would detect the virus.

Thornton was charged in March 1988 and sentenced originally in August 1989. "They really didn't know what to do with him," Mr Greenspon said. — Sapa-Reuter.

McLus
17/11/92

Condoms a govt plot, say youths

Cart Ticks
20/2/91
92

By Glynnis Underhill

THE majority of standard eight black and coloured pupils surveyed for a new Bellville Community Health Project on Aids awareness believe that condoms are a government plot to prevent family growth.

Suspicion of condoms was rife among the 1 010 pupils interviewed and nearly half the students felt condoms were "unhealthy".

Confusion, myths and incorrect information on how Aids spreads is evident in the survey. An overwhelming majority believe Aids can be contracted from coughing, public toilets, smoking dagga or touching infected people.

The survey was taken from a sample of pupils at nine schools in Athlone, Guguletu, Langa, Mitchells Plain, the Northern Suburbs, the Boland and the West Coast.

The project, aimed at discovering

whether young people have adequate knowledge to deal with the Aids crisis, revealed a disturbing lack of awareness of safe sex methods.

A third of the students were unaware of contraceptive measures and only 43% of male students accepted that contraception was their own responsibility.

However, most of the students were aware that Aids was not a gay disease.

"The implication for unprotected sexual intercourse is too ghastly to contemplate," said Aids programme co-ordinator Mr Zackie Achmat.

"Most youths want Aids education in schools. It is clear that with the confusion surrounding safer sex, and the suspicion surrounding condoms, special attention should be paid to these questions," said Mr Achmat.

The project was refused permission to survey white schools.

The Bellville Community Health Project will launch an Aids education video at the Bellville Civic Centre banquet hall tonight.

315 000 will be HIV-positive by end of year

GOVERNMENT's inter-departmental committee for AIDS prevention meets for the first time tomorrow to discuss a national strategy to combat the disease which government now estimates will infect 315 000 South Africans by the end of this year.

National Health director-general Dr Coen Slabber said yesterday the department had adopted an estimate by Johannesburg senior deputy medical officer of health Dr Nicky Padayachee that more than 315 000 people would be HIV-infected this year.

Predominantly young and economically active, nearly all these people could be expected to die of AIDS in the next 10 years, said Slabber, who also chairs the committee.

Slabber's department has drawn up a draft strategy dealing with the economic and administrative repercussions and prevention of AIDS.

He added government was considering subsidising private hospices which would be expected to care for most of those who would die from AIDS.

The committee was not expected to draw up any new legislation and would hopefully finalise a national strategy by the end of June, he said.

TANIA LEVY

The proposed AIDS strategy addressed the management of patients with AIDS, admission of HIV-infected people into SA, contact with infected individuals as well as AIDS education and awareness programmes.

Slabber said the committee would not change rules regarding the testing of patients by private or provincial medical personnel. HIV-testing and other ethical issues surrounding AIDS would be left to professional councils.

Slabber said the committee's main function would be to identify areas where different departments could play a role in AIDS prevention and to co-ordinate their activities.

Sapa reports that an editorial in Sanlam's AIDS Scan calls for the decriminalisation of prostitution so that public health authorities could exercise control over the sex industry and the spread of AIDS.

Referring to the rapid heterosexual spread of HIV infection, the editorial said cultural attitudes keeping women in subservience should be challenged.

It called on SA women to form educational, supportive and counselling organisations, and to follow the example of homosexual men, who had shown solidarity in their fight against HIV.

Fighting Aids 'absolute priority'

Pretoria Bureau

(92)

star
22/11/91

ICA) in Cape Town tomorrow.

The Government now regarded fighting the spread of Aids as an absolute priority, the Department of National Health and Population Development said.

The department said in Pretoria today the Government's attitude towards the virus, which has claimed thousands of lives throughout the world, would be spelled out at the first meeting of a special inter-departmental committee for Aids prevention (to be known as

"This step emphasises that the Aids problem is being regarded as an absolute priority and that Cabinet has committed itself to the optimum utilisation of the State sector in combating the virus," the department said.

The aim of the committee — made up of directors-general of various departments, under the chairmanship of the director-general of National Health and Population Development, Dr Coen Slabber — is to promote, co-ordinate and evaluate Aids prevention programmes at all

levels within government and non-government sectors.

At tomorrow's meeting, the committee will be informed about the nature and extent of Aids in South Africa and the department's strategy.

The agenda will also include the question of sex and Aids education in schools, measures against contact with carriers, admission of carriers to South Africa, and contributions by other Government departments to the prevention programme.

A media conference will be held after tomorrow's meeting.

Heterosexual Aids spreading quickly ⁹²

HETEROSEXUAL HIV infections are spreading at an alarming rate in South Africa, according to Aids Scan, a publication issued by the Sanlam Aids Media Resource Centre. *CM Times 22/1/91*

And reports from London show that the number of reported heterosexual Aids cases doubled last year, making heterosexuals the fastest-growing category of Aids sufferers in the UK.

Aids Scan recommended that prostitution be "decriminalised" in South Africa, to allow public health authorities to combat the spread of Aids.

It called on South African women to follow the example of the solidarity between male homosexual Aids sufferers by forming educational, supportive and counselling organisations. — Sapa

Meanwhile, it was announced yesterday that the first meeting of the government's Inter-Departmental Committee for Aids Prevention would be held on January 23 in Cape Town.

The committee would consist of the directors-general of various government departments, and would be chaired by the DG of National Health, Dr Coen Slabber. The first meeting would brief the committee on the nature and extent of the disease in South Africa, and on the Department of National Health's Aids strategy. — Sapa-Reuter

Major push to teach children about Aids

AKGUS 24/1/91

92

Political Staff

THE government is to run a major campaign in schools to try to save children from the Aids scourge that has taken 270 lives countrywide since 1982.

This was one of the main ideas of a meeting of 16 government departments on Aids in Cape Town yesterday.

Up to 300 000 people could carry the HIV virus in South Africa. As of December, 613 people were known to have Aids, of whom 270 had died.

Dr Coen Slabber, director-general of the Department of National Health and Population Development, is chairman of the government's interdepartmental committee for Aids prevention.

Training package

Members agreed to hold a national educational workshop next month to discuss the research and development of an Aids training package for schoolchildren.

A statement by the Department of National Health said: "Children have not yet established their sexual behaviour patterns and should, therefore, be seen as important target groups for intervention ...

"Parents should also be empowered to assist in their children's life skills and sexual education and to accept that the availability of sexual information does not lead to irresponsible sexual behaviour."

The department is to conduct a national survey to determine young people's attitudes, beliefs and perceptions on Aids and sexual behaviour.

It hopes to have the Aids package ready by the end of the year.

The committee will set up special interest group discussions every two months involving a wide spectrum of interested people, such as surgeons, midwives and religious leaders.

The department has consulted an expert on Aids in Africa, Dr Wilson Carswell, and a clinical psychologist, Dr Manda Holmshaw, to help with setting up the Aids prevention programme.

Welcome development

Mr Mike Ellis, the Democratic Party spokesman on health, said the decision to launch a schools Aids education programme was a major development.

Mr Ellis's main concern was whether the education programme would be compulsory or "simply left to the whims of individual departments and schools".

He said it was essential the programme was introduced in schools at "the lowest level."

Government committee backs AIDS education

BILLY PADDOCK

CAPE TOWN — A government committee on AIDS prevention has given strong support to an AIDS education programme for schools.

This was announced by the National Health Department after yesterday's first meeting of the interdepartmental committee, representing 16 departments, provincial administrations and the three own affairs administrations.

The department said the committee had called for a national workshop on AIDS for educationists at the earliest possible date, possibly mid-February.

This was in addition to the nationwide survey the department would conduct to determine young people's attitudes to AIDS and sex.

Committee chairman Coen Slabber said all departments at the meeting committed themselves to help in the co-ordination of the national AIDS campaign and AIDS prevention ac-

activities within their departments.

Before the next meeting of the interdepartmental committee on May 14, each participating department would submit a strategy document to National Health outlining its internal plans, as well as ways in which they could contribute to the national programme, he said.

Workshop

All the departments also committed themselves to examining their financial responsibilities in combating AIDS.

Department of National Health psychologist Dr Manda Holmshaw said the committee decided it was necessary to introduce the prevention training package into the educational system because "children have not yet established their sexual behaviour patterns and should be seen

as important target groups for intervention".

The committee decided a national educational workshop, to be held in mid-February, would form the basis for the research and development of the AIDS training package.

Asked how pupils could be educated on AIDS prevention, given the controversy over sex education in schools, Holmshaw said it would have to be done within the context of teaching life skills.

In the latest figures on the disease, released after the meeting, Johannesburg was shown to have the highest incidence of reported cases of AIDS in the country.

The figures, based on data supplied by the SA Institute of Medical Research, show that since 1982, of the 613 cases reported, 211 were from Johannesburg, with 124 of those people dying. The total number of reported cases in the Transvaal was 314.

New death squad inquiry call

Business Day Reporter

THE ANC yesterday demanded a fresh commission of inquiry into SAP and SADF death squads in the light of Lt-Gen Lothar Neethling's failed defamation action against the Vrye Weekblad and Weekly Mail newspapers.

Mr Justice J Kriegler last week accepted testimony by former police captain Dirk Coetzee about the role he played in killing "enemies of the state" and described him as a credible witness.

The ANC yesterday claimed that death squads still existed in the SA Police and the SADF. It also alleged that "askaris" continued to act above the law and had kidnapped ANC members at gunpoint around the country. It demanded the arrest of people implicated in the judgment.

The ANC said the "askari" base at Vlakplaas has remained fully functional.

In the light of Mr Justice Krigler's judgment, the Harms Commission "lies in tatters" and the report was "not worth the paper it's written on".

"The continued use of death squads

bodes ill not only for the whole peace process, but for stability that is so essential for reconciliation and progress towards a free and democratic SA.

"The ANC is therefore forced to the conclusion that units such as the death squads and askaris operate with the highest authority of the SA government, and form part of a continued destabilisation policy of the ANC and of the peace process."

Meanwhile, police decided yesterday to appoint their own legal representatives to "urgently analyse all aspects" of the Neethling case and advise the SAP.

Police Commissioner General Johan van der Merwe said in a statement that, without legal advice, it was not possible for the police to take a reasonable and fair decision, nor was it possible to comment further.

"The police realise the seriousness and urgency of the matter and that they should act as quickly as possible, and this will happen within the next few weeks," Van der Merwe said.

Govt invites input on people's courts

PATRICK BULGER

THE Justice Department has invited the Alexandra Civic Organisation (ACO) to submit recommendations on professional people's courts.

A department spokesman, reacting to a statement by the organisation that it would negotiate with government on setting up "community courts", said steps had been taken to make the judicial process more accessible at a local level.

"There are also other measures in the pipeline of the legislation process that will bring the administration of justice to communities. We welcome the ACO's recognition of the fact that people's courts have become discredited and have fallen into the hands of ill-disciplined activists."

"There is no point, however, in each and every organisation promoting separate court systems. The ACO is invited to co-operate with the authorities to ensure that ideas are harmonised in the reform process — also of our courts," the spokesman said.

● Comment: Page 6

Anti-Aids ⁹²

campaign

for schools

Political Staff ^{Slabber} 24/11/91

CAPE TOWN — The Government is to run a major campaign in schools to try to save South Africa's children from Aids.

The idea stemmed from a meeting of 16 Government departments on Aids in Cape Town yesterday.

Up to 300 000 people could carry the Aids virus, HIV, in South Africa. By last December, 613 people were known to have Aids, of whom 270 had died.

The Government departments undertook to help the co-ordinated national Aids campaign.

Dr Coen Slabber, director-general of the Department of National Health and Population Development, is chairman of the Government's inter-departmental committee for Aids prevention.

The department will conduct a survey to determine young people's attitudes and perceptions on Aids and sex and help guide future education programmes.

Natal blacklists suspect blood donors in move to curb Aids infection

The Argus Correspondent

DURBAN. — The very real possibility of HIV-infected blood passing through Natal's Blood and Transfusion Services' strict screening and testing procedures has led to the blacklisting of certain categories of donors in an attempt to further reduce transmitted infection.

Parts of Natal have the highest Aids infection rates in the country, with the result that the services have had to take further drastic measures to prevent every blood recipient's nightmare — getting Aids from a blood transfusion.

Blood is now automatically being rejected and destroyed — before it is even tested — if people admit to having had more than one sexual partner in the last six months, if they are prostitutes or have had sexual intercourse with a prostitute or if they answer "yes" to one of several other relevant questions.

SHOCK FINDING

Blood donors from parts of Zululand have been asked not to give blood if they think they may fall into a high-risk category, after the shock finding that about six percent of these donors are HIV positive.

This is the highest incidence found so far in South Africa — considerably higher even than the incidence found in sexually-transmitted disease clinics.

It is feared that people who fall into high-risk categories may give blood which tests negative, while it is in fact positive as a result of the so-called "window effect" — when blood tests during the first three months of infection fail to pick up antibodies because the antibody level in the person's blood is too low.

'SENSITIVE TESTS'

It is feared that, in the window period, blood can escape undetected into the system and could infect an innocent recipient.

Professor Francisco Fernandes Costa, chief of Natal's Blood Transfusion Services, said the NBTS did not want to alienate blood donors, most of whom were not HIV positive.

"We take every precaution to ensure a safe blood supply. This involves donors filling in a confidential questionnaire and undergoing a physical examination to look for any signs of infection. And blood is obviously tested by the most up to date technology available. The testing is sophisticated and sensitive."

Support for school Aids education

CMT 7145
24/1/91
92

Political Staff

A GOVERNMENT committee on Aids prevention has given strong support to an Aids education programme for schools.

This was announced by the National Health Department after yesterday's first meeting of the inter-departmental committee, representing 16 departments, provincial administrations and the three own affairs administrations.

The department said the committee had called for a national workshop on Aids for educationists at the earliest possible date, possibly mid-February.

This was in addition to the nationwide survey the department would conduct to determine young people's attitudes to Aids and sex.

Committee chairman Dr Coen Slabber said all departments at the meeting committed themselves to help in the



AIDS COMMITTEE ... Dr Coen Slabber (centre), director-general of the Department of National Health and head of the committee investigating Aids, with other health officials yesterday.

co-ordination of the national Aids campaign and Aids-prevention activities within their departments.

Before the next meeting of the committee on May 14, each department would submit a strategy document outlining its internal plans, as well as ways in which they could contribute to the national programme, he said.

All the departments also committed them-

selves to examining their financial responsibilities in combating Aids.

Department of National Health psychologist Dr Manda Holmshaw said the committee decided it was necessary to introduce the prevention-training package into the educational system because "children have not yet established their sexual behaviour patterns and should be seen as impor-

tant target groups for intervention".

The committee decided that a national educational workshop, to be held in mid-February, would form the basis for the research and development of the Aids training package.

Asked how pupils could be educated on Aids prevention, given the controversy over sex education in schools, Dr Holmshaw said it would have to be done within the context of teaching life skills.

In the latest figures on the disease, released after the meeting, Johannesburg was shown to have the highest incidence of reported cases of Aids in the country.

The figures, based on data supplied by the SA Institute of Medical Research, show that since 1982, of the 613 cases reported, 211 were from Johannesburg, with 124 of those people dying. The total number of reported cases in the Transvaal was 314.

150 000 HIV positive in Kwazulu, says doctor

Argus
25/1/91
92

The Argus Correspondent

DURBAN. — A year ago an estimated 90 000 people in Kwazulu were HIV positive. Now the figure has mushroomed to 150 000 and a fulltime doctor has been appointed to help combat the problem.

Dr Murray Short, medical officer in charge of communicable diseases for Kwazulu, said that while his department was in the process of doing a survey which would give a reasonably accurate indication of the present rate of HIV positivity, initial calculations put the figure at about 150 000, up 60 000 from 12 months ago.

Doubling

"A study a year ago in Edendale and Ubombo showed that about one percent of the population were HIV infected. An extrapolation of this gave us a figure of in the region of 90 000 in Natal/Kwazulu," said Dr Short.

Estimates showed that the infection was doubling in less than a year and it was now possible to say, conservatively, that at least 150 000 people were HIV infected, he said.

Dr Short said that Dr Alan Jaffe had been appointed to handle the Aids portfolio which will include education and awareness programmes and a data base of Aids statistics. He has already started work.

Meanwhile the situation is worsening.

Highest recorded

In certain areas in Zululand, Natal's Blood Transfusion Services are finding that the positive rate among new donors is as high as six percent. This is the highest recorded in South Africa and comparable to other African countries where there is a high incidence of the disease.

The number of paediatric cases of Aids is also growing. There are 13 Aids patients in King Edward VIII Hospital, many of whom are babies. Six babies died of Aids at the end of last year at Ngwelezana hospital in Empangeni and not a day goes by without Aids patients being admitted to most hospitals in Natal.

Medical experts have again stressed that with no vaccine or cure in sight, education, monogamy and the use of condoms are still the only way to avoid getting the disease.

Government launches Aids education drive ⁽¹⁷⁾ 97

By JOHN PERLMAN ^{2/11 - 31/1/91}

THE government is to launch an Aids education drive in schools, following the first meeting of the interdepartmental committee for Aids prevention this week.

A national workshop for educationists is to be convened next month and a nationwide survey is being conducted to gauge the extent of young people's existing sexual knowledge and awareness about Aids.

The government's Aids education package will, however, only be ready at the end of the year. On the eve of the meeting, the Director-General of National Health, Dr Coen Slabber said there would be more than 315 000 people infected with the virus which causes Aids by the end of the year.

Individual departments are also to formulate strategies to combat Aids, to be considered at the next meeting of the committee in May.

AFRICA is considered the most vulnerable continent in terms of the spread of the dreaded Aids disease.

One of the reasons is that Africa's sanitation conditions are still way below internationally acceptable standards.

The current level of HIV (the virus causing Aids) infection is highest in sub-Saharan Africa, according to the latest report by the World Health Organisation (WHO).

At the end of 1990, the WHO estimated that there were at least five million HIV-infected adults in Africa, or about half of the estimated global total.

In addition, because many women of child-bearing age are infected, over 500 000 HIV-infected infants have been born in Africa, and by the end of the 1990s an additional 10 million or more may be expected.

Although it is not known how Aids came to Africa, the spread has been fast and extensive, and the environment in which the people live is believed to play a major role.

Abject poverty has been the cornerstone. The majority of people live below the poverty datum line, which in essence shortens their lifespan. The average life expectancy in Africa is about

AFRICA VERY VULNERABLE TO SPREAD OF AIDS VIRUS

48 years.

With the emergence of Aids, health education programmes have met opposition as to how people should conduct themselves in sexual relationships between male and female partners.

Tradition is hard to break. The use of condoms conflicts with the cultural norms of most Africans, who despise the method and believe it should be totally ignored because it is alien.

Although Aids is dreaded by many people in the world, its prevention is meeting stiff opposition and cultural pundits are ferociously accusing the architects of the Aids education programmes as trying to tamper with the traditional values of most Africans.

In Zambia for instance, some young males in the north are using the condoms freely distributed to consumers as balloons. How the

youngsters are getting hold of these is still being investigated because adolescents are traditionally barred from having sexual intercourse before marriage.

It is perceived that using condoms reduces and impairs the intensity of sex.

So far 25 000 people of various target groups and categories have been directly exposed to the Aids education project which is attempting to contain the spread of Aids.

Aids Health Education Project co-ordinator Dr George Kabwe says the target groups include teachers, mothers, women's clubs, students, farmworkers and patients of all types.

While the impact of Aids has been felt in most urban areas, the rural areas are lagging behind, and this could further exacerbate the prevalence of the disease.

In Lusaka and other

large cities and towns, the disease is called "slow puncture" in the sense that it slowly kills the victims.

Chairman of the National Surveillance Committee (NSC) Dr Sam Nyaywa has complained that "patients in urban centres are shunned even by their own relatives who declare that they have nothing to do with them (patients)".

Zambia is one of the African countries with the highest incidence of Aids. This is attributed to its dense urban population.

This phenomenon is compounded by chronic unemployment, which has forced many young women to resort to prostitution. At the same time, the economic slump has driven most Zambians to the brink of self-destruction.

Most young people simply ignore the threat of the killer disease.

According to statistics, 400 Zambians have died of Aids, while close to 14 000 people are either confirmed HIV carriers or have symptoms related to the disease.

But despite the devastating dangers of Aids, prostitutes are not deterred from practising

their trade, although most are taking precautions. — ANO

HIV womb infection only 13% experts

LONDON. — Babies born to mothers infected with the HIV virus have a 13% chance of developing Aids, according to the biggest study of transmission of the disease in the womb.

In the study, published in the British medical magazine the Lancet, doctors checked babies born to 600 infected women in Europe.

The researchers say the mother-child transmission rate for the virus is lower than expected. It dispels fears based on original American work suggesting infection rates could be 80%, and more recent research pointing to a 40-50% rate.

In the European study, 64 of the babies were infected with the Aids virus at 18 months — the earliest point at which it is possible to tell whether infection has taken place.

Many of the children carried antibodies to HIV, suggesting they had been infected in the womb. But the doctors say that in many cases these were passed on by the mother and did not indicate infection.

Aids attitudes still relaxed

Staff Reporter

THE threat of Aids has not popularised the condom among students living in University of the Witwatersrand residences, according to a survey in the latest issue of the SA Medical Journal.

Seventy-four percent of the sexually active students who responded to an anonymous questionnaire had engaged in unprotected intercourse with casual partners in the previous six months.

The students' knowledge of Aids had not greatly affected sexual behaviour and the survey found there was a "negative attitude" toward condom use.

A third of children infected with HIV rapidly developed Aids and 17% died within a year. All the children in the study suffered higher than expected rates of other complications, such as premature birth and cot death. — Daily Telegraph

AIDS could send infant mortality rate rocketing

TANIA LEVY

92

THE World Health Organisation (WHO) expected AIDS to raise infant mortality rates in sub-Saharan Africa by 50% in the next 10 years, National Health and Population Development Minister Dr Rina Venter said yesterday.

Opening the Hospice Association of SA's national conference in Cape Town, Venter said WHO predicted the overall death rate in southern Africa would increase 20% as a result of AIDS. *Blam 5/2/91*

The epidemic was one of the greatest problems SA shared with other African countries. Other areas of great concern included poverty, population growth, war, political experimentation, declining economies and reduced foreign assistance.

For many years SA would be unable to afford dramatic increases in its health care budget, said Venter. The dilemma was how to meet increasing demand for health services with limited resources.

It was essential that a balance be maintained between satisfying needs and the country's economic means.

Government had developed a formula to ensure equitable distribution of the funds allocated to health care, and accepted that primary health care would be the foundation for development of a health care system.

Government was working on restructuring health care services into a comprehensive system extending from primary health care to a sophisticated and highly technical service.

Venter said a future health system would be viable only if it was rendered in the context of a partnership between public sector role players, the public and private sectors, health authorities, and educational institutions.

'Educate for survival'

Ten years ago
Cancer Registry
Aids.

PROFESSOR
was the virologist
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5/2/91

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IT is 10 years since the Centre for Disease Control (CDC) in Atlanta, Georgia, in the United States, the largest public health surveillance organisation in the world and regarded as the best in the field, noticed that something unusual was happening among young men in Los Angeles.

MEDICINE

An unusually large number of them were going down with the same rare form of pneumonia, usually found in people with impaired immune systems, an unlikely event in otherwise healthy people.

At the same time, the New York Cancer Registry noted in the city an unusual number of cases with a rare tumour, previously almost exclusively found in elderly men in Africa. These cases were also clustered in young men, indicating again a sudden, widespread incapacity of the immune systems of previously healthy young men to kill tumour cells.

The CDC opened a register of cases conforming to a basic set of criteria, collectively known as a "syndrome". The fact that the main feature of the syndrome was a suddenly acquired immune deficiency, led to the acronym "Aids" for "Acquired Immune Deficiency Syndrome". The other salient features which soon became apparent were that a large majority of cases were homosexuals and that the disease, once fully developed, was invariably fatal.

When, early in 1982, the first two cases to be recognised and notified in Africa, were found in Pretoria, we thought, like others up to that time, that this fatal curiosity of a new disease would probably remain limited to the high-risk group of homosexuals, with some spillover of cases into other groups like recipients of blood products and intravenous drug abusers, making it a sad and important, but not a catastrophic affliction of man. The term coined the fact that the sufferers would be confined to "the high-risk groups with alternative lifestyles".

How wrong we were was soon proved when, a year later, it was found that cases of Aids in Central Africa had been occurring in people who showed none of these special "lifestyle risk factors" but were rank and file citizens of both sexes.

This was extremely distressing, because it immediately changed the whole picture from serious to catastrophic, from a manageable situation to one which might easily get out of hand and cause uncontrollable worldwide suffering on a vast scale.

Like most unwelcome news, it was at first disbelieved. When it then be-



Professor Prozesky

came apparent that the information was in fact correct, the realisation of an immense tragedy that was about to occur dawned upon us.

Some countries which have much to lose from a drop in tourism due to negative publicity actively suppressed the information or even sent out disinformation. But the truth will out, and the immense problems which now face Africa, and to a lesser extent the rest of the world, are unfortunately too obvious.

Unfortunately Aids has all the characteristics of an issue which invites controversy, tension, drama and selfish manipulation for various purposes. It has a horrible, fatal outcome, is sexually transmitted, the incidence differs among populations, thereby creating xenophobia with opportunities to discriminate and it has immense financial implications.

It is also surrounded by an aura of mystery, being caused by an invisible, malignant virus harboured in the blood itself, that dramatic fluid associated with our strongest passions and emotions. No wonder that the coming of the HIV virus and its disease is regarded by most analysts as the most important event of this century, which has certainly already been the most eventful in the history of man, and that we find it hard to think and communicate about the disease in a rational way.

The problem we all seem to have is a limitation to fully realise and accept with our critical senses the real extent and impact of what we are about to witness and experience.

No doubt this is also due to the fact that, mimicking the insidious, slow onset of the disease itself, the epidemic is still slowly expanding in our communities without many visible signs, being almost totally represented in the public mind as increasing tables of statistics and dire warnings in the press. Nowhere are people keeling over in the streets, nowhere are heaps of dead to be seen like in the days of the great plagues which swept Europe in the Middle Ages. This, of course, is our greatest dilemma, because what happens to us through Aids will largely be determined by what happens in our minds, what we do with our sexual behaviour as a species.

This change needed so soon after we had fully grasped sexual liberation, aided by new contraceptives and a spirit of liberalism which swept the world in the last 25 years, is not going to come easily. Alas, therein lies, for the time being, however, our only real hope to contain the catastrophe. Vaccines and drugs will be too late, we are told, to really affect what happens this century.

Educate! Educate! we hear and see on every street corner. But is that not what we have been desperately trying to do, about other things as well, about the abuse of the environment, crime, traffic accidents, drugs, diets, lack of exercise, smoking and many other human failings? In most of these cases we even had the benefit of real, visual cases to demonstrate in concrete terms what happens to you when things go wrong, because the effects are there to be seen quickly, are clearly recognisable with some direct relation to the cause.

Aids on the other hand, after about ten years of incubation without noticeable change, slowly creeps in with a spectrum of vague effects, exacting its toll in increments.

There has never been any doubt that in massive, general education of the masses lies the hope for all advancement of the human race, but this long-term need has suddenly assumed a new urgency. We are now compelled to educate immediately for survival.

Our generation cannot afford to lose a large proportion of our children in the most productive phase of their lives, because we, as parents, shunned our duty or even stood in the way of comprehensive sex and health education in our schools.

Time is of the essence, and that time is now, lest the opportunity be gone for ever.

Cape

Aids

Shock

CMF TWP

7/2/91

92

By GLYNNIS UNDERHILL

THE number of black people in the Western Cape infected with the Aids-related HIV virus trebled in 1990.

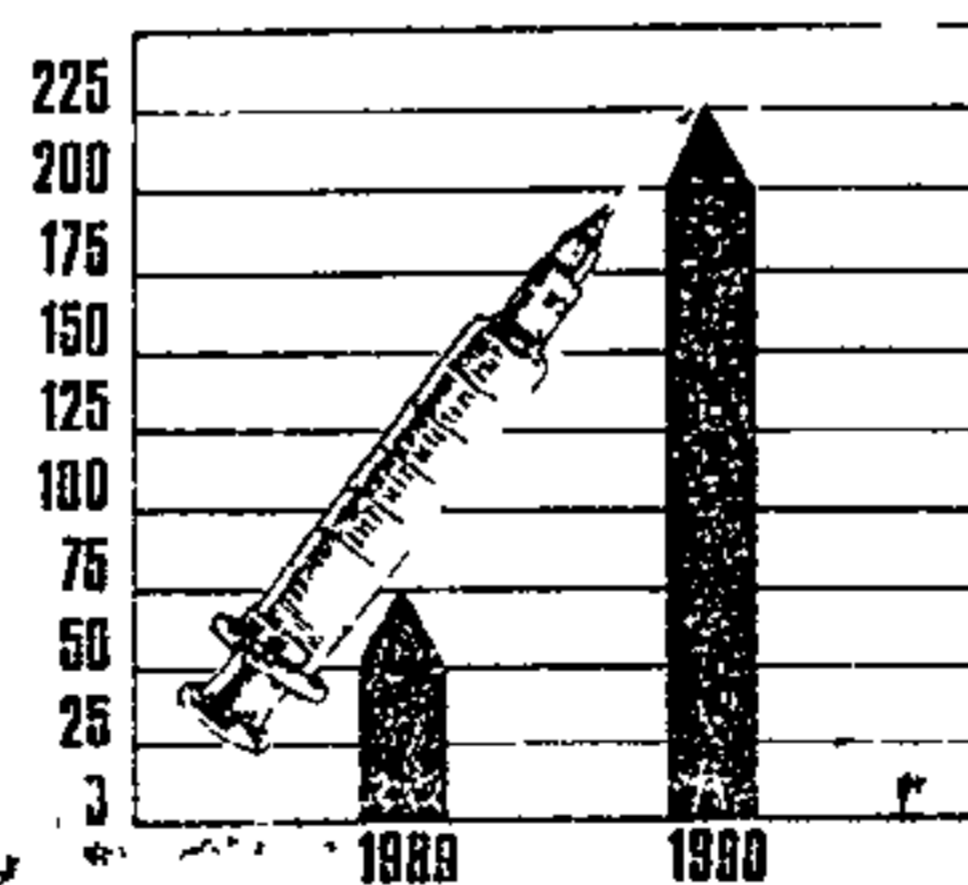
This shock statistic, which reflects a rapid spread of the virus among heterosexual people, was revealed yesterday by the Western Province Aids Advisory Group.

And figures released yesterday by the University of Cape Town virology department also show that there are now 771 HIV-positive cases in the Western Cape.

Leading Aids experts believe that these recorded statistics, compiled from requested testing at Cape laboratories, reveal only one-tenth of the actual figure.

The Western Cape statistics disclosed yesterday reveal:

- Twelve mothers have passed the virus on to their babies.
- More heterosexuals are being infected than homosexuals.
- The growth rate of the disease is small in the white population and mostly among homosexuals — but escalates among the black heterosexual population.
- The level of growth of the



How the black population figures for HIV-positive cases increased from 75 in 1989 to 225 in 1990

virus among the black population has risen dramatically over the last two years.

● For more than half of the cases there is no recorded data.

In 1990 there were only 30 new HIV-positive cases recorded among the white community, but the figures for the black population increased from 75 HIV-positive cases in 1989 to 225 in 1990.

The 771 HIV-positive cases for the Western Cape can be broken down into: 142 heterosexual, 153 homosexual, 25 bisexual, 12 mother to child, 1 intravenous-drug abuser, 22 haemophiliacs, four prostitutes, 412 unknown risk.

According to a leading virologist at the University of Cape Town, who asked not to be named, the transmission of the HIV-positive virus among heterosexuals in the Western Cape in the last year is on the increase.

"The figures are absolutely frightening — but as forecast," he said.

He added that in both the coloured and black communities, the infection spread rate now had a doubling time of less than a year.

"But Cape Town is still geographically remote and there is still time to do something about the disease spread."

A leading Aids expert, who also asked not to be named because of the sensitivity of the subject, said the figures were "not surprising".

"But these figures are artificial and give no idea of what is really happening out there."

He said the lack of data on the recorded cases was "shocking" in itself.

"There is a serious gap in the knowledge that is being collected. More than half of the cases, we don't know anything about," he said.

● The latest Department of Health and Population Development figures state that 574 full-blown Aids cases have been recorded in South Africa.

Big leap in AIDS claimants, says report ⁽⁹²⁾

THE total number of claimants for AIDS insurance has increased by 75% to 96 since December 1989, a report issued by Mercantile & General Reinsurance says.

The report says a distortion of the figures reported for 1990 will occur because many late notifications for claims were received in 1990 for claims finalised in 1988 and 1989.

For this reason, the 32 new claims reported for 1990 would be expected to double once notification was received, a Mercantile & General spokesman said yesterday.

Bizny 11/2/91
MARCIA KLEIN

Of a total of 172 policies on which AIDS-related claims have been lodged, 32 claims were lodged in 1990, which compares with 67 in 1989 and 50 in 1988.

At January 13, four of the 96 claimants were female, while there was only one female claimant in 1989.

Most of the claimants were in the 31 to 40 age group, followed by the 41 to 50 and the 21 to 30 groups. The average age of claimants was 36,7 years.

In 1990 the payout in respect of Perma-

nent Health Insurance (PHI) monthly benefits more than doubled to R36 900, and the Occupational Lump Sum Disability benefit also increased by more than 100% to R1,3m, while total sums assured on life policies was R7,1m (R5,4m).

Of all the claims, 67% are within five years of risk commencement.

The survey says there does not appear to be any evidence of anti-selection — where applicants know they are at risk or are already affected, yet fraudulently apply for policies — insofar as any large sums assured are concerned.

Star 13/2/91

Wages too low, says PO chief

By Shareen Singh

At a meeting with postal workers' unions to discuss salary increases, Postmaster-General Johan de Villiers admitted that the minimum wage of R735 in post offices "is too low and is not a decent wage".

Mr de Villiers agreed with the joint union delegation that productivity in the department had increased and hence workers should be compensated.

He congratulated the unions for presenting "reasonable arguments and a balanced report", the union delegation said.

The Post Office was a reasonable employer and as such was concerned about its employees, Mr de Villiers said.

He told the union delegation that he had written to the Minister of Mineral and Energy Affairs informing him that the unions' presentation of salary increases could not be ignored.

The spirit of the meeting with Mr de Villiers and his acknowledgement that salaries were too low and productivity had increased has left the unions with high hopes that their demand for a minimum wage of R1 300 will be met.

But a press statement issued by the Department of Post and Telecommunications did not guarantee wage increases.

Star 13/2/91

Aids 'will halt SA population growth by 2000'

By Julienne du Toit

Aids in South Africa will halt the population growth by the turn of the century, a leading actuary estimates.

Theo Hartwig, chief actuary at Old Mutual, was speaking yesterday at an investment conference of Johannesburg stockbrokers Frankel Kruger.

He said that in South Africa the problem of Aids was still in its infancy but rapidly gaining a foothold in the black community, especially in the Transvaal and Natal.

Mr Hartwig said the chances of completely

halting the epidemic seemed non-existent as the chances of a cure or vaccine that could be used on a mass scale seemed remote.

Samples from blood clinics and ante-natal clinics indicated about 1 percent of the black population was infected in Transvaal and Natal.

The percentage positive was doubling every nine months, he said.

However, among whites the problem appeared to be confined mainly to men with homosexual contacts.

Mr Hartwig ascribed this difference to a deeply entrenched culture of multiple sexual partners among blacks as well as a generally low level of medical care in Africa.

He said a theoretical computer-based model, which projected infection, illness and deaths due to Aids in the future, had been constructed.

In 1998 about 130 000 would die and 175 000 would "be sick".

"Thereafter the picture gets progressively more disastrous. The funnel of uncertainty also increases, so we would prefer not to quote figures beyond this."

The impact on the economy in the next five years would be small. But during the second half of the decade "the drain on resources, the lack of manpower and loss of confidence could impact seriously on the economy".

Anglo to reduce HQ staff

Staff Reporter

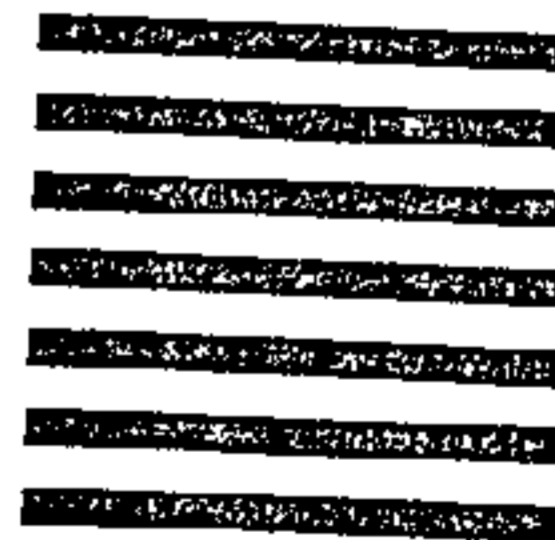
The effects of the downturn in the gold industry are being felt at the highest level — an unconfirmed number of employees at Anglo American head office in Johannesburg are to lose their jobs.

Anglo spokesman Conrad Sidego said cuts would mainly take the form of early retire-

ment. He would not comment on reports that 150 jobs were at stake.

The cuts follow the annual Anglo budget review which set a guideline for this year's budget at a zero increase.

"Staff forced to take early retirement don't lose anything; they retire with full benefits. That would be the fairest thing to do."



8/20/91 13/2/91
**AIDS outlook for
1990s is gloomy**

MARIETTE DU PLESSIS 92

POPULATION growth in SA would have ceased by the turn of the century due to AIDS, and about 25 000 people would die as a result of the disease in 1995, Old Mutual chief actuary Theo Hartwig said yesterday.

"While the impact on the local economy might be small in the next five years, the second half of the decade will see a drain on resources, possible lack of manpower and certainly loss of confidence," he said.

Hartwig based his projections on a theoretical model, using data on the spread of infection in Malawi and Zimbabwe, where 20% and 30% of the working population respectively, is already AIDS infected.

The model also showed that while 10% of SA's working population would be infected by 1995, 40% would be AIDS positive by 1998, resulting in 130 000 deaths during that year.

He said the pattern of the disease had changed, and now more heterosexual cases were reported than homosexual cases.

Hartwig identified the migrant labour system and the breakdown of societal norms in squatter camps and other areas of unrest, as contributing to the spread of the virus throughout the black population.

GPs alarmed at 'reckless' HIV patients

CMT 7/16/92 92

By GLYNNIS UNDERHILL
Medical Reporter

DOCTORS in Cape Town are concerned about HIV-infected patients who refuse to practise safe sex and could be spreading the disease wilfully.

The question of confidentiality was raised at a recent University of Cape Town refresher course for general practitioners.

Doctors are wrestling with a dilemma as they find themselves unable to exert control over infected patients who refuse to practise safe sex, medical sources say.

"Doctors are facing an ethical dilemma," one said.

"There is nothing we can do to stop this kind of spread."

The problem was debated at the UCT refresher course and the final response from most doctors was that people must protect themselves, medical sources said.

A spokesman for the city health department said every effort should

be made to counsel and educate HIV-infected people to practise safe sex.

A spokesman for UCT's virology department, where testing for HIV infection is carried out, said counselling was provided for infected patients.

Local authorities might have more power to stop its spread if Aids were made a "formidable notifiable disease", he said.

● The latest issue of the South African Medical Journal debates the question: "Should Aids be made notifiable?"

The opinion piece by Dr Salim Abdool Karim concludes that surveillance of HIV-infection is important, but data from notification of the disease would not necessarily identify trends, evaluate intervention programmes or serve as a basis for introducing preventive measures.

Data from laboratories and other surveillance groups could fulfil that purpose, Dr Karim said.

AM Tru's 18/2/91 (92)

Aids killing 33% of adults in parts of Africa

Cape

WASHINGTON. — Aids is killing up to 33% of adults in parts of Africa and leaving thousands orphaned, including many infected with the virus, researchers say.

Forecasts by the US Bureau of the Census show that by 2015 there will be more than 70 million cases of Aids in the countries south of the Sahara desert.

Dr Peter Perine of the Uniformed Services University of the Health Services said Aids-related infections already represented up to 80% of the hospital admissions in Zambia.

"It has devastated Zambia," he said at a meeting of the American Association for the Advancement of Science. "It is overwhelming the health-care system in the country."

Dr Perine said that about 22% of the women of reproductive age in the Zambian capital were infect-

ed with HIV.

"It's likely to be as high as that in men," he said. Mr Peter Way of the Census Bureau said, based on estimates by his agency, Aids would be the major cause of death among adults in African countries south of the Sahara by 2015.

"Some areas have already reached that level of infection," he said.

About 40% of adults in some Tanzanian cities were infected, Mr Way said, adding that the infection rate was 30.3% in Rwanda's capital of Kigali.

Ms Linda Valleroy of the US Agency for International Development said that in Kampala, Uganda, it was expected that by 1992, Aids would almost double the rate of death — 53 per thousand — among women aged 25 to 35. A similar Aids-related death rate

increase was expected among adult males.

Because most of the Aids-related deaths are among able-bodied men and women with families, many children are left without parents.

"By 1992, we estimate that the mortality of women of a reproductive age will be doubling and the number of orphans will double," she said.

Ms Valleroy said there were more than 250 000 children in sub-Saharan Africa orphaned by Aids and the number may rise to 16 million by 2015. Up to 40% of the children born to Aids-infected mothers would develop the disease and many would die before the age of five. In some areas the extended family system would absorb the orphans. But in Uganda and Tanzania many families could no longer cope.

Nearly all of the spread of HIV in Africa is attributed to heterosexual contact. — Sapa-AP

'Aids will be Africa's main cause of death'

WASHINGTON — Aids is sweeping through Africa, killing up to a third of the adult population in some areas and leaving thousands of orphans, including many infected with the virus, researchers said on Saturday.

Projections by the US Bureau

STG 18/2/91
of the Census forecast that by 2015 there will be more than 70 million cases of Aids in the countries south of the Sahara.

Aids-related infections already represent up to 80 percent of the hospital admissions in Zambia, said Dr Peter Perine of the Uniformed Services Uni-

versity of the Health Services at a meeting of the American Association for the Advancement of Science.

Peter Way of the Census Bureau said that, based on estimates, Aids would be the major cause of death among adults in African countries south of the Sahara by 2015. — Sapa-AP.

Do more for black health, State urged

By Mark Suzman

Government health programmes for the black community have had mixed results, and much more needs to be done, according to the South African Institute of Race Relations.

In its latest Social and Economic Update, the institute claims that the Aids scare has led to the neglect of other sexually transmitted diseases.

In particular, the re-

port states that 2 million black people are permanent carriers of the hepatitis-B virus, which caused the death of 20 000 people in 1989.

The institute also notes that the Government's Aids awareness campaign has come under heavy criticism from various organisations for being inefficient and racist.

On the plus side, however, the report acknowledges that the Govern-

ment's measles immunisation programme launched at the beginning of last year has been successful.

The update also applauds the modifications to the Government's primary health care strategy, which embraces community involvement in health programmes and gives recognition to the role of the private sector and voluntary organisations in health care.

16/10/91
Suzman

92

Pupils wary of Aids (92) campaign, says survey

CAPE TOWN — The majority of 1 010 pupils recently surveyed about Aids in the Cape Peninsula believe condoms are a plot by the Government to prevent family growth.

The survey was conducted for a new community health project on Aids awareness in Bellville, about 20 km north of Cape Town.

The pupils questioned came from nine schools in Athlone, Gugduletu, Langa, Mitchell's Plain, the Tygerberg area suburbs and the Boland region. No white pupils were interviewed.

Zackie Achmat, co-ordinator of the Aids programme, said the researchers were refused admission to schools by principals and officials of the Cape Education Department.

Suspicion of condoms was rife, the survey found.

Nearly half the pupils felt that condoms were "unhealthy".

There was also confusion, myth and incorrect information on how the virus spread the invariably deadly Aids disease.

An overwhelming majority believed that the virus causing Aids, which destroys the human immune system, could be contracted from coughing, public toilets, smoking dagga or touching infected people.

The pupils were also disturbingly unaware about "safer sex", Mr Achmat noted. ("Safer sex" is a term often used by US health educators to encourage the use of condoms during sexual intercourse).

A third of the pupils were unaware of contraceptive measures and more than half thought that contraception was only used by women.

Only 43 percent of the boys were prepared to accept that contraception was their own responsibility.

However, most of the pupils were aware that anybody could contract Aids — not only homosexuals, where the virus was first detected.

Ministers:

Questions standing over from Tuesday, 19 February 1991:

Executions

*1. Mr D J DALLING asked the Minister of Justice:

How many persons in the Republic were (a) executed in 1990 and (b) awaiting execution as at the latest specified date for which figures are available?

B12E

THE MINISTER OF JUSTICE:

(Reply laid upon the Table with leave of House):

(a) No persons were executed in 1990. For the hon member's information it can be mentioned that the State President commuted the death sentences of 12 persons who were sentenced prior to the commencement on 27 July 1990 of the reform measures which were enacted in respect of the death penalty.

(b) To date 341 persons are in custody after they were sentenced to death. Of this number, 298 persons were sentenced to death prior to the coming into force of the said legislation on 27 July 1990 and 43 persons thereafter.

I now deal with the respective positions of persons sentenced to death after and before the commencement of the said legislation (namely 27 July 1990).

After 27 July 1990

During the opening of Parliament on 2 February 1990 the State President announced that all executions are suspended until Parliament takes a final decision on new proposals which were made in respect of the death penalty. These proposals were approved finally by Parliament last year and are contained in the Criminal Procedure Amendment Act, 1990 (Act 107 of 1990), which came into operation on 27 July 1990.

The most important provisions of the new measures do away with the compulsory imposition of the death sentence and vests the Supreme Court with a wider discretion to impose the death sentence in appropriate cases. A person who is sentenced to death now has an automatic right of

appeal to the Appellate Division. Measures were also introduced to expedite the appeal procedure. If a person's appeal is dismissed he still has, as in the past, the right to submit a petition for clemency to the State President for his consideration.

The first execution after the expiry on 27 July 1990 of the moratorium on executions will take place shortly. No announcement will be made about the exact date.

Since the commencement of the above-mentioned legislation on 27 July 1990, 531 persons were convicted of murder, 43 of whom were sentenced to death. In the cases where the death penalty was not imposed, appropriate sentences of imprisonment were imposed. The following statistics in this regard are of importance:

Imprisonment for life	8
25 years	8
Between 20 and 25 years	23
Between 15 and 20 years	54
Between 10 and 15 years	147

Another person, who was convicted of rape, was also sentenced to death.

As far as life imprisonment is concerned, the principle was established by legislation last year that persons upon whom these sentences are imposed, are incarcerated for the rest of their natural life, unless special circumstances are present. The interest of society is the most important norm in this regard.

Before 27 July 1990

In accordance with the new legislation, provision is made that the cases of each person at present under sentence of death who did not enjoy the benefit of the new criteria which is now applicable with regard to the imposition of the death sentence will be reviewed by a panel of experts. This includes persons whose appeals were dismissed prior to the commencement of the new criteria. The Panel for the Consideration of Sentences of Certain Persons under Sentence of Death already commenced with its activities last year and will have its first session during March of this year.

Where the panel finds that the death sentence would probably not have been imposed by the trial court, the case is to be submitted to the State President with a view to his possible extension of mercy to the convicted person. Where the panel

finds that the death sentence would probably have been imposed by the trial court the matter will be referred to the Appellate Division for consideration in accordance with the said criteria. If the person's appeal is dismissed he still has the right to submit a petition for clemency to the State President for his consideration.

The panel, under chairmanship of the Honourable Mr Justice G Viljoen, Judge of Appeal, consists of four appeal judges, two judges and three legal academics.

The Appellate Division has since 27 July 1990 dismissed the appeals of 12 condemned prisoners whilst the appeals of 20 persons have been successful.

I also announce that the State President recently decided to commute the death sentences of 8 persons who were sentenced to death before 27 July 1990.

*2. Mr J A Jordaan — Law and Order.† (Question standing over.)

New questions:

Edendale Hospital: administration

*1. Mr R F HASWELL asked the Minister of National Health:

- (1) Whether the Edendale Hospital is being administered by the KwaZulu Government; if so, in terms of what statutory provisions; *Answer 26/2/91*
- (2) whether the South African Government intends resuming control of this hospital; if so, when, if not, why not? *B108E*

THE MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

- (1) Yes, in terms of section 1(2) of the Self-Governing Territories Constitution Act, 1971 (Act No 21 of 1971), read with Proclamation R. 275 of 1977;
- (2) no, the Edendale Hospital is being administered in its own right by the KwaZulu Government.

Mr R F HASWELL: Mr Speaker, arising from the reply of the hon the Deputy Minister, I wonder whether he is aware that Edendale Hospital is, in fact, a health time bomb which is

waiting to explode. Even though it is administered by KwaZulu, when that explosion takes place, it will have disastrous consequences for hospitals in Pietermaritzburg which are under the hon the Minister's control. *Answer 26/2/91*

Aids: notifiable disease

*2. Mr R F HASWELL asked the Minister of National Health:

- (1) Whether she intends declaring Aids a notifiable disease; if so, when; if not, why not; *Answer 26/2/91*
- (2) whether she has received any representations in this regard; if so, (a) from whom and (b) what was the nature of these representations? *B109E*

THE MINISTER OF AGRICULTURAL DEVELOPMENT (for the Minister of National Health):

(1) No, the opinion till now was that AIDS should not be made notifiable as notifiability has never been shown to affect the course of the pandemic or made any difference to preventive efforts. No other venereal disease has ever been notifiable in the RSA. Infectious diseases are made notifiable to enable local authorities to take steps to protect the public, such as placing infected persons in quarantine, follow-up of contacts and immunisation. Infection with the Human Immunodeficiency Virus (HIV), however, does not lend itself to such measures. The follow-up of contacts is still dependent on the persons' willingness to divulge the information.

The spread of infection in South Africa is constantly monitored by all laboratories in the country doing HIV-testing, sending their information to an anonymous, confidential central national register kept by the South African Institute for Medical Research. It is unlikely that making the infection notifiable will provide additional information. The whole question of notifiability is at present being reviewed by the AIDS advisory group;

(2) yes, (a) the only formal request for notification has come from the community health group of the Medical Association of South Africa and (b) this group is of the opinion that AIDS should be made notifiable.

Dr W J SNEYMAN: Mr Speaker, arising out of the hon the Minister's reply, I wish to ask him whether the Government, owing to the seriousness of this threat, intends making a negative HIV-test a prerequisite for any immigrant or person who applies for permanent citizenship.

The MINISTER: Mr Speaker, once again I do not want to venture into my colleague's field who, owing to circumstances relating to Parliament, has not been able to attend.

Mr J H VAN DER MERWE: You do not know!

The MINISTER: I do not know and therefore I request that this matter again be placed on the Question Paper so that the hon members can be furnished with a reply.

SADF: alternative service

*3 Mr L FUCHS asked the Minister of Defence: Whether some form of alternative service (a) exists and/or (b) is envisaged for persons refusing to serve in the South African Defence Force; if so, what is the nature of such alternative service? *Hansard 26/2/91*

The DEPUTY MINISTER OF DEFENCE: *B147E*

(a) Yes. A member can do community service after having been classified as a Religious Objector by the Board for Religious Objection.

(b) No other form of alternative service is envisaged.

Mr J H VAN DER MERWE: Mr Speaker, arising from the hon the Deputy Minister's reply, I would like to know whether any legislation is envisaged to amend the existing legislation regarding the evasion of national service.

The DEPUTY MINISTER: Mr Speaker, the reply to that is an unequivocal no.

Mr J H VAN DER MERWE: That is a good reply.

Dr W J SNEYMAN: Mr Speaker, further arising from the hon the Deputy Minister's reply, may we ask him whether the Government will leave the national service system unchanged in the future? *Hansard 26/2/91*

The DEPUTY MINISTER: Mr Speaker, several statements in this connection have recently and in the past week been made by the hon the Minister, and the reply to that is again no.

Mr R V CARLISLE: Mr Speaker, further arising out of the hon the Deputy Minister's reply, does he not accept that there will be inevitable changes with the scrapping of the Population Registration Act? Secondly, does he intend to deracialise compulsory military service?

The DEPUTY MINISTER: Mr Speaker, I want to say to the hon member that national service, as it presently exists for the specific race group, is of course irreconcilable with a new constitutional dispensation, and it is the Government's full intention that the national service system will remain as it is at present, because in this transitional period, in this period in which we will discuss and negotiate the formation of a new South Africa, we will also address these matters and all matters resulting from the scrapping of the Population Registration Act will naturally also be addressed when the time comes.

Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.

Trade unions: legislation

*4. Mr L FUCHS asked the Minister of Manpower:

(1) Whether it is envisaged to introduce legislation to make trade unions, vicariously liable for the acts of their members; if not, why not; if so, when? *Hansard 26/2/91*

(2) whether it is envisaged that the rules of the Industrial Court will be amended so as to allow costs orders to be given in certain circumstances; if not, why not; if so, when? *Hansard 26/2/91*

The MINISTER OF MANPOWER: *B148E*

(1) The Labour Relations Act, 1956, as part of the consolidation process, is at present being investigated in its entirety which

Hansard 26/2/91 specifically includes trade unions, employers' organisations, strikes and lock-outs. Future amendments to the Act will be considered on the grounds of the investigation and recommendations.

(2) The Labour Relations Act, 1956, at present provides in section 17(12)(a) for the granting of costs orders according to "the requirements of the law and fairness" in the case of urgent interim applications for legal aid as well as in the case of section 46(9) determinations. The Act also provides in section 43(4)(c) for the granting of a costs order in the case of a section 43 (status quo) application, but it may only be granted by the Court "on the ground of unreasonableness or frivolity on the part of a party". In terms of section 17(22)(c)(vi) of the Act the Rules Board may make rules "as to the taxation of bills of costs" only.

Withholding tax on interest

*5. Mr J J WALSH asked the Minister of Finance: *Hansard 26/2/91*

(1) Whether he is considering the introduction of a withholding tax on interest; if so, (a) how will such a tax be applied and (b) when is it to be introduced?

(2) whether he will make a statement on the matter? *B161E*

The MINISTER OF FINANCE:

(1) (a) and (b)

As mentioned in the Budget Review of last year, the real return on interest-bearing investments is very low or even negative, and the existing taxation of interest discourages saving. It was considered that a withholding tax, imposed on interest received by individuals, would have made a positive contribution to the encouragement of savings, but that the implementation of such a system could only be accomplished after several obstacles had been investigated and eliminated. It was envisaged that the tax would be a final tax, at a low rate, deductible at source and payable to Inland Revenue.

(2) As mentioned during the introduction, on 19 February, of the Part Appropriation

Hansard 26/2/91 Bill, 1991, the Committee regarding the Advancement of Equal Competition for Funds in Financial Markets (the Jacobs Committee) gave serious consideration to this matter. Their investigation brought to light numerous problem areas, of which the most crucial is the reclassification of other income and the practice of so-called arbitrage, for which solutions have not yet been found. It has, therefore, been decided not to proceed with the implementation of such a tax at this stage.

Leprosy

*6. Dr F H PAUW asked the Minister of National Health:

(1) What is the latest information on the incidence of the various forms of leprosy among the population groups in the Republic; *Hansard 26/2/91*

(2) whether her Department regards leprosy as a highly contagious or deadly disease;

(3) (a) what is her Department's standpoint on the (i) notifiability and (ii) isolation of cases of this disease and (b) what is the motivation for the removal of lepers from their social environment? *B172E*

The MINISTER OF NATIONAL HEALTH:

(1) Notified cases of leprosy in the Republic of South Africa by population group, 1990 (as on 11 February 1991) are as follows:

Asian	0
Black	31
Coloured	1
White	0

No information regarding the various forms of leprosy is available.

(2) no;

(3) (a) (i) leprosy is a notifiable disease and

(ii) patients are not isolated and

(b) leprosy patients' are referred to Westfort Hospital in Pretoria for confirmation of the diagnosis and stabilising of the treatment. As a rule patients are then referred back to their place of origin for continuation

into account and measured against the requirements set for a certain post when their suitability for such a post is being considered.

(2) No. Public Service bursaries are awarded with academic merits as the main criterion to determine the relative merit of each case irrespective of race or colour;

(3) No.

Own Affairs:

Bed occupancy rate *was asked 25/2/91*

10. Mr M J ELLIS asked the Minister of Health Services:

What was the average bed occupancy rate in 1990 in each specified hospital falling under the control of his Department in (a) Natal, (b) the Orange Free State, (c) the Cape Province and (d) the Transvaal?

B103E

The MINISTER OF HEALTH SERVICES:

(a) Natal		(b) Orange Free State		(c) Cape Province		(d) Transvaal	
Grey's Hospital	61,5%	Voortrekker Hospital	59,9%	PE Hospital	59,46%	William Slater Hospital	30,71%
Hilcrest Hospital	93,75%	Bethlehem Hospital	55,15%	Volks Hospital	39,30%	Walvisbay Hospital	38,08%
Greytown Hospital	29,67%	Sasolburg Hospital	51,0%			Andrew McCollm Hospital	40,6%
		Jagersfontein Hospital	43,58%			Bernice Samuel Hospital	38,6%
		Zastron Hospital	21,52%			Bloemhof Hospital	42,1%
						Bris Hospital	76,0%
						Delareyville Hospital	28,8%
						Duiwelskloof Hospital	50,6%
						Edenvale Hospital	48,2%
						Elsie Ballot Hospital	50,5%
						Evander Hospital	46,6%
						F H Odendaal Hospital	59,3%
						Gen. De la Rey Hospital	40,1%
						Groblerdal Hospital	41,2%
						H A Grove Hospital	51,7%
						Hendrik v.d. Bijl Hospital	59,9%
						J G Strijdom Hospital	33,7%
						Kempton Park Hospital	56,0%
						Louis Trichardt Memorial Hospital	41,2%
						Ondekkers Memorial Hospital	41,5%
						Paardekraal Hospital	54,0%
						Phalaborwa Hospital	51,4%
						Pretoria West Hospital	45,4%
						Sannieshof Hospital	19,7%
						South-Rand Hospital	40,2%
						Sybrand van Niekerk Hospital	47,6%
						Van Velden Memorial Hospital	53,8%
						Ventersdorp Hospital	38,1%
						Vereeniging Hospital	49,6%
						Far East Hospital	45,0%
						Voortrekker Hospital	51,9%
						Warmbad Hospital	39,1%
						Waterval Boven Hospital	44,9%
						Willem Cruywagen Hospital	47,7%

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Aids: campaign

*1. Dr W J SNYMAN asked the Minister of National Health:

Whether she envisages or is implementing an extensive plan of action in the campaign against the spread of Aids; if so, what are the relevant details?

B341E.INT

*The MINISTER OF NATIONAL HEALTH: Mr Speaker, I welcome the opportunity to furnish details of the Government's strategy on the Aids Program.

Since the first two cases of Aids were reported in South Africa in 1982, Aids has been regarded as a high priority. Since then an on-going campaign has been conducted to combat its spread.

I want to point out, however, that the spread of the virus is a behavioural problem and not so much a medical problem. The Department of National Health and Population Development recently intensified its campaign. This includes *inter alia* the establishment of a sub-directorate for the combating of Aids, which was completed in 1990. The Aids strategy was recompiled and accepted by the health family.

The most important element in this strategy is the following: The establishment of an inter-departmental committee on which 167 Government departments are represented to co-ordinate the actions of the public sector. The committee has already met. Arising out of the interdepartmental committee meeting, a workshop was arranged for 4 March 1991.

As hon members know, the emphasis in 1990 fell on the woman and Aids. In 1991 the theme for combating this problem is the youth. At the workshop emphasis will be placed on educating

the youth. Educational authorities and institutions, as well as parent and teachers' associations will be represented. The purpose is to devise an educational programme for use by schools.

Two educational videos for use in schools are also being produced this year. Aids information and training centres have already been established in 10 larger local authorities. Here people can receive applicable information, guidance and counselling. The project will be developed further during the course of the year.

Since 1985 blood and blood products have been safeguarded. South Africa was the first country in Africa to safeguard blood. South Africa even anticipated the initiatives of the World Health Organisation. The success of this programme is irrefutably demonstrated by the fact that since 1985 not a single case of Aids in South Africa has been the result of the infusion of contaminated blood.

At the end of 1990 a countrywide survey was made among pre-natal clinics as part of the on-going process of disease surveillance. The result will soon be available and will definitely be published.

The role of the private sector in the combating of Aids is realised. Later this year a forum for business leaders is being planned. [Time expired.]

*Dr W J SNYMAN: Mr Speaker, the sum total of what the hon the Minister said was that the issues were behavioural problems and information that had to be conveyed to the general public. Now that is precisely the problem I have with the hon the Minister's department.

The latest information pamphlet I saw was this one published by the Department of National Health. Below the caption is a colour photograph of babies varying from light green to dark green in the new South Africa, who could all possibly be Afrikaners in the words of the Nationalists. [Interjections.]

*An HON MEMBER: Like the hon member for Rissik on TV this morning.

*Dr W J SNYMAN: The point is this. I maintain that this information pamphlet of the Government is not only incomplete but in reality it is

also misleading in respect of the real state of affairs in regard to this disease.

For example, under the caption "How do you get Aids?" only three reasons are mentioned and then, what is not said and what is very important, is that all body fluids, not only blood and genital secretions but also saliva, can be bearers or can contain the virus. Dr John Seale of the London Society of Medicine in Britain maintains that next to blood, the virus is contained most frequently in saliva, which seriously jeopardises the whole issue of Aids as a classic venereal disease. [Interjections.]

Of course, any contagious disease such as glandular fever, flu or jaundice, or any other contagious disease for that matter, will be transferred through sexual contact, but this still does not make these diseases sexually transferable diseases. In my opinion this applies to Aids.

Any body secretion can transfer the disease. How else does one explain the case of the dentist in Florida who had Aids and infected two of his patients, or the soccer player in Britain who, according to the medical publication *The Lancet*, infected an opponent with the disease in the course of a contact injury, or the many precautionary measures that are taken in hospitals?

I am afraid there are far more ways of spreading Aids than are mentioned in this pamphlet of the department. In an authoritative article which appeared in the *SA Mediese Tydskrif* of 3 November, the spread of the disease from person to person among toddlers was mentioned as a possibility.

The question is this: Why is this information being withheld from the public of South Africa? It is simply incomprehensible and it is an injustice that is being committed against the society of South Africa, which is threatened by a disease that is assuming epidemic proportions and is going to claim many lives in South Africa. That is why we on this side of the House feel that this disease should now be made a notifiable disease. [Time expired.]

Mr M J ELLIS: Mr Speaker, the CP's obsession with race has been exposed yet again. That is a great pity, because Aids certainly has the potential to affect us all in this country. I have a horrible feeling that the CP are in fact saying yet again that Aids might have the potential to solve

the racial or population problems of this country. [Interjections.]

HON MEMBERS: You said that!

Mr M J ELLIS: It is very pleasing to hear that the hon the Minister's department is actually involved in some kind of programme to prevent the spread of Aids in this country.

It is sad that the Aids problem was allowed to extend as far as it has in this country before the department started moving in to solve it. It is absolutely true that to date the department has a poor record in respect of a programme to combat Aids. We are concerned about that. We are deeply worried about the fact that, at this stage, Aids continues to spread unabated.

The hon the Minister will no doubt claim that her department has been involved in the situation. She will say that R5,4 million was spent on combating Aids last year. If we look very carefully at how that money was spent, we will see that it was spent on Aids surveillance and Aids education, but R5,4 million is grossly inadequate for the problem that we have in this country.

What we desperately need is a vast education programme to be conducted among all our citizens and certainly in the schools. I was pleased to hear the hon the Minister refer to the fact that the Government is looking at creating a programme for schools. I want to tell her sincerely, however, that unless all the Ministers in charge of education support her by making sure that that programme is compulsory in schools, any Aids programme in this country will fail completely. [Time expired.]

*THE MINISTER OF NATIONAL HEALTH: Mr Speaker, I think the hon member for Pieterburg probably wants to refer to reports which appeared in the newspapers earlier this year about the contamination of swimming baths. I do not think there has been a documented case anywhere in the world of Aids that was contracted through contact with the body fluids of another person. It is an acknowledged and accepted fact that Aids is only transferred as a result of blood contact, also from mother to child and as a result of hypodermic syringe needles, in which case there is also a direct possibility of contagion. [Interjections.]

This matter has been very thoroughly researched. There is also sufficient proof that the way in which we are dealing with this problem is the only acceptable scientific way.

It would like to tell the hon member for Durban North that it is difficult to determine exactly how much is being spent on the Aids programme. The programme functions through all the primary health care centres throughout the country, so it is very difficult to say exactly how much money is spent. As far as the preventive measures taken at hospitals are concerned, this is also an item the exact expense of which is very difficult to determine.

*I come back to the hon member for Pieterburg. A matter we must concentrate on is that the right information be brought home to the public, and that we should not in any way create a false peace of mind among them. [Time expired.]

*Dr F H PAUW: Mr Speaker, we gladly support the hon the Minister's department in their efforts and in what they are doing. What they are doing is fit and proper, but we think that certain other things can also be done.

I think it is necessary to provide more information on a regular basis, not as they are now doing in regard to Aids cases only, but also in regard to HIV positiveness. On the whole issue of notifiability I want to say there is no reason why Aids could not also be made a notifiable disease. It must be clear to the hon the Minister that this epidemic has only begun. It could have incalculable consequences in terms of human lives, health services, the budget, the economy and definitely the manpower position. [Interjections.]

I want to tell her that it is her work as a member of the Government to protect lives and people's health. She must not flinch if what she is doing is not pleasant for some people, or if what she is doing is an embarrassment for some people.

I want to refer her to the oldest reference of which I am aware to the protection of the public against an unclean disease. Tonight she can read Leviticus 13. The clinical picture, diagnosis and health measures are set out there for leprosy, which is regarded as an unclean disease. As far as the lesson for her is concerned, what it boils down to is that when the diagnosis has been made, the unclean person must isolate himself, he must live outside the fold. He must make

himself recognisable by rending his garments, and his hair must hang loose. [Interjections.] He must also warn people who approach him by covering his beard and by crying out "unclean, unclean". [Interjections.] When it comes to recognisability, I am not at all that concerned about people who contract the disease through promiscuity. [Interjections.] [Time expired.]

*Dr W J SNYMAN: Mr Speaker, I should very much like to repeat the insistence of the CP in respect of the so-called exiles who are now going to return in their thousands from lands to the north of the Limpopo, where the incidence of Aids has already assumed epidemic proportions.

The Minister of Health of Zimbabwe says that one out of every 10 persons in Zimbabwe has been contaminated. Why cannot it be required as a condition for the acquisition of citizenship or permanent residence that a negative X-ray report in respect of tuberculosis and a negative blood test in respect of Aids should be produced? It is absolutely essential. [Interjections.]

Prof Odendaal of Stellenbosch says that among the most frightening projections in regard to this tragedy which is going to affect everyone is that all available hospital beds in this country are going to be required for Aids patients within seven years. Now thousands of infected persons are coming voluntarily, with the aid of the Government, and without that measure which is absolutely essential, namely that they must be able to produce a negative test for Aids, because they are coming from Northern Africa. [Interjections.] [Time expired.]

*THE MINISTER OF NATIONAL HEALTH: Mr Speaker, the hon member Dr Pauw, who is a medical practitioner, ought to know better than to wish to suggest the matter of notifiability as one of the protective mechanisms. I think it is very clear that the local authorities that exercise control over notifiable diseases are in fact intent on protecting the public by placing a person who has specific diseases under quarantine, or making sure that the immunisation programme addresses this matter. [Interjections.] It is not possible to take these same steps in regard to Aids and in that way obviate the problem.

The question of notifiability is also being investigated at the moment, because it is necessary for us to give attention to it. However, it is a false reassurance for the public to be brought under

the impression that if we make the disease notifiable, we are going to obviate the problem. The question is what we then do with the information we have at our disposal.

In the second place I want to refer to the effectiveness of the programme to which the hon member for Pietersburg referred, and I also want to deal briefly with exiles. Last year I made a special evaluation—I did so with reference to quite a number of media reports—about the effectiveness of the Aids Programme. I am satisfied that at the present stage we are making good progress with the educational programme, the protection of the blood bank is highly successful and in any case we have obtained the co-operation of all the various departments that are able to make a contribution towards dealing with this problem. There is close co-operation on a high level.

As far as the exiles are concerned, I think it is essential for me to ask the hon member on what grounds one can refuse persons who have been identified as citizens of this country access to South Africa because they are Aids sufferers. Debate concluded.

Death squad activities: inquiry

2. Mr S S VAN DER MERWE asked the Minister of Justice:

Whether, in view of the alleged attempted murder of Capt Dirk Coetzee which resulted in the death of a Johannesburg lawyer, the Government will consider instituting a fresh inquiry into so-called death squad activities? ~~Answered~~ 26/2/91

B344E:INT

*The MINISTER OF JUSTICE: Mr Speaker, the Government wishes to state in the strongest terms that any murder or assassination is an abhorrent act. That applies to every murder or assassination. It also applies to the murder on Mr Mbeki Mlangeni, whose next of kin we sympathise with. It also applies to any attempted murder on any person whatsoever. Whatever the motive for such an act or attempted act may have been, it remains utterly contemptible. Such acts or attempts must be laid open by way of thorough and vigorous investigation so that the guilty parties may be brought to justice.

With a view to this, an announcement was made this morning, namely that the Attorney-General of the Witwatersrand, Mr Von Lieres and Wilkau, is to head an investigation into the death of Mr Mbeki Mlangeni. He will be duly assisted by a senior investigating officer of the SA Police. Arrangements have been made between Mr Von Lieres and Wilkau and the police for forensic tests to be conducted on the premises of the CSIR and for a member of the CSIR to play an equal part in this. ~~Answered~~ 26/2/91

If no accused are quickly identified in the very short term, the Attorney-General will request me to appoint a judge in terms of the amended Inquests Act to conduct that investigation. A regional magistrate could also be appointed, but I want to point out that in this instance it will be probably be a judge if it comes to that. The hon the State President held out the prospect of these procedures on 19 September 1990, and they have already borne fruit and have already been drawn up because the evaluation was that commissions were inadequate for the purposes of a speedy investigation with a view to a criminal prosecution or the identification of an accused.

This announcement has produced results and borne fruit. In this way the combined action of the Attorney-General and the police led to the appointment of Mr Justice Stafford during September 1990 to conduct an inquest into the deaths that occurred during the second Sebokeng unrest situation last year. That was in public. All and sundry were invited to give evidence, and this was widely publicised as well. The investigation is in progress and Mr Justice Stafford's judgment is awaited. I could mention the case of the soccer stadium to hon members. Furthermore, I could mention the issue of Kaitshong, as well as Khayelitsha—these are cases in which people have been appointed to conduct lightning-quick investigations, and anyone who has any information may submit it to them.

The combined action of the Attorney-General and the police led to the speedy arrest and arraignment of five people in connection with the attack on train commuters on the Jeppe and Benrose stations on 6 September 1990. The case is presently awaiting trial in the Supreme Court. The instrument of the inquest and the instrument of co-operation between the police and the Attorney-General are more effective than any commission could hope to be. [Time expired]

Mr S S VAN DER MERWE: Mr Speaker, attorney Mbeki Mlangeni's death was caused by a parcel bomb that was meant for Dirk Coetzee. Could any one doubt that it had everything to do with an attempt to silence Coetzee because of his tales about death squad activities?

The hon the Minister has referred to the special investigation that has been instituted, headed by a Police general. Let me be frank with him. I am sceptical about the chances of ever successfully finding the murderer in that case, not because I doubt the competence of the general, but because the killers are too professional and too expert and have access to too many resources.

Killers lurk in this country, and some of them—for all we know—in official branches of Government. A few weeks ago another witness died, "Peaches" Gordon, who was hired to kill Mr Dullah Omar, was himself shot full of holes. Could anyone doubt that his death had something to do with the CCB revelations that he made in affidavits and in the Press?

How many people must die to prevent the truth about these ugly events from coming out? I say to the hon the Minister that a fresh investigation into this whole death squad issue is called for, an investigation that goes hand in hand with a promise of indemnity against prosecution for all people who give evidence to the satisfaction of the commission.

In considering this appeal I want the hon the Minister to answer just a few questions. First of all, is he prepared to accept that the vast majority of the 71 political murders that he placed before the Harms Commission remain unsolved? Secondly, can he really say that the hon the State President's promise to cut the death-squad issue open to the bone has substantially been kept? Thirdly, does the hon the Minister understand the enormous public implications of the murder attempt on Dirk Coetzee so soon after he himself, our Minister of Justice, had promised him protection and a fair trial? Fourthly, what is his Government doing to restore effective civilian control over the Defence Force when their instructions, as a Government, have been so flagrantly disobeyed when they told them to co-operate fully with the Auditor-General and Mr Justice Harms in his investigation?

I believe those questions need to be answered in consideration of our appeal for a fresh investigation, coupled with an indemnity offer, particularly for those who have been involved. We believe that is the only way we are ever going to get to the truth of this matter.

*Mr M J MENTZ: Mr Speaker, it always amazes me to see how the DP unconditionally accept anything that comes from a different source, if it can in any way support their cause. The statements made by Coetzee were accepted here as if they were the gospel truth, without any prior investigation of them whatsoever. [Interjections.]

In our humble opinion this is a senseless proposal which will once again lead to a wastage of money on a grand scale. As a lawyer that hon member knows what happened at the Harms inquiry—no positive results flowed from it. [Interjections.] There were no positive results because after all, we know that what was submitted to the Harms Commission was already known, because surely nothing more can ever be submitted here than what competent detectives have put forward. For this reason it would be senseless to go along with this. No, I have an idea that this type of request is being made in order to oblige the ANC. [Interjections.] I say this because I think they ought to know better.

It is the Government's fault, however. It is they who are creating the opportunity for a continual insistence on this type of commission. The proper method of dealing with this matter would be for those political heads who were involved in this case, to come forward and reveal their knowledge of and involvement in some of these covert operations. Then we would not need these commissions of inquiry. If that were to happen, we would in a far better position to know where we were headed. Only then would the vilification of members of the force come to an end. [Time expired.]

*The MINISTER OF JUSTICE: Mr Speaker, I want to say thank you very much to the hon member for Ermelo for his sensible argument. [Interjections.] Immediately afterwards he himself sat as a commission and found the political heads guilty. So, that argument does not hold water. [Interjections.] The fact remains that if we were to put this instrument of an inquest into effect—we are going to put it into effect if no accused are speedily identified in the course of the investigation insofar as Mr Mbeki Mlangeni is concerned—it would be an excellent instru-

Answered (iii) 0. *26/2/91*
 From 4 January 1991 up to and including 15 February 1991.

Margate police stations: illegal practices

*12. Mr A J LEON asked the Minister of Law and Order:

- (1) Whether any steps have been taken by the Commissioner of Police to investigate the alleged illegal practices at the Margate police station detailed in the judgment in the matter of *The State v S V Madikane and Others* (1990 (1) SACR 377 (N)); if so, what steps; if not, why not;
- (2) whether he will make a statement on the matter? *Answered 26/2/91* B216E

The MINISTER OF LAW AND ORDER:

(1) Yes.

The unfortunate incident which resulted in the death of Sithembiso Mbuto and during which Ke Nywose was assaulted, was adjudicated by a competent court and the responsible members of the South African Police punished accordingly. They have in the meantime been dishonourably discharged from the Force.

The Commissioner of the South African Police received a copy of the judgment from the honourable Judge and immediately gave instructions that the negative remarks contained therein must be investigated. The investigation revealed that the reprehensible conduct of the members concerned was an isolated incident and that it was by no means an everyday practice at the Margate Police Station.

It was also found that the general supervision and control at the aforementioned police station left nothing to be desired and that the use of a shock apparatus at the police station was limited to the members who were convicted for their deeds.

- (2) Conduct of this nature by members of the Force is totally unacceptable to the Commissioner, the South African Police and to me and will under no circumstances be tolerated. The conviction of the members involved after the investigation had been

"Die Immigrasiebeamptes Poortbeheer te Kaapstad poog deurlopend om 'n professionele diens aan die reisigerspubliek te lewer en is om die volgende redes ontstel oor die eensydige wyse waarop hul beeld afgetakel is:

- (i) Daar word moeite gedoen om vlugte in *Answered* 'n kort tydbestek in te klaar. Vervagte passasiersgetalle word byvoorbeeld vooraf vanaf British Airways verkry en die skrooisters word dienoreenkomsstig saamgestel in 'n poging om beskikbare personeel optimaal te benut. *26/2/91*

(ii) In gereverdigde omstandighede word personeel na die lughawe getrek en oortydsdiens word vering ten einde te verseker dat 'n professionele diens gelewer word. Oor die tydperk 9 Desember 1990 tot 5 Januarie 1991 het hierdie afdeling byvoorbeeld 211 uur oortydsdiens verrig ten einde vlugte behoorlik te dek—248,75 uur oortydsdiens vir die tydperk 6 Januarie 1991 tot 9 Februarie 1991.

(iii) In die geskiedenis van Poortbeheer het dit nog nooit gebeur dat 'n vlug twee ure geneem het om in te klaar—tyd geneem vanaf die eerste passasier wat aankom tot die laaste een geklaar. Normaalweg word vol vlugte binne die bestek van 'n uur ingeklaar. Op Sondag, 3 Februarie 1991 is vlug SA231 met 267 passasiers aan boord, byvoorbeeld in 40 minute ingeklaar en op Vrydag, 8 Februarie 1991 is vlug SA237 met 229 passasiers aan boord in 45 minute ingeklaar.

Slegs in hoogs uitsonderlike gevalle word daar nie daarin geslaag om 'n vlug binne die bestek van 1 uur in te klaar nie.

Dit gebeur gewoonlik as binnekomsvorms (BIS's) swak of glad nie volkooi is nie en die aantal probleemgevallen abnormaal hoog is.

(iv) Nog nooit is dit skriftelik of by die "You make the difference" vergaderings onder aandag gebring dat die Immigrasiebeamptes tydsaan is nie. Hierdie kantoor beskik oor talryke briewe waarin die reisigerspubliek hul waardering teenoor die Departement uitspreek vir die dienslewering wat hulle te beurt geval het deur die Immigrasiebeamptes Poortbeheer.

(v) U grondpersoneel sal daarvan kan getuig dat die Immigrasiebeamptes altyd hulpvaardig is en dat daar 'n gees van onderlinge samewerking heers. Onlangse voorbeelde hiervan is die drie Namibiërs wat sonder studiepermities en reisoekaartjies geland is na onderhandelinge met die Universiteit van Wes-Kaapland en self, asook die wyse waarop daar saamgewerk is om vlug SA237 (wat met 6 uur op 8 Februarie 1991 vertraag is) in te klaar.

The full letter, as well as copies of various letters in which the officials of the Department are being lauded for their excellent services rendered at the airport concerned, is available for the honourable member's perusal at my Department's Parliamentary Office.

*14. Mr J A Jordan — Justice. † [Withdrawn.]

Anti-Aids advertisements

*15. Mr M J ELLIS asked the Minister of Home Affairs: *Answered 26/2/91* (92)

- (1) Whether any representations have been made to him concerning free air-time on radio and television for anti-Aids advertisements of any form and/or Aids information or education programmes; if so, (a) by whom, (b) when and (c) what was (i) the purpose of and (ii) his response to these representations; if not,
- (2) whether he will give consideration to the matter? B194E

The MINISTER OF HOME AFFAIRS:

- (1) No, (a), (b) and (c) fall away.
- (2) Should such a request be received, it would be considered as in all other cases, in accordance with the guidelines for such programmes and advertisements.

Zeerust: assistance to refugees

*16. Mr P G SOAL asked the Minister of Foreign Affairs: *Answered 26/2/91*

Whether his Department recently assisted South African citizens who left their homes in Braklaagte and sought refuge in Zeerust; if so, (a) why was this assistance given, (b) what form did the assistance take, (c) what was the

and follow up of their treatment. The policy is thus not to take patients out of their social environment for long periods. Over the past year the average stay of leprosy patients at Westfort Hospital was 66 days.

Robertson: SAP action

*7. Mr J VAN ECK asked the Minister of Law and Order: *Handwritten: 26/2/91*

Whether, with reference to an incident at Robertson on 11 April 1990 (in which, allegedly, more than 140 people were injured during police action), the South African Police (a) has instituted a second investigation into the incident and/or (b) is still conducting such an investigation at present; if so, (i) why was it decided to institute the present investigation, (ii) who is in charge of the investigation and (iii) what progress has been made to date?

B178E

The MINISTER OF LAW AND ORDER:

(a) Yes.
(b) Yes.

(i) After the docket, which was investigated as a result of the occurrence at Robertson on 11 April 1990, was referred to the Attorney-General, and he had refused to institute any prosecution, the Commissioner of the South African Police instructed the South African Police to investigate and further investigation instituted into matters arising therefrom, also with a view to possible departmental steps, so that the unfortunate incident that occurred could be settled to the satisfaction of all the parties.

The honourable member was also requested to render any such assistance that he could give in the further investigation. All indications are that the matter will be settled to the satisfaction of all the parties.

(ii) Major-General R N van der Westhuizen.

(iii) The investigation has already been completed. Only medical reports are still outstanding. The docket will soon be resubmitted to the Attorney-General.

HOUSE OF ASSEMBLY

Police training colleges

*8. Mr K M ANDREW asked the Minister of Law and Order:

(1) Whether all police training colleges train recruits of all race groups; if so, since when; if not, (a) why not and (b) for which race groups does each such college cater;

(2) whether any changes are being considered in this regard; if so, what changes?

B185E

The MINISTER OF LAW AND ORDER:

(1) and (2)

The Police Colleges in Pretoria, Hammanskraal, Wentworth (now Chatsworth) as well as Bishop Lavis, have, as a result of tradition, but also for practical considerations such as religious practices, food preferences and customs, language preferences and location, until now trained only students belonging to the same population groups respectively.

Advanced training at the College for Advanced Training in Paarl; internal protection courses at Maleoskop and Verdrag; training for dog handlers at the South African Police Dog School in Pretoria and Appingendam; management development training at Silverton and courses offered by the South African Police Mechanical Training Centre in Benoni, have already been integrated.

The reason why this is being done here is because:

courses are presented for older members, who are more proficient in the official languages;

members are accommodated for shorter periods of time and the sacrifices with regard to food, etc, are therefore not as disruptive; as during basic training.

A thorough and urgent investigation is at present being carried out in order to determine how students will, in respect of their basic training, in future be grouped and a statement in this regard will be made shortly.

Commercial concerns: concessions

*9. Mr R M BURROWS asked the Minister for Regional Development: *Handwritten: 26/2/91*

(1) Whether any concessions have been paid to commercial concerns in respect of industries located in terms of the regional industrial development programme; if so, (a) what amount was paid in total in respect of the 1989-90 financial year and (b) what amount is expected to be incurred in respect of the 1990-91 financial year;

(2) whether he will make a statement on the matter?

Handwritten: 26/2/91 B207E

The MINISTER FOR REGIONAL DEVELOPMENT:

(a) No commercial concerns receive concessions under the Regional Industrial Development Programme (RIDP). Only secondary industries qualify for concessions. An amount of R780 249 000 was paid to approved regional industries under the RIDP in the 1989/90 financial year. An amount of R916 506 000 is budgeted for the 1990/91 financial year.

(b) None.

Aids programme: funds (92)

*10. Mr M J ELLIS asked the Minister of National Health: *Handwritten: 26/2/91*

(1) Whether her Department allocated any funds to an Aids programme recently; if so, (a) what total sum of money was allocated during the latest specified period of 12 months for which information is available and (b) what were the main areas of expenditure in this programme;

(2) whether the money initially allocated to this programme was sufficient; if not,

(3) whether additional money was allocated for this purpose; if so, from what source? B212E

The MINISTER OF NATIONAL HEALTH:

(1) (a) The Department of National Health and Population Development allocates funds to AIDS prevention through a number of different channels. This is a reflection of the polycentric nature of the HIV (Human Immunodeficiency Virus) pandemic. It is not possible to determine the exact funds that have been

spent on the combating of AIDS, because the combating of AIDS, a multidisciplinary responsibility is also narrowly entwined in the total Primary Health Care Programme and

(b) the Department has a specific AIDS unit based in Pretoria which has been involved in setting up and supporting the AIDS Training and Information Centres (ATICS), of which there are now ten in the country. The AIDS unit has been responsible for updating the National AIDS strategy and for promoting and developing educational interventions for young persons. The sum allocated for this unit for 1990/1991 was R5,4 million. The allocation for 1991/1992 has not been made public yet.

For nearly 6 years the administration has encouraged the screening for HIV antibodies of all donated blood. This small, but important part of HIV prevention costs about R10 million a year;

(2) in no country are there sufficient funds for all aspects of HIV prevention and this country is no exception. The Department of National Health and Population Development will continue to try and use such resources as we have in an efficient way and look for ways of mobilising further resources to meet the ongoing challenge of AIDS prevention.

(3) yes, additional funds for 1991/1992 have been diverted from the new allocation to the Primary Health Care budget.

AK 47 rifles

*11. Mr A J LEON asked the Minister of Law and Order: *Handwritten: 26/2/91*

(a) How many AK 47 rifles have been (i) seized in the course of police action and (ii) voluntarily surrendered to the South African Police for reward since 1 January 1991 and (b) in respect of what date is this information furnished?

B215E

The MINISTER OF LAW AND ORDER:

(a) (i) 106.

HOUSE OF ASSEMBLY

Aids has hit 100 000

CAM TIPS
26/2/91
92



Dr Wilson Carswell

By GLYNNIS UNDERHILL

A MINIMUM of 100 000 people are now infected with the HIV virus in South Africa and this figure is expected to rise to 200 000 within a year.

This was said yesterday by the newly-appointed medical adviser to the Aids unit of the Department of National Health and Population Development, Dr Wilson Carswell.

South Africa was six to eight years behind the Aids pandemic in other countries, he said.

The Department of National Health and Population Development released a draft copy of its strategy for Aids prevention yesterday.

The Aids unit aims to improve services to people with sexually transmitted diseases and tuberculosis, which have been closely linked to Aids.

It will also target women, who have been found in other countries to be infected with HIV in greater proportions and at an earlier age than men.

A close watch on children and HIV is also being placed high on the agenda in South Africa.

The major part of Dr Carswell's professional life has been spent in Africa, where he has been involved in fighting the HIV pandemic. He has also assisted in drawing up an Aids strategy for several African countries.

At a hospital in Kampala in Uganda he saw the virus spread rapidly to the extent that the number of HIV-infected patients seen by staff rose from one a month to 20 a day, he said.

More staff

The department would be asking for an increase in its budget to fight Aids, said Dr Carswell.

"If we make a good case, we will get the money."

The budget for 1991-1992 is R5,5 million and evaluation during the next 18 months would facilitate more appropriate budgeting for the next phase of the project, according to the draft strategy.

The Department of National Health and Population Development increased its staff at the Aids unit to seven this week, said Dr Manda Holmshaw, clinical psychologist at the unit.

- (1) (a) How many persons are employed by the staffing division of the Department of Education and Culture and (b) what are the (i) ranks and (ii) qualifications of the three most senior personnel;
- (2) whether he will make a statement on the matter?

D12E
The MINISTER OF THE BUDGET AND AUXILIARY SERVICES:

- (1) (a) None.
(b) (i) and (ii) fall away.
(2) No.

Mr K PANDAY: Mr Chairman, arising from the answer that has been given, could the hon the Minister supply me with information with regard to how many members of the personnel in his department are employed in the staffing division of the Department of Education and Culture?

The MINISTER OF THE BUDGET AND AUXILIARY SERVICES: Mr Chairman, with regard to the question posed by the hon member about those employed in the Department of Education and Culture, and of course I have given him the answer, no one is employed in that division. The staffing work is done by the officials in the Budget and Auxiliary Services. To assist the hon member I will certainly give the required information.

The Department of Budgetary and Auxiliary Services renders administrative and auxiliary services to all departments in the administration. Insofar as the handling of staffing relating to CS educators is concerned, this function is undertaken by the component Directorate: Personnel of my department, which consists of a staff complement of 32. The ranks of the three most senior personnel are Assistant Director: Personnel Management, Control Personnel Officer and Personnel Practitioner, and their qualifications are the Senior Certificate. I hope this satisfies the hon member.

Mr K PANDAY: Mr Chairman, further arising from that answer, is the hon the Minister aware that the personnel employed in this particular section are not performing their work productively?

The MINISTER: Mr Chairman, I am not aware of that. As far as I am concerned the administration is functioning extremely well. I have no problem whatsoever with my personnel in that section. They are most efficient and work very closely with the Department of Education and Culture.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

HIV positive: number of persons

36. Mr M J ELLIS asked the Minister of National Health:

How many (a) White, (b) Black, (c) Coloured and (d) Indian persons in the Republic tested HIV positive in 1990?

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The MINISTER OF NATIONAL HEALTH:

Figures by year are not available. The cumulative total of HIV positive cases as on 30 January 1991 is as follows:

- (a) 1 288 White
- (b) 4 113 Black
- (c) 173 Coloured, and
- (d) 39 Indian.

Occupational diseases: benefits payable

43. Mr J J WALSH asked the Minister of National Health:

(1) (a) (i) What are the benefits payable in terms of the Occupational Diseases in Mines and Works Act, No 78 of 1973, to persons found, after the commencement of the Act, to be suffering from compensable diseases and (ii) in respect of what date is this information furnished and (b) when were these benefits last revised;

(2) whether consideration will be given to removing the disparity in the benefits paid at present; if so, (a) when and (b) how will benefits be equalised; if not, why not?

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The MINISTER OF NATIONAL HEALTH:

(1) (a) (i)

	Whites	Indians	Coloureds and
Compensatable diseases (First degree)	R27 342	R16 485	
Compensatable diseases (Second degree)	R50 410	R29 634	
Tuberculosis	R11 574	R6 544	
Blacks			R3 695
Compensatable disease plus Tuberculosis	R4 611		
Tuberculosis	R2 096		
(ii) 13 July 1990 and (b) 13 July 1990 in terms of Amendment Act No 117 of 1990;			

(2) (a) yes, as soon as an actuarial report is submitted, a suitable draft amendment bill will be submitted to Parliament with the purpose of eliminating differences and (b) the best method of equalisation will be found and applied.

Spoornet: claims lodged

71. Adv J J S PRINSLOO asked the Minister of Mineral and Energy Affairs and Public Enterprises:

(a) What was the total amount of the claims lodged by users and insurers against Spoornet during the period 1 April 1990 up to and including 1 January 1991 as a result of the disappearance of goods transported by train in the Republic and (b) what were the total amounts for the corresponding periods in 1986-87, 1987-88, 1988-89 and 1989-90, respectively?

The MINISTER OF MINERAL AND ENERGY AFFAIRS AND PUBLIC ENTERPRISES:

(a) and (b) Information pertaining to claims as a result of theft is of a sensitive nature and can be used against Spoornet by competitors. Therefore, such information has not been disclosed or published since the corporatisation of Transnet.

CP attacks Minister for 'misleading' the public on Aids

The Department of Health was giving South Africans incomplete and misleading information on Aids, CP spokesman on health Dr Willie Snyman, said in the House of Assembly yesterday.

Speaking in an interpellation debate during which the CP was accused of seeing Aids as a possible solution to the race problem, he also called for compulsory Aids tests for immigrants from African states and for Aids to be made a notifiable disease.

He referred to a Departmental Aids pamphlet which, he said, mentioned only three ways of getting Aids.

It omitted to mention that it was not only through blood and other secretions that the virus was transmitted, but also through sweat.

There were many more methods of spreading Aids than mentioned in the pamphlet, including person-to-person con-

tact among toddlers.

It was unbelievable, and an injustice, that this information was being withheld from the South African public when Aids was becoming an epidemic that would result in the deaths of many people.

The information in the pamphlet was carried under a photograph of a number of babies that "vary from all shades of light green to dark green in the new South Africa".

Dr Francois Pauw (CP Nominated) said the Minister could take a lesson from the treatment for leprosy described in Leviticus where a sufferer was obliged to move out of society and to warn others by crying out "unclean, unclean".

Mike Ellis (DP Durban North) said it appeared that the CP saw Aids as having the potential to solve South Africa's race problem.

It was absolutely true that the department had a poor record in fighting Aids and the DP

was deeply concerned about the unabated spread of the disease, he said.

The R5,4 million spent on Aids programmes by the State last year was grossly inadequate in comparison to the scale of the problem.

What was needed was a vast education programme which would reach all citizens and into schools.

Unless Health Minister Dr Rina Venter had the support of all Ministers of Education in making this programme compulsory in schools, it would fail completely.

Dr Venter said she assumed Dr Snyman had been referring to media reports published last year. There was no published medical account in the world of Aids infection from a swimming bath or by simple body contact.

It was difficult to determine exactly how much was being spent on the fight against Aids, as the programme was distributed among all primary health

care centres in the country.

Prevention measures in hospitals were also difficult to quantify.

She said it was not possible to quarantine and immunise Aids sufferers as one might with sufferers of what were presently notifiable diseases.

The question of notifiability was being investigated, but the danger of making Aids notifiable was that a false sense of assurance would be created among the public that in doing that, the problem had been solved.

"The question is what we will do with the information that we get?" she said.

Combating Aids had been given high priority since the first two cases reported in South Africa in 1982.

The ongoing programme had been intensified last year, when an Aids subdirector of the department had been created. — Sapa.

'200 000 aids victims next year' 92

AT LEAST 100 000 people are now infected with the HIV Aids virus in South Africa and this figure is expected to rise to 200 000 within a year.

This prediction was made by the medical adviser to the Aids unit of the Department of National Health and Population Development, Dr. Wilson

Carswell. *Savelen 27/2/91*

The unit aims to improve services to people with sexually transmitted diseases and tuberculosis, which have been linked to Aids.

It will also target women, who have been found elsewhere to be infected with HIV in greater proportions. - *Sapa.*

'Notifiable disease' controversy re-opens

CHT Times 27/2/91

Own Correspondent

HARARE. — Sweeping powers to declare any sexually-transmitted disease a "notifiable disease" were given to Zimbabwe's Minister of Health, Dr Timothy Stamps, in legislation tabled here yesterday.

Two clauses, buried in the huge General Laws Amendment Bill, which revises no fewer than 30 unrelated statutes, appear certain to re-open the furious controversy which surrounded Dr Stamps' abortive attempt last year to have Aids made a notifiable disease.

Dr Stamps backed down on an initial bid to force doctors to inform health authorities of every case, after they protested it would lay Zim-

92
babwe's estimated 400 000 human immunodeficiency virus (HIV) positive patients open to ostracism and blackmail.

There are currently only 9 000 confirmed Aids cases, says Dr Stamps. The bill appears certain to become law, with the government holding 147 of the 150 parliamentary seats.

As the act stands, persons infected with notifiable diseases can be compulsorily quarantined and local authorities must be given their names and addresses.

Zimbabwean doctors have protested that unless they force suspected sufferers from Aids-related illnesses to have HIV blood tests, they cannot be certain they are carrying the virus.

Logging of HIV tests are ⁹² ^{4/3/91} urged

THE Government's failure to keep records of people tested HIV positive was a major cause for concern, according to the Democratic Party's spokesman for health, Mr Mike Ellis.

Ellis was responding to Minister of Health Dr Rina Venter's remarks in Parliament last week that annual HIV figures were not kept.

"One of the most important aspects of preventing the spread of Aids must be Aids surveillance and the keeping of careful records," Ellis said.

Tested

"Records must show, on a monthly basis, how many people are tested for HIV infection and how many of these test negative and how many positive.

"If this is not being done then the growing danger of Aids in this country cannot be accurately determined."

Venter said last week that a total of 5 613 people have tested HIV positive.

High

But Ellis said that the figure was obviously higher.

He said: "The Department of National Health itself has talked about over 300 000 HIV carriers - and independent organisations confirm that this figure is accurate with a doubling time of approximately 8 months.

84. Mr MJ ELLIS asked the Minister of National Health

Hansard 5/3/91

- (1) Whether consideration is being given by her Department to introducing legislation making it compulsory for all patients undergoing surgery in State hospitals to be tested for Aids prior to surgery; if so, what are the relevant details;
- (2) whether she will make a statement on the matter?

B195E

MARCH 1991

330

The MINISTER OF NATIONAL HEALTH:

- (1) The Department is presently not in favour of compulsory HIV-testing (92)

Because of the so-called "window-effect" a negative HIV-test in an individual practising high-risk behaviour may not be an accurate reflection of his HIV-status. All patients should therefore be seen as potentially infected. The key to occupational safety of all health care workers is therefore based on the rigorous implementation of infection control measures and the Department promotes this.

Hansard
5/3/91

The ethical rules of the South African Medical and Dental Council which at present determine among others that no medical practitioner may take a blood sample for HIV-testing from a patient without the patient's permission, must also be kept in mind;

- (2) no.

Own Affairs:

Answered 11/3/91
 Blacks R1 331 493 947
 Total R1 543 171 343 and
 Budgetary aid to the TBVC states will have to be increased by approximately 6,7% to reach parity with Blacks in the RSA, whilst an increase of approximately 33,6% will be required to reach parity with Whites in the RSA;

- (3) (a) not known and
- (b) (i) not known and
- (ii) social pensions represent at present 5,42% of the budget in the RSA;
- (4) no.

Aids: cases (92)
 37. Mr M J ELLIS asked the Minister of National Health:

How many cases of Aids were identified in the Republic, (a) excluding and (b) including the independent Black states, in 1990?
Answered 11/3/91 B102E

The MINISTER OF NATIONAL HEALTH:
 Data available as on 14 December 1990:
 (a) 270 and,
 (b) no information on Aids cases in the independent states is available.

Sandton: special crime prevention unit
 38. Mr D J DALLING asked the Minister of Law and Order: *Answered 11/3/91*

How many arrests in respect of each specified offence were effected in 1990 by the special crime prevention unit stationed in Sandton?
 B111E

The MINISTER OF LAW AND ORDER:

Offence	Number
Housebreaking	8
Robbery	1
Theft of motor vehicle	1
Possession of stolen property	2
Possession of unlicensed firearms	4
Illicit dealing in liquor	1
Dealing in dagga	4
Possession of dagga	197
Illegal immigrants	195

Consuming liquor in public
 Trespass 310
 Resisting arrest 34
 Escaping from lawful custody 2
 Total *Answered 11/3/91* 760

Certain police stations: serviceable patrol vehicles
 56. Mr D J DALLING asked the Minister of Law and Order: *Answered 11/3/91*

- (a) How many serviceable patrol vehicles (i) with and (ii) without radio equipment installed are stationed on a daily basis at the (aa) Sandton, (bb) Bramley, (cc) Wynberg/Alexandra and (dd) Lombardy East police stations and (b) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER: B113E

- (a) (aa) Sandton
 - (i) 8
 - (ii) 24
- (bb) Bramley
 - (i) 0
 - (ii) 20
- (cc) Wynberg/Alexandra
 - (i) 1
 - (ii) 23
- (dd) Lombardy East
 - (i) 5
 - (ii) 6

(b) 14 February 1991

Elucidation:
 The crews of the patrol vehicles of Sandton (24), Bramley (20) and Wynberg/Alexandra (23) in which no radio equipments installed, are all issued with portable radios which function effectively.

Mr Stanza Bopape
 63. Mr A VAN ECK asked the Minister of Law and Order: *Answered 11/3/91*
 (1) Whether, with reference to his reply to Question No 2 on 19 June 1990, any progress has been made in the investiga-

tion into the disappearance of Mr Stanza Bopape from police detention on 12 June 1988; if so, what progress;

- (2) whether he will furnish to the House the names of the members of the South African Police who accompanied Mr Bopape in the police vehicle on the day of his disappearance; if not, why not; if so, what are their names;
- (3) whether he will have an independent investigation instituted into the disappearance of Mr Bopape; if so, when; if not, why not?

The MINISTER OF LAW AND ORDER: B179E

- (1) No. *Answered 11/3/91*
- (2) No. It is in the interest of the members that their names are not made known.
- (3) Investigation into the disappearance of Mr Bopape has already been instituted by the Detective Branch since his disappearance. This investigation is taking place in an impartial manner under the personal supervision of a Lieutenant-General of the South African Police.

ANC/PAC: members of SAP *Answered 11/3/91*
 70. Adv J J S PRINSLOO asked the Minister of Law and Order: *Answered 11/3/91*

	1987	1988	1989	1990
(1)	3 775	3 903	3 678	5 456
(2) (a) (i)	357	360	277	229
(ii)	R677 452,66	R699 594,86	R686 135,78	R611 132,48
(b)	R489 187,24	R209 995,75	R182 422,28	R846 317,67

Brits: crime reported

77. Mr A GERBER asked the Minister of Law and Order: *Answered 11/3/91*
 How many cases of (a) serious and (b) less serious crime were reported to the South African Police in Brits during the months of (i) October, (ii) November and (iii) December in 1989 and 1990, respectively?
 B220E

The MINISTER OF LAW AND ORDER:

	1989	1990
(a) (i)	338	391
(ii)	354	402
(iii)	389	418
(b) (i)	826	1 114
(ii)	790	1 116
(iii)	856	1 138

Whether any persons who were previously members of the ANC or PAC are members of the South African Police at present; if so, (a) how many of them are (i) Blacks, (ii) Whites, (iii) Coloureds and (iv) Indians and (b) in respect of what date is this information furnished?
Answered 11/3/91 B186E

The MINISTER OF LAW AND ORDER:
 Yes.
 (a) It is not in the public interest, and in the interest of the members themselves, to make information of this nature known.
 (b) 18 February 1991.

SAP: civil claims

75. Mr A J LEON asked the Minister of Law and Order: *Answered 11/3/91*
 (1) How many civil claims were instituted against the South African Police in 1987, 1988, 1989 and 1990, respectively;
 (2) in respect of each such year, (a)(i) how many such claims were settled out of court and (ii) at what cost to the State and (b) what total amount in damages was awarded against the Police by the courts?
 B217E

The MINISTER OF LAW AND ORDER:

Blacks R1 331 493 947
 Total R1 543 171 343 and
 (b) Budgetary aid to the TBVC states will have to be increased by approximately 6,7% to reach parity with Blacks in the RSA, whilst an increase of approximately 33,6% will be required to reach parity with Whites in the RSA;

- (3) (a) not known and
- (b) (i) not known and
- (ii) social pensions represent at present 5,42% of the budget in the RSA;
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Aids: cases (42)
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 Answer: 11/3/91 B102E

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Data available as on 14 December 1990:
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Consuming liquor in public 310
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 Resisting arrest 2
 Escaping from lawful custody 1
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Elucidation:
 The crews of the patrol vehicles of Sandton (24), Bramley (20) and Wynberg/Alexandra (23) in which no radio equipment installed, are all issued with portable radios which function effectively.

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- (1) Whether, with reference to his reply to Question No 2 on 19 June 1990, any progress has been made in the investigation into the disappearance of Mr Stanza Bopape from police detention on 12 June 1988; if so, what progress;
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- (3) whether he will have an independent investigation instituted into the disappearance of Mr Bopape; if so, when; if not, why not?

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- (3) whether he will have an independent investigation instituted into the disappearance of Mr Bopape; if so, when; if not, why not?

The MINISTER OF LAW AND ORDER: B179E

- (1) No. Answer: 11/3/91
- (2) No. It is in the interest of the members that their names are not made known.
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(iii)	389	418
(b) (i)	826	1 114
(ii)	790	1 116
(iii)	856	1 138

ment to put the home back in a sound financial position, what amount was used. We should also like to know, if there is a certain company by the name of Dinny Investments, whether they were involved and whether the members who were members of the committee were also on the directorate of Dinny Investments. [Time expired.]

*The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Chairman, I want to continue with my report. I want to repeat that I cannot reply in full now to the questions put to me by the hon member for Border and the hon member for Bishop Lavis. Let me first tell hon members, before I get to the point, that I sent a letter to every hon member of Parliament and told them that, if they had any complaints about my department, to bring them to my attention. The hon member for Border and the hon member for Bishop Lavis did not even react to my letter. Then I could have spelt it out to them fully because I have absolutely nothing to hide.

Let me continue with my prepared notes. The matter was discussed in depth and the explanations of the members of that management were accepted by my department. This had a sequel at the next annual general meeting on 20 October 1990. At that annual general meeting the chairman's report was read aloud and was rejected. The same then applied to that of the secretary and the treasurer. The reports of both were rejected and a proposal for their rejection was adopted.

In terms of a decision taken during the meeting, an interim committee of 10 members was constituted to see to the running of the home and to tackle financial matters. An annual general meeting during which the affairs of the home will be finalised is envisaged. These were aspects that I reported *inter alia* to the Ministers' Council. I can assure hon members today that all the funds of this inexperienced, well-intentioned committee of that home were cleared and that the State was not prejudiced. [Time expired.]

*Mr P A S MOPP: Mr Chairman, it is clear that the hon the Minister knows absolutely nothing about what is going on there. [Interjections.] I have not even touched upon the petrol and batteries. We have not mentioned other things that were bought on account either.

HOUSE OF REPRESENTATIVES

*The MINISTER: The hon member for Betheldorp goes in for backstabbing.

*Mr N M ISAACS: The hon the Minister is still voicing abuse.

*The CHAIRMAN OF THE HOUSE: Order! The hon the Minister must withdraw the word "backstabbing". [Interjections.]

*The MINISTER: I withdraw it, Mr Chairman.

Debate concluded.

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Aids-related statistics

3. Mr W J DIETRICH asked the Minister of National Health:

(1) Whether persons admitted to provincial hospitals in the Port Elizabeth/Uitenhage area are tested to ascertain whether they

are HIV positive; if not, why not; if so, (a) at which hospitals, (b) how many of those tested were (i) children and (ii) adult (aa) males and (bb) females, (c) how many persons tested HIV positive and (d) in respect of what period or date is this information furnished;

(2) what is the present Aids-related death rate in the above area;

(3) whether she will make a statement on the matter?

C14E

The MINISTER OF NATIONAL HEALTH:

(1) No, it is not policy to test patients upon admission unless there are clinical indications for such tests;

(a), (b), (c) and (d) fall away;

(2) the present Aids-related death rate in the above-mentioned area is:

	1989	1990
Port Elizabeth	4	8 (1 child)
Uitenhage	0	2 ;
(3) no.		

I want to state very clearly that this bunch of deserters from the LPSA are . . . [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order! The hon member for Riversdal must give the hon Minister a chance to complete his speech.

*The MINISTER: He has already paid. [Interjections.]

*The CHAIRMAN OF THE HOUSE: Order! The hon the Minister may proceed.

*The MINISTER: Those hon members are disparaging the LPSA. They are repudiating the hon leader of the LPSA. They are doing him harm. Seeing that they failed in dislodging him and damaging his name, they are running to hon members of Parliament and snapping at Ministers.

*The CHAIRMAN OF THE HOUSE: Order! The hon the Minister's time has expired.

HOUSE OF REPRESENTATIVES

Aids 'a grave threat'

12/3/91
ANCOR

Popkiss reports alarming figures for Cape Town

By CLIVE SAWYER
Municipal Reporter

92
AIDS was a grave threat to Cape Town, according to Dr Michael Popkiss, City Council Medical Officer of Health.

But Dr Popkiss said preventive education could still help.

In his annual report he said that by last June there were 551 known HIV-infected people in the Western Cape and 71 with Aids.

The City Council Aids Training, Information and Counselling Centre had about 2 000 incoming calls a month and distributed more than 170 000 pamphlets in English and Xhosa. Afrikaans pamphlets will be sent out this year.

Dr Popkiss said Aids should remain a priority of the council, State and private sector.

Excluding syphilis and gonorrhoea, the number of new cases of sexually transmitted diseases increased by 51,23 per cent in 1989/1990.

Homicide ranked third as a cause of death in the black community and fifth in the coloured community.

Referring to photo-chemical smog, Dr Popkiss said the deteriorating quality of Cape Town's air was an indication that planning was needed to avoid serious environmental and health hazards.

There were 4 558 reported cases of tuberculosis in 1989/90. Of the 164 deaths caused by TB, 38 were in Langa and 35 in Guguletu.


Measles was the subject of a special campaign in the city, Dr Popkiss said.

TRENDS

Helping you keep up with the future

Residents of a British housing estate, where life expectancy is 10 years below the national average, and who suffer the highest asthma rates in the country, are to take legal action against ICI and British Steel over air pollution. — The Observer.

MEDICAL NOTEBOOK
 Edited by
 Marika Shoros



Aids spectre must be tackled

Stev 14/3/91

92

While new statistics on how Aids is ravaging the population hit the headlines almost daily, when it comes to dealing with the problem, South Africa has been slow to respond. Local anti-Aids campaigns appear to have had minimal impact.

Aids is regarded as one of the most serious health problems in South Africa today and, in the absence of a cure, the only way to limit the spread of the virus is through education and "safe" sexual practices.

But local anti-Aids campaigns have been severely limited in scope and appear to have had minimal impact.

Senior deputy Medical Officer of Health with Johannesburg City Council Dr Nicky Padayachee says there will be 315 000 Aids carriers in South Africa by the end of 1991 if present trends continue. This figure will balloon to between 2.5 and 7.5 million by the year 2005. More pessimistic researchers predict 10 million infected by the turn of the century.

Such figures have shaken the Government out of its lethargy in recent months and, according to Minister of Health and Population Development Dr Riba Venter, it now regards Aids as an "absolute priority".

Similarly, the ANC has also acknowledged the gravity of the threat, after years of denying its existence, and declared "the entire democratic movement should make (Aids) a priority".

Such unprecedented consensus between the country's two main political groupings would seem to bode well for the rapid spread of Aids education programmes. The reality has fallen far short.

Working off a R5.4 million budget — far below international norms — the Government Aids education campaign has been largely confined to printing pamphlets and producing educational videos combined with an advertising media blitz. Similarly starved of funding, ANC input has been restricted to forming a few action committees.

Dr Padayachee that notes-



search shows that such methods are relatively successful in spreading awareness about Aids, but they fail to make people change sexual behaviour patterns.

This problem is exacerbated by the Government's lack of credibility among the black population, particularly the youth, who tend to regard the campaign as a plot to keep the black population down.

The Professor of Pathology at University of Natal Medical School, Dr Saramin Kahlcurum, says the current campaign is almost completely ineffective in rural areas where most people are illiter-

ate and lack access to the media.

In response, various groups have tried more unconventional methods, including Aids comic books and dramatic presentations.

But the experience of fieldworkers round the world has found the best means of Aids education is through trained workers who can deal personally with different groups, preferably in their own language and with a knowledge of local sexual customs.

Most experts agree the Government alone cannot cope with Aids — education initiatives should be expanded through a combination of gov-

ernment, community and business resources.

The Director of the Aids Policy Research Group and author of the manual "Facing Aids", Andre Spier, says the private sector could play an important role in working with and funding Aids education. It is in its own interests if the business community hopes to maintain a healthy labour force over the coming years.

Industry surveys show some groups, such as the Chamber of Mines, have launched extensive in-house Aids education programmes, but most major companies have yet to take action.

Aids education in schools is equally contentious. The Government, held back by the NP's Calvinist heritage, has been reluctant to institute such programmes. Late last year Minister Venter conceded the need for such education and at a conference in Pretoria last week a strategy for Aids prevention in schools was set out.

This is encouraging, but the campaign is centered around the importance of abstinence and Dr Kahlcurum notes such a policy ignores the reality of widespread sexual activity among school children. Even more ridiculous, in an incident that revealed government ambivalence about Aids education, a pamphlet was recently banned for providing a too-graphic description of how to put on a condom.

But there are signs that the State is starting to make good its promises to take Aids more seriously. Last January it convened a special intra-governmental task force to formulate and implement plans of action.

To complement these new strategies, the Department of Health is hoping to expand its Aids budget substantially this year and use it to fund Aids Education and Training Centres nationwide. A revised Aids prevention strategy now acknowledges non-governmental, community groups as "important partners in the fight against Aids".

Aids workers hope such new initiatives will quickly expand and other groups, especially in the business community, will follow suit.

But even if the campaigns get off the ground, the sad truth is that they may still have little effect on people's sexual lifestyles.

"Until we see people start dying," laments Mr Spier, "the full message will not get through."

MARK SUZMAN

Plans for ^{9/13}
Aids ⁹²
programme ^{Sowetan 14/3/91}

A PROGRAMME aimed at making children Aids-literate by Standard 5 has been started by the Department of National Health and Population Development.

The programme is part of the department's Aids prevention campaigns and will focus mainly on school-going children and their parents.

It was decided at a workshop in Pretoria recently that close co-operation be forged between the health department and education authorities during all phases of the programme and its implementation.

Teachers will receive Aids training to ensure an emphatic attitude. - *Sowetan Correspondent.*

AIDS was good news for Vulco

92
MATTHEW CURTIN

THE AIDS epidemic has increased demand for condoms and surgical gloves and dramatically boosted the performance of SA's largest manufacturer of latex products, Vulco Latex Industries.

The company's turnover had doubled to R30m a year in only four years, Vulco finance executive Richard Turk said yesterday. *B/Oam 15/3/91*

GM Etienne Human said the company was poised to launch an export drive, thanks to a R5m investment from parent company Smith & Nephew International, which acquired Vulco in 1985.

Vulco would have raised production capacity by about 30%, once a R1.1m plant expansion programme was completed.

The company's products were registered with the SA Bureau of Standards (SABS) and British Standards Institute (BSI).

In 1986 Vulco — the only local manufacturer of condoms — was on the verge of mothballing its ageing condom production line which had a capacity of 4-million units

a year. Now Vulco's condom production capacity was 20-million units a year, after new plant was installed.

Human said most of Vulco's business came from the sale of surgical gloves. As doctors and nurses became aware of the dangers of the HIV virus, demand surged. There had been a 1 000-fold increase in demand for examination gloves.

The company supplied 70% of the R24m local market for disposable surgical gloves. Department of Health tenders for gloves and condoms accounted for 85% of local glove and condom supply.

Human said Vulco expected to derive R4m from its exports of surgical gloves by year-end.

Human said the key to Vulco's export success would be its compliance with international standards — SAMS, BSI and, in the near future, European requirements — for gloves and condoms.

Women get help in fight against Aids

By SOPHIE TEMA

(Press 17/3/91)

92

AT last! A condom for women - and it will probably be available in South Africa soon.

Director-general for health and planning in the Department of Health and Population, Dr Hans Steyn, said the government was investigating the possibility of registering the condom, soon to be launched by a British firm.

The condom will protect women against contact with sexually transmitted diseases - including Aids, which is on the increase among women in South Africa.

Minister of Health and Population Development, Dr Rina Venter, said on Friday that a survey conducted between October last year and March this year, revealed an increasing number of women with the HIV virus - many of them pregnant.

The survey found 683 new HIV cases. This is in addition to the 100 000 cases already identified in South Africa. Since 1982 there have been 282 reported deaths from the disease.

Of the 683 HIV cases, 505 are males and 175 females, with 91 babies infected.

The Department - which spent R320 000 on the survey to determine the prevalence of the HIV virus in South Africa - has also accepted the estimate that between 119 000 and 168 000 blacks would be infected by 1991.

Clinch
Lehuts

ANC spearheads big AIDS action drive

THE ANC has launched a mass house-to-house campaign to educate people about the dangers of AIDS.

Campaign committee head Mzwai Piliso said this week that the AIDS education campaign was part of a number of mass campaigns launched by the ANC.

Others included the education crisis campaign, the campaign for the release of political prisoners and a signature campaign.

Urgent

The signature campaign kicks off this week with countryside newspaper advertisements which have cost the organisation an estimated R120 000.

Its aim is to mobilise the masses to campaign for a constituent assembly and an interim government.

The AIDS campaign started in Natal with seminars by the ANC's health secretariat and will later

By SIPHO NGCOBO

be "taken into every house" by the organisation's branches.

Said Mr Piliso: "The ANC sees the AIDS issue as something that needs urgent attention. The education of the masses is of vital importance."

Mr Piliso said the ANC was concerned about the spread of AIDS and the complacency among South Africans — particularly the youth.

He said it was alarming that many South Africans continued to ignore the killer epidemic.

"This is a deadly virus that cannot be ignored. We feel we have to educate our people about the dangers of the disease," Mr Piliso said.

The ANC's AIDS campaign comes at a time when the heterosexual spread of AIDS has reached alarming proportions.

According to the National Health and Population Development Department, 446 000 South Africans are expected to be HIV positive by the end of this year.

By late last year, the number of reported AIDS cases had increased to 554. The number of deaths was 250 — a 45 percent fatality rate.

Of the total number of cases, 422 were men and most cases (198) occurred in the 20-39 age group.

The department said the virus was taking a heavy toll on the most economically active age group.

According to the World Health Organisation, about 45 percent of South Africa's workforce could be HIV-positive if nothing is done to prevent the spread of the disease.

Orphans

At least one HIV-infected baby is born in South Africa every day.

At Soweto's Baragwanath hospital alone, 300 HIV infected mothers gave birth last year — a three-fold increase on 1989.

WHO estimates that by 1992 more than four million children will have been born to infected mothers and an additional 10-million children will be orphaned as their parents die of the disease.

The organisation estimates that between eight and 10 million people world-wide are already HIV positive and about 1.2 million men, women and children have full-blown AIDS.

Aids escalating in SA as 48 new cases noted

By Carina le Grange

From the beginning of the year to March 8, 48 new cases of Aids were reported in South Africa, according to the Department of National Health and Population Development, which released the data on Friday.

This brings the cumulative total of recorded Aids cases in South Africa to 693. To date there have been 282 deaths — 41 percent of the total recorded cases.

Some 91 of the cases were those of children, the result of mother-to-child transmission. This year, nine new paediatric cases were recorded.

The information supplied by the department is based on anonymous data from the SA Institute for Medical Research.

The latest figures were released simultaneously at a

press conference together with the findings of the first survey of a proposed annual survey of HIV incidence among pregnant women attending ante-natal clinics.

The escalation of Aids in South Africa can be seen from the increase in the totals over the following number of years: 24 cases in 1986, 39 in 1987, 87 in 1988, 172 in 1989 and 291 in 1990.

The department says the fatality rate of 41 percent is lower than expected and that this was probably the result of under-reporting.

Illustrated

The department says that from 1982, when the first cases were reported, to 1989, homosexual/bisexual transmission accounted for 63 percent of Aids cases and heterosexual and paediatric cases 28 percent.

The increase in the incidence of heterosexual transmission is illustrated by the

increase in cases in the black population (where homosexual cases are minimal) from nil to 333.

The total among whites is now 326, of which 285 cases are through homosexual transmission. Homosexual/bisexual cases peaked at 83 in 1989, dropping to 66 in 1990.

In 1990 heterosexual and paediatric transmission was predominant. The department says the newly released statistics point to the known fact that women are more at risk of HIV infection than men.

The department says that in the light of these findings, women should be regarded as an important group for educational intervention.

"Women should be encouraged to improve their conditions and status in the light of the fact that they usually have less power than men, which makes it impossible for them to insist on safe sex," it says.

Pregnant women undergo HIV tests

By Carina le Grange

An HIV incidence of 0,76 percent among pregnant women attending ante-natal clinics was recorded in the first survey of its kind done by the Department of National Health and Population Development, Minister Dr Rina Venter announced on Friday.

(This is an incidence of 76 HIV positivity out of 10 000 pregnant women.)

The highest prevalence of

HIV infection — 1,6 percent — was shown in Natal/Kwa-Zulu, followed by the Free State and Transvaal with 0,58 and 0,53 percent respectively. The Cape demonstrated the lowest prevalence at 0,16 percent.

The incidence among black pregnant women was 0,89 percent, coloureds 0,16 percent and whites 0,06 percent. Too few Asian women were tested to supply an acceptable confidence rate.

Dr Venter said the survey was conducted among pregnant women at ante-natal clinics because these blood specimens were readily available.

According to the report on the findings of the survey, "South Africa compares favourably with other countries". A study in Zaire in 1986/87 found an incidence of 5,8 percent, and in Kampala, Uganda, more than 20 percent of pregnant women were found to be HIV positive.

the Auditor-General's investigation.

The committee was told money disbursed under the

had completed its work.

However, by yesterday he had not responded.

● Comment: Page 6

More than 100 000 HIV virus carriers — Venter

GERALD REILLY

PRETORIA — More than 100 000 South Africans are carriers of the HIV virus, National Health and Population Development Minister Rina Venter said at the weekend. *8/24 1813/91*

Addressing a media conference on the results of a national HIV survey of women attending antenatal clinics, Venter said 0,7% of the 14 376 specimens taken countrywide were HIV positive.

Up to March 8 a cumulative total of 683 cases had been reported in SA. Deaths totalled 282 since 1982 — a fatality rate of 41%. This was less than expected probably due to under-reporting of AIDS-related deaths.

National Health and Population Development director-general Coen Slabber said no advances had been made in the treatment of the disease and none was likely before the end of the century.

Of the 683 cases, 505 were men and 178 women. Since the beginning of the year 48 AIDS cases had been diagnosed.

Latest statistics showed women were more at risk of HIV infection than men, and HIV infection was present in pregnant women in every community. Venter said it could take more than 10 years for the first symptoms to appear.

The survey showed the highest HIV rate was in Natal-Kwazulu — 1,61% of the population — followed by the Free State 0,58% and Transvaal 0,53%. The Cape was lowest with a figure of 0,16%.

In the Johannesburg area 0,83% of pregnant women tested positive, Durban was slightly better while in greater Cape Town the figure was lower at 0,02%.

Referring to a recent estimate that between 119 000 and 168 000 blacks were infected by the end of last year, Venter said her department's estimate was between 74 000 and 102 000.

A NEW service to help people with incurable diseases will be started in Soweto from April 1.

The project is called Hospice-in-Soweto which will treat about 60 to 80 patients who lie at Baragwanath Hospital awaiting death.

According to Mrs Rowena Murraybrown, development director of Hospice Association of the Witwatersrand, it is conservatively estimated that there are about 6 000

SOWETAN REPORTER

deaths a year due to terminal disease in the central Witwatersrand area.

"Of these, about 3 000 occur in Soweto. At this time, cancer is the biggest cause, accounting for over 85 percent of instances.

"However projections of AIDS cases intimate that by 1995, about 10 000 people in Soweto will die of this syndrome" she said.

Murraybrown said the

Hospice care comes to Soweto

incidence of AIDS was far higher among the black population and the emphasis was

heterosexual rather than homosexual. "Some 10 or more patients with AIDS are to

be found at the clinics in black areas a week on average. Last year alone, some 600 to 700 babies at

Baragwanath Hospital were HIV-positive at birth," she said. Patients and families

needing help from Hospice-in-Soweto can get in touch with Baragwanath Hospital, Hillbrow Hospital or Primary Health Care Centres (clinics) including the Alexandra Clinic.

The aim of the programme was to provide medical, nursing, psychological, emotional, social, spiritual, religious, economic or any other need that might arise in a family that has a terminally ill person.

Murraybrown said the service was provided on the basis of need and not on the ability to pay, to anyone regardless of race, religion or cause of condition.

The committee that is to run the Hospice-in-Soweto includes Mrs Pat Chakane, Mrs Adelaide Mahlakahlaka, Mrs Mildred Makhaya, Mrs Elizabeth Moseu Mr Elias Ngema, Rev Paul Verryn, Mrs Christine Maitli, Mrs Angie Mabena, Mrs Mildred Mdiadamba, Mrs Virginia Monmakgotla, Mrs Fikile Moshwa, Mr Phillip Nkwengwa, Mrs Joyce Radebe, Mrs Zukiswa Shinganya, Mrs Agnietta Xulu and Mrs Dikgale

Care

The idea of launching a Hospice-in-Soweto started from a need that arose from the people who held a public meeting in May 1990 at the Orlando Methodist Church

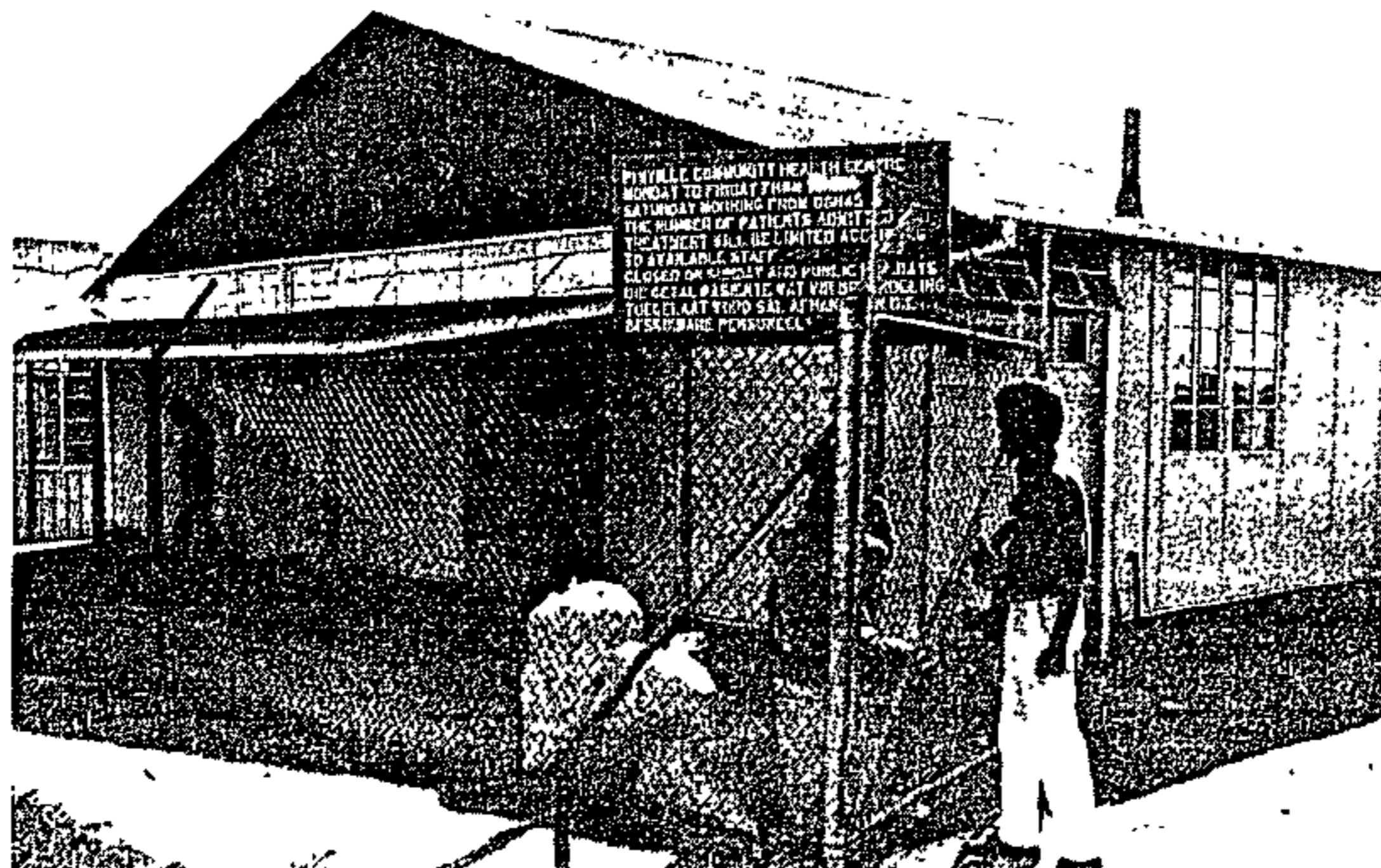
Last month, Dr George Louw, superintendent of the Soweto Community Health Services, gave permission that the unused maternity wards at the Senaone Clinic be used to house the Hospice-in-Soweto.

People wishing to attend as out-patients will be seen by a doctor, nurse and care worker at the clinic.

An extensive home care and support network will be established by upgrading existing district nursing services through training in terminal care.

Murraybrown said ordinary people who volunteer to assist terminally ill people can be trained to provide effective care and support "so very necessary" when the family faces terminal disease and death.

She said "We further believe that through the development of careworkers we will be providing the community with a new resource of persons imbued with specific skills which will have a widespread positive impact on the quality of life of all inhabitants of Soweto."



All clinics in Soweto will accept terminally ill patients for referral to the hospice which at present is housed at Senaone Clinic.

NU METRO THEATRES	
NOW SHOWING: 15-21 MARCH	
BOOK AT COMPUTICKET	
NU METRO 1-6 HYDE PARK 417-3091	NU METRO 1-6 BEDFORDVIEW 616-6628
SLEEPING WITH THE ENEMY Julia Roberts, Patrick Bergin (2-18) DAILY 9:30, 12:15, 2:30, 5:15, 7:45, 10:00	HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 1:01, 8:00, 9:00
HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15
GOODFELLAS Robert De Niro, Ray Liotta (2-19) DAILY 9:30, 12:15, 1:01, 8:00, 9:00	GHOST Patrick Swayze, Demi Moore (2-14) DAILY 9:30, 12:15, 2:30, 5:15, 7:45, 10:15
THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15	WILD ORCHID Melanie Lynskey, John Wood (2-19) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
THE GODFATHER III Al Pacino, Andy Garcia (2-14) DAILY 10:00, 1:15, 4:30, 8:30	MEN AT WORK Charles Sheen, Emilio Estevez (A) DAILY 9:00, 1:00, 3:00
GHOST Patrick Swayze, Demi Moore (2-14) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15	LAST EXIT TO BROOKLYN Stephen Lang, Jennifer Jason Leigh (2-19) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
NU METRO CITY 1-B (Formerly Star City) Cnr. CLAIM/PLEIN ST. 337-3033/23-5871	NU METRO 1-7 HILLBROW 725-1035
HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00
HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15
THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15	LAST EXIT TO BROOKLYN Stephen Lang, Jennifer Jason Leigh (2-19) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
THE GODFATHER III Al Pacino, Andy Garcia (2-14) DAILY 10:00, 1:15, 4:30, 8:30	WILD ORCHID Melanie Lynskey, John Wood (2-19) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
GOODFELLAS Robert De Niro, Ray Liotta (2-19) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	MEN AT WORK Charles Sheen, Emilio Estevez (A) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
WILD ORCHID Melanie Lynskey, John Wood (2-19) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00	PROBLEM CHILD John Ritter, Mark Wahlberg (A) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
MEN AT WORK Charles Sheen, Emilio Estevez (A) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00	GOODFELLAS Robert De Niro, Ray Liotta (2-19) DAILY 9:30, 12:15, 3:00, 6:00, 9:00
AMERICAN KICKBOXER Jean-Claude Van Damme (2-18) DAILY 9:30, 12:15, 2:30, 5:15, 7:45, 10:00	NU METRO HANDBURG 787-0340
IMPULSE Liam Neeson, Rebecca Pidgeon (2-19) DAILY 9:30, 12:15, 2:30, 5:15, 7:45, 10:00	THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15
NU METRO 1-2 BALFOUR PARK 887-8543	THE MUSIC TEACHER Michael Douglas, Holly Hunter (2-19) DAILY 9:30, 12:15, 2:30, 5:15, 7:45, 10:00
THE GODFATHER III Al Pacino, Andy Garcia (2-14) DAILY 10:00, 1:15, 4:30, 8:30	NU WORLD CENTRE 494-3001 (Formerly Showworld) Baragwanath Road ALL ADMISSIONS R4,00
THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15	THE GODFATHER III Al Pacino, Andy Garcia (2-14) DAILY 10:00, 1:15, 4:30, 8:30
THE GODFATHER III Al Pacino, Andy Garcia (2-14) DAILY 10:00, 1:15, 4:30, 8:30	THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15
LEBA KLERKSDORP, (016) 214564	HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00
HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	QUICK CHANGE Bill Murray, Grecco Davy (2-14) DAILY 9:45, 12:15, 2:30, 5:15, 7:45, 10:00
VAAL VEREENIGING (016) 21-1339	DEATH WARRANT Jean-Claude Van Damme (2-18)
THE ROOKIE Clint Eastwood, Charlie Sheen (2-18) DAILY 9:30, 12:00, 2:30, 5:15, 7:45, 10:15	IMPULSE Liam Neeson, Rebecca Pidgeon (2-19)
HAVANA Robert Redford, Lena Olin (2-14) DAILY 9:30, 12:15, 3:00, 6:00, 9:00	MEGACITY NU METRO MMABATHO (0140) 2-3553 MON-SAT 9:45, 12:15, 2:30, 5:15, 7:45, 10:00 SUN 12:15, 2:30, 5:15, 7:45, 10:00
MIDRAND CONSTANTIA (011) 805-4265	HAVANA Robert Redford, Lena Olin (2-14)
400 GOODFELLAS Robert De Niro, Ray Liotta (2-19) MON-FRI 7:00, 9:30 SAT 4:30, 7:00, 9:30	MEN AT WORK Charles Sheen, Emilio Estevez (A)
150 AMERICAN KICKBOXER Jean-Claude Van Damme (2-18) MON-FRI 7:00, 9:30 SAT 4:30, 7:00, 9:30	QUICK CHANGE Bill Murray, Grecco Davy (2-14)
CINE MMABATHO SUN HOTEL (0140) 2-1144 EXT. 2830	GHOST Patrick Swayze, Demi Moore (2-14)
NOW SHOWING Jean-Claude Van Damme	A.W.O.L. ACTION (2-16)

MOVIES

KINE ENTERTAINMENT CENTRE 331-3841/2	SANDTON CITY 1-9 783-4430/1	EASTGATE 1-6 822-3617/8	WESTGATE 1-3 764-2530
Mon-Thurs 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm Fri-Sat 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	Daily 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm	Daily 10:00, 12:15, 2:30, 5:30, 7:45, 10:15 pm	Daily 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm
SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)
Daily 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	Daily 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	Daily 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	Daily 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm
THE GODFATHER III (2-14)	AWAKENINGS (PG2-10)	AWAKENINGS (PG2-10)	AWAKENINGS (PG2-10)
DAILY 10:00, 2:30, 5:30, 8:30 pm	DAILY 10:00, 2:30, 5:30, 8:30 pm	DAILY 10:00, 2:30, 5:30, 8:30 pm	DAILY 10:00, 2:30, 5:30, 8:30 pm
THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)
DANCES WITH WOLVES (2-12)	DANCES WITH WOLVES (2-12)	DANCES WITH WOLVES (2-12)	DANCES WITH WOLVES (2-12)
DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm
POSTCARDS FROM THE EDGE (2-16)	POSTCARDS FROM THE EDGE (2-16)	POSTCARDS FROM THE EDGE (2-16)	POSTCARDS FROM THE EDGE (2-16)
DAILY 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm	DAILY 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm	DAILY 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm	DAILY 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm
MARKED FOR DEATH (2-19)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)
MON-THURS 10:00, 12:15, 2:30, 5:30, 7:45, 10:00 pm FRI-SAT 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 2:15, 5:15, 8:00, 10:30 pm	DAILY 10:00, 2:15, 5:15, 8:00, 10:30 pm	DAILY 10:00, 2:15, 5:15, 8:00, 10:30 pm
CAGE (2-16)	GOODFELLAS (2-19)	GOODFELLAS (2-19)	GOODFELLAS (2-19)
DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm
PREDATOR 2 (2-19)	REVERSAL OF FORTUNE (2-13)	REVERSAL OF FORTUNE (2-13)	REVERSAL OF FORTUNE (2-13)
WEEKEND AT BERNIE'S (2-14)	HOME ALONE (ALL)	HOME ALONE (ALL)	HOME ALONE (ALL)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
DEATH WARRANT (2-19)	MEMPHIS BELLE (2-10)	MEMPHIS BELLE (2-10)	MEMPHIS BELLE (2-10)
HOME ALONE (ALL)	MEMPHIS BELLE (2-10)	MEMPHIS BELLE (2-10)	MEMPHIS BELLE (2-10)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)
DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 9:45, 12:15, 2:30, 5:30, 8:00, 10:30 pm
THE ROOKIE (2-18)	THE ROOKIE (2-18)	THE ROOKIE (2-18)	THE ROOKIE (2-18)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
CAGE (2-16)	CAGE (2-16)	CAGE (2-16)	CAGE (2-16)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
PRETORIA (2-14)	PRETORIA (2-14)	PRETORIA (2-14)	PRETORIA (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)
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THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)
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CAGE (2-16)	CAGE (2-16)	CAGE (2-16)	CAGE (2-16)
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WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
PRETORIA (2-14)	PRETORIA (2-14)	PRETORIA (2-14)	PRETORIA (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)	SLEEPING WITH THE ENEMY (2-18)
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THE ROOKIE (2-18)	THE ROOKIE (2-18)	THE ROOKIE (2-18)	THE ROOKIE (2-18)
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THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)	THE GODFATHER III (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
CAGE (2-16)	CAGE (2-16)	CAGE (2-16)	CAGE (2-16)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm
WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)	WEEKEND AT BERNIE'S (2-14)
DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm	DAILY 10:00, 12:15, 2:30, 5:30, 8:00, 10:30 pm

100 000 Aids carriers in SA

Cr. Tim. 18/3/91

25% of 92
Zim victims are children

Own Correspondent

PRETORIA. — More than 100 000 South Africans are carriers of the HIV virus, says the Minister of National Health and Population Development, Dr Rina Venter.

Addressing a media conference on the results of a national HIV survey among women attending antenatal clinics, Dr Venter said 0,7% of the 14 376 specimens taken countrywide were HIV-positive.

Up to March 8, 683 cases had been reported. Since 1982 there had been 282 deaths or 41%. This figure had been lower than expected, probably because of under-reporting of Aids-related deaths.

The director-general of National Health and Population Development, Mr Coen Slabber, said no advance in the treatment of Aids was likely before the end of the century.

Of the 683 cases, 505 were men and 178 women. Since the beginning of the year, 48 Aids cases had been diagnosed.

The highest HIV rate was in Natal-Kwazulu — 1,61% of the population — followed by the Free State (0,58%), Transvaal 0,53% and Cape (0,16%).

HARARE. — Between 25 and 30% of all Aids-related deaths in Zimbabwe are children, the Roman Catholic Archbishop says.

The Most Rev Patrick Chakaipa, addressing a church health workshop at the weekend, said at least 9 000 Zimbabweans had died of Aids since 1985 and that half-a-million were infected by the HIV virus.

There are no official figures for Aids deaths in Zimbabwe, but Health Minister Mr Timothy Stamps, who has led an awareness campaign since his appointment last year, says the disease is spreading rapidly. — Sapa-Reuter

there are schools which show a lower attendance figure. The lower attendance figure is of such a nature that because we want to administer and operate in a more cost effective way, we simply have to let rationalisation take place which more often than not takes the form of amalgamation. As a result of this facilities are made available. Who do these become available to?

We have said more often than we can remember that when such school buildings become available, they are transferred to the administration of my colleague, the hon the Minister of Local Government and Housing, who can decide on the alienation of such schools. [Interjections.] Many schools have already been transferred to the Department of Education and Training, the House of Representatives and the House of Delegates. [Interjections.]

Over and above that, this department is not unwilling to provide services as far as it can. Within the creation of the models, the opportunity is there, based on parental choice, to provide the necessary services to Black, Coloured or Indian pupils. [Time expired.]

Mr M J ELLIS: Mr Speaker, by way of this interpellation the hon member for Pinetown has proposed two ways in which to keep teachers in the professional crisis. He has also given a good reason, from a broad perspective, for not cutting back on teacher numbers, and his argument makes good sense. Quite clearly, my hon colleague from Pinetown has done his homework yet again, while the hon the Minister has failed to answer him logically. [Interjections.]

Unless the hon the Minister takes steps to prevent teacher redundancies, I believe his attitude and that of his colleagues will have serious consequences for the teaching profession and therefore for education in general.

The hon the Minister is getting a portfolio in which the general morale of by far the majority of the people concerned, namely the teachers, has dropped steadily in recent years. If he does not know that, it is because he does not keep his ear close enough to the ground or because he is badly informed.

Let me remind him that the teaching profession is made up of a group of dedicated, motivated, well-educated, qualified people who have been subjected to the most unfortunate treatment

over the years. They have been asked to survive one salary crisis after another. They have had to witness a general waning of their own professional standing in the community. Their jobs have been made all the more difficult by the continual financial restrictions the State has placed on their schools, and they have been subjected to an enormous increase in red tape and administrative duties.

In addition, they have had to watch, over the years, as thousands of their colleagues have resigned in frustration or have been made redundant. They have had to stand back as the State has closed school after school—and we heard about this again today—despite the dramatic need for classroom space generally in this country. Now they are faced with the prospect of a major cutback in their numbers, as many more teachers are facing the prospect of being made redundant. It simply is not good enough.

Mr R MBURROWS: Mr Speaker, what the hon the Minister is saying does not measure up to the reality outside.

The hon the Minister says he closes the school and hands it over to his colleague. That is precisely what we do not want to happen. We want to keep the school as a living community. If one has a school in a town—any town, it does not matter where it is—and one closes that school, for the interim that school is dead. The pupils and the teachers leave and go somewhere else.

We want this hon Minister to arrange that there be a living community. A living community gains more pupils, and whether it has to be by way of interdepartmental transfer, I do not care. We are all going to have one Ministry . . . [Interjections] . . . before the end of this year in any case. That hon Minister knows it. That arrangement, we believe, needs to be spelt out to the teachers of South Africa because we believe that the key morale problem is that they are not being told what is going on. [Time expired.]

*The MINISTER OF EDUCATION AND CULTURE: Mr Speaker, it is not necessary for me to ask the hon member for Pinetown whether or not he supports the principle of parental choice, because I know he supports it. [Interjections.] Yes, he is nodding his head. The crux of the matter is that the opportunity is now being given to schools to achieve exactly what the hon member predicts, if the parents are so inclined. It

is there, and once this has happened, the hon member knows that provision may also be made at such schools for teachers of colour to teach there if the community prefers that. The hon member for Pinetown's argument therefore—with all due respect—has no substance, and he knows that.

Allow me to tell the hon member for Durban North that of course I agree with him wholeheartedly that the teachers deserve praise for everything that they are doing and have done in the past. With regard to the transferring, or rather, the surplus of teachers, this is surely not something which is only happening today. Through the years—surely that hon member knows this, because he was a school principal, although I find it hard to believe when I hear him arguing—on the grounds of the pupil teacher ratio which applies in a school, there were teachers who lost their posts in a specific school. This is not something new. Why has this now come to a head? Once again as a result of the drastic decrease in the number of pupils. [Interjections.]

Next I want to refer to the question which appeared in the newspaper about the 30 schools which were possibly going to close in the Cape.

The Director of Education said that he was going to make a recommendation to the Minister that a certain number of schools should be closed, but he extended an invitation to the management boards to make submissions in this regard. Therefore, in the perfectly normal rationalisation programme this closure of schools is to take place in the Transvaal, the Free State, the Cape and Natal. [Time expired.]

QUESTIONS

Indicates translated version.

For oral reply:

Own Affairs:

19/3/91

Corporal punishment

*1. Mr A J LEON asked the Minister of Education and Culture:

(1) Whether consideration has been given to abolishing corporal punishment at schools under his control, if so, what steps have

been taken to substitute alternative punishment; if not, why not;

(2) whether there are any departmental guidelines concerning the infliction of corporal punishment at such schools; if not, why not; if so, what are these guidelines?

B408E

*The MINISTER OF EDUCATION AND CULTURE:

(1) Yes, as part of the Department's policy to look at sensitive issues on a continuous basis. The Department has once more satisfied itself that there are a variety of alternative ways of punishment which can be applied in an accountable manner, with corporal punishment as the last resort in exceptional cases.

(2) yes, as worded in the Regulations promulgated in compliance with the Education Affairs Act, 1988 (Act 70 of 1988) and published in *Government Gazette* 12381 of 30 March 1990.

Aids education programme

*2. Mr M J ELLIS asked the Minister of Education and Culture:

(1) Whether his Department is involved in drawing up an Aids education programme for use in schools under his control; if so, (a) in which categories of education will this programme be used, (b) who will be expected to present it to the pupils and (c) who is responsible for drawing up this programme; 19/3/91

(2) whether it will be compulsory to use this programme in the categories referred to above; if not, why not?

B448E

*The MINISTER OF EDUCATION AND CULTURE:

(1) Yes,

(a) junior and senior secondary phases,

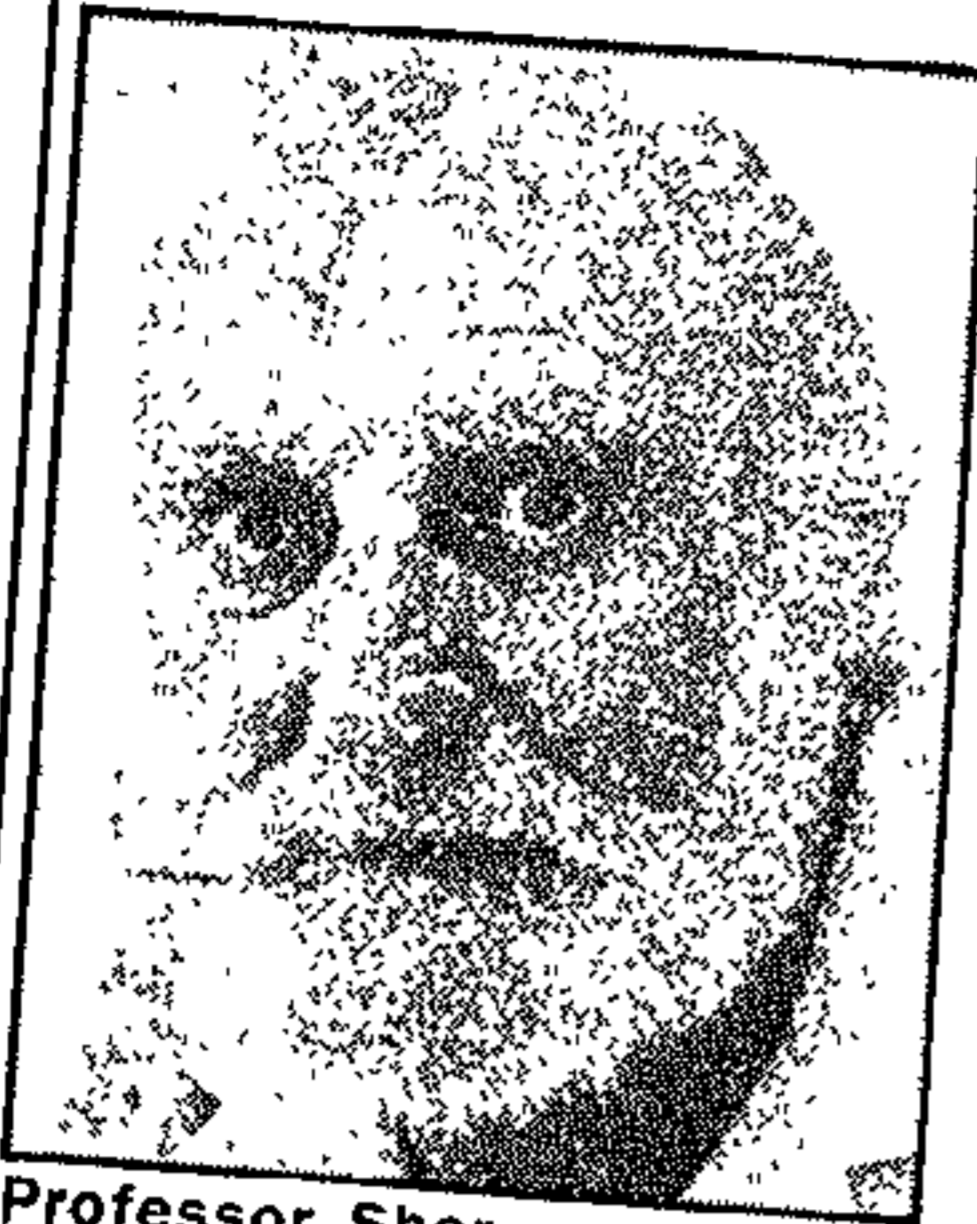
(b) either personnel already responsible for the family education programmes of the department or as arranged by each provincial education department and in some cases arranged by local communities;

P.T.O.

*Handled
19/3/11* (c) an Aids programme for presentation in schools is being compiled in collaboration with several experts, while a video is being compiled in close collaboration with the Department of National Health and Population Development: ~~91~~ 92

(2) yes, the programme is to be introduced in all secondary schools but the right of parents to withdraw their children from these types of programmes will be acknowledged.

Aids awareness appalling ⁽⁹²⁾ Sher



Professor Sher . . . doctors need to be aware of dangers of treating HIV-positive patients.

CAPE TOWN — The level of Aids education among South Africa's medical profession is appalling, according to the head of the Department of Immunology at the South African Institute for Medical Research, Professor Ruben Sher.

The Medical Association of South Africa (Masa) is also deeply perturbed by the apparent confusion and ignorance among doctors, nurses and other medical staff concerning the killer disease, which has killed thousands of people worldwide.

In the latest issue of the South African Medical Journal, Masa says it approached Professor Sher for advice and assistance

in improving the level of education about Aids among members of the medical profession.

Professor Sher stressed the need to gauge the attitudes of South African doctors towards treating people affected with the HIV virus.

"We are doctors and our profession entails a certain amount of risk. I don't believe doctors should refuse to treat patients," he said.

Professor Sher will assist in drafting questionnaires aimed at assessing the need for education and the attitude of local health care workers towards Aids. — Sapa.



Would-be employees screened for HIV virus

ARGUS
20/3/91 (92)

The Argus Correspondent

GRAHAMSTOWN. — At least two municipalities in the Eastern Cape, Port Elizabeth and Grahamstown, are screening prospective employees for the HIV Aids virus.

Applicants who test HIV positive are not employed.

The Port Elizabeth municipality has been screening job applicants since January last year while Grahamstown introduced testing a few months ago.

Port Elizabeth's Medical Officer of Health, Dr Etienne du Plessis, said the testing was introduced at the request of members of the municipality's pension and sick funds.

Refused

So far only one person had refused to take the test.

Grahamstown's Chief Health Inspector, Mr Raymond Theron, said all applicants had to undergo a medical test for their pension fund and the council had "simply added Aids to the list" of things to be tested for.

"People must be able to do the job required. We would not take someone who had arthritis. We are simply protecting ourselves, our pension funds and the ratepayer."

Both Dr Du Plessis and Mr Theron said they would not accept applicants who tested positive.

Eligible

"If the results are indeterminate, we will test again. If they are still indeterminate we will accept that person," said Dr Du Plessis.

They said that in the case of existing employees who were found to be HIV positive "it would be treated like any other disease" and the employees would be eligible for all benefits and sick leave.

Meanwhile, Rhodes University has rejected rumours that three students on campus are HIV positive.

"Rumours like this come up every time the Blood Transfusion Service holds a 'big bleed' on campus," said a spokesman for the university's sanatorium.

Aids classes coming at white schools

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92
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AIDS education is to be made compulsory at all white secondary schools, the Minister of Education in the House of Assembly, Mr Piet Clase, told Parliament yesterday.

Mr Clase said "the programme is to be introduced in all secondary schools but the right of parents to withdraw their children from these type of programmes will be acknowledged".

He was responding to a question from the DP MP for Durban North, Mr Mike Ellis.

Mr Clase said his de-

**33 CAPE
SCHOOLS
COULD
CLOSE**
See PAGE 7

partment was busy drawing up an Aids education programme for "junior and senior secondary phases".

It was being done in conjunction with several experts, while a video was being compiled with the Department of National Health and Population Development.

The programme would be presented to pupils either by "personnel already responsible for the family education programmes of the department or as arranged by each provincial education department and in some cases arranged by local communities".

Mr Clase, whose portfolio deals only with white education, did not say whether the programme would apply to other schools.

The decision follows a statement recently by the head of the Department of Immunology at

From page 1

92
Aids

the SA Institute for Medical Research, Professor Ruben Sher, who said the level of Aids education among South Africa's medical profession is "appalling".

The Medical Association of South Africa (MASA) was also "deeply perturbed" by the apparent confusion and ignorance among doctors and other medical staff concerning the killer disease.

Meanwhile at least 100 people a week are testing positive for the HIV infection in the Natal/KwaZulu area.

This was revealed yesterday by Prof Dennis Pudifin of the University of Natal Medical School at a seminar in Durban on the impact of Aids on business.

He said the number of HIV cases had increased by almost 1 000 in the past 10 weeks to more than 3 500 in the Natal/KwaZulu region. — Political Staff, Staff Reporter and Sapa

To page 3

Terminology 'confuses the Aids issue' 92

star 21/3/91

The dual terminology of Aids and HIV is causing unnecessary confusion and is counterproductive in the fight against the disease, says a Johannesburg City Health Department member.

Aids (acquired immune deficiency syndrome) applies to the disease phase of HIV (human immune deficiency virus).

It would be more rational to refer to the disease simply as Aids, and drop the terms HIV or HIV-positive, says Clive Evian

in the South African Medical Journal. One term for the disease complex could prevent much confusion, he says.

The disease starts with HIV infection, and although there is a long period in which no symptoms are apparent, the infected individual nevertheless has Aids (although not strictly according to the definition of the World Health Organisation).

"In the early stages, the dis-

ease may only be evident on laboratory testing; later oral thrush or mild lymphadenopathy may develop, followed by more severe opportunistic infections and some cancer; however, these simply denote a progression in the development of the same disease, and we should therefore consider HIV infection and Aids one and the same," he says.

MARIKA SBOROS

Pupils to be taught about Aids dangers

Sowetan 21/3/91

92

By MOKGADI PELA

ALL school-going children should be Aids literate by the time they reach Standard five.

This was resolved at a national workshop for educationists in Pretoria recently following a shock announcement in Parliament about pupils infected with HIV virus.

Minister of Health and Population Development, Mrs Rina Venter said there were 4 113 blacks infected with the virus, 1 288 whites, 173 coloureds and 39 Indians.

Cooperation

The workshop recommended close co-operation between the department and the education authorities during all phases of programme development.

It was further resolved that Aids prevention education would occur within phases of programme development.

It was further resolved that Aids prevention education would occur within the context of life skills

education.

A major recommendation was that all teachers should receive Aids training to ensure an emphatic attitude. "Specialised training should be given to identified Aids-prevention educators," the workshop said adding that the involvement of tertiary institutions was vital.

Programmes would be planned with consideration of short, intermediate and long term goals. The aim is appropriate health behaviour patterns.

Modules

The planned modules will be researched and subjected to pilot testing in order to determine their suitability for different communities within South Africa.

Venter said her department has resolved to embark on a massive Aids prevention programme for school-going children and their parents this year.

ANC to launch anti-Aids campaign

THE ANC is planning to launch campaigns to test members for AIDS.

"We want to have healthy soldiers and a proper defence which will not be strangled by other countries such as America strangled Iraq," said Dr Abraham Nkomo.

Sowetan
22/3/91
By MONK NKOMO

Nkomo was speaking in Mamelodi yesterday at the launch of the ANC's signature campaign for a constituent assembly and an interim government.

Nkomo, ANC regional executive member, said the organisation would also boycott white businesses to pressurise the Government to allow

exiles to return home unconditionally. (92)

The consumer boycott will start on April 8 to April 13.

The rally also paid tribute to the 69 people who were shot dead by police during a PAC pass campaign in 1960.

Two ANC executive members who attended the rally, Mr Elias Motosoledi and Mr James Stewart, were scheduled

to conduct the signature campaign at nearby houses.

Meanwhile people in Pretoria's three townships of Mamelodi, Atteridgeville and Soshanguve reported for work yesterday despite the shortage of taxis in some areas.

Schools in Atteridgeville and Mamelodi were deserted and a few pupils who trickled to school in the morning were sent back by their teachers.

Aids lessons for all pupils by next year

CMT 11513 22/3/91

Staff Reporter

92

AIDS education will be mandatory at all schools from the beginning of next year.

The Minister of Education in the House of Assembly, Mr Piet Clase, announced compulsory Aids education courses for white schools earlier this week.

A Department of Education and Training spokesman said yesterday that Aids information courses at all black schools would be introduced at the beginning of 1992.

The package will be taught in secondary schools, mainly with the use of video instruction.

The incidence of the disease is picking up in the Western Cape region but it is not yet on the scale seen in Natal, the manager of the Aids Training, Information and Counselling service, Ms Trish van Velde, said.

At least 100 people a week are testing positive for the HIV infection in the Natal/KwaZulu area.

An Aids package will be part of the curriculum in the next two months in Indian schools, House of Delegates Health and Welfare spokesman Mr Sargren Pillay said.

Western Cape facilities for Aids patients

121. Miss M SMUTS asked the Minister of National Health:

Whether any facilities are available in provincial hospitals in the Western Cape for the (a) treatment, (b) counselling and (c) monitoring of Aids patients; if not, why not; if so, (i) what facilities, and (ii) at which hospitals, in each case? *Hansard 26/3/91* B337E

The MINISTER OF NATIONAL HEALTH:

(a) Yes,

(b) yes and

(c) yes,

(i) see (ii) below, and

(ii) all provincial hospitals have a responsibility to treat, to counsel and to monitor all patients, including AIDS patients. The AIDS Treat-

ment and Information Centre (ATIC) in Cape Town furnishes information services to HIV infected persons and persons with AIDS. In this regard they act as a specialized AIDS Centre.

Radiographers: vacant posts

166. Mr B B GOODALL asked the Minister of National Health:

(1) (a) How many vacant radiographer posts are there in all provinces and disciplines in South Africa and (b) in respect of what date is this information furnished;

(2) (a) how many students qualified in radiography in each province at the end of 1989 and (b) how many of these radiographers were still in practice with the province concerned at the end of 1990? *Hansard 26/3/91* B443E

The MINISTER OF NATIONAL HEALTH:

(1) Provincial Administration of Transvaal

Radiodiagnostic

171 7 March 1991

Radiotherapy

22 7 March 1991

Provincial Administration of Natal

Radiodiagnostic

7 28 February 1991

Radiotherapy and Oncology

12 28 February 1991

Provincial Administration of the Orange Free State

Radiodiagnostic

14 7 March 1991

Oncotherapy

6 7 March 1991

Nuclear Medicine

8 7 March 1991

Provincial Administration of the Cape of Good Hope

Radiodiagnostic

24 28 February 1991

Radiotherapy

15 28 February 1991;

(2) Provincial Administration of Transvaal

Provincial Administration of Natal

Provincial Administration of the Orange Free State

Provincial Administration of the Cape of Good Hope

35 22

32 16

9 6

77 25

Academic hospitals: cost per bed

168. Mr M J ELLIS asked the Minister of National Health:

What is the daily cost per bed for each recognized academic hospital in South Africa? *Hansard 26/3/91* B449E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of Transvaal

Baragwanath R187,20

Coronation R208,10

Ga-Rankuwa R193,79

H F Verwoerd R384,09

Hillbrow R293,65

J G Strijdom R544,70

Johannesburg R400,07

Katong R187,28

Provincial Administration of Natal

King Edward VIII R276,00

Wentworth R365,00

Provincial Administration of the Orange Free State

Bloemfontein Academic Hospital complex R363,44

Provincial Administration of the Cape of Good Hope

Groote Schuur R353,98

Tygerberg R271,84

Drug-awareness programmes

179. Mr L FUCHS asked the Minister of National Health: *Hansard 26/3/91*

(1) Whether, during the latest specified 2-year period for which information is available, she or her Department allocated any funds for drug-awareness programmes aimed at (a) schools and (b) the general public; if not, why not; if so, (i) how much money was allocated for this purpose and (ii) to which organizations was it given;

(2) how many drug-related deaths and suicides occurred in each province during (a) the latest specified period of 12 months for which information is available and (b) the corresponding period two years previously;

(3) whether she or her Department plans to launch any drug-awareness programmes

in the near future; if not, why not; if so, (a) what programmes and (b) when? *Hansard 26/3/91* B492E

The MINISTER OF NATIONAL HEALTH:

(1) (a) and (b) No, preventive programmes which include drug-awareness programmes in schools and for the general public are instituted by own affairs administrations and other government departments. Funds are also allocated to welfare organisations by own affairs administrations;

(2) (a) and (b) suicide and self administered poisoning

1988 1986

Solids and fluids 171 147

Gasses in home use 10 1

Other gasses and vapours 9 3

Total 190 151

Total suicides 1 813 1 604

Drug and medication related

deaths 255 136

Alcohol dependence syndrome 1 3;

Drug dependence syndrome

(3) (a) and (b) prevention is the responsibility of the entire population and the impact of a single programme does not have a measurable influence. The reduction in the availability of drugs should accompany a diminishing in the demand for pany a diminishing in the demand for drugs. The National Plan to Combat and Prevent Alcohol and Drug Misuse intends to co-ordinate all the actions. Progress is being made and many institutions and organizations work in closer co-operation in this respect. Further implementation is being undertaken.

Economically active persons

201. Mr P H P GASTROW asked the Minister of Home Affairs: *Hansard 26/3/91*

(a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector? *Hansard 26/3/91* B522E

Aids cuts ⁹² population explosion

Southern 27/3/91

SOUTH Africa's population explosion is expected to peak around the year 2000 - but by 2010 the population is expected to have fallen again to its present size.

The reason for this dramatic turnaround will be Aids, which will reach epidemic proportions by 1995, says Mr Rob Basson, chief executive of the National Medical Plan.

Basson, guest speaker at the Durban Metropolitan Chamber of Commerce's Council of Directors review said the cost of treating Aids was between R80 000 and R100 000 a person.

This meant that the annual cost would be about R98 billion, a figure exceeding the total national Budget.

The epidemic would impact on the economy as a whole as well as private sectors such as life assurance companies, medical aid schemes and employment.

Row over 'high-risk' black blood donors

By Carina le Grange
Medical Reporter

The black blood-donor population could be classified as "generally being in the high-risk" category with regard to transmission of disease through transfusion, according to the medical director of the Border Blood Transfusion Service (BBTS), Dr Ben Grobbelaar.

He yesterday classified the "regular white donor population" of South Africa as being "in the low-risk category".
Dr Grobbelaar said the BBTS

had found an HIV positivity rate of 0,2 percent (one out of 500) black people who present blood to donor clinics operating on the Border and in Ciskei and Transkei.

The figure was escalating, and there was a doubling time of between eight and 10 months.

The statistics pertain to 34 000 blood donations a year by blacks in the Border area.

Addressing the 24th national blood transfusion congress in Sandown, Sandton, which ended yesterday, Dr Grobbelaar suggested that in order to ensure a safe blood supply for the entire

SA community, an effort should be made to collect more blood from "low-risk donors".

Dr Grobbelaar stressed that his statements should not be seen as a racial or political issue, but rather in the context of ensuring a safe blood supply.

● The head of the Highveld Blood Transfusion Service, Dr SP Field, last year had to leave the service and take up another position within the SA Institute for Medical Research after he posted a notice to staff that blood from blacks and coloureds should not be used as it could be HIV-infected.

11/1/92
stew 28/3/91

Aids education: Whose morality?

The development of courses in Aids prevention for schools is raising a crucial debate — should Aids education proceed from a moral standpoint, and, if so, what should it be?

BY JOHN PERLMAN

C HILDREN in Transvaal schools are to be given an emergency course in Aids prevention next month. This decision by the Transvaal Education Department (TED) follows a meeting between education authorities and the Department of National Health which set in motion plans to develop long-term Aids education programmes in schools. Packages appropriate to different communities are to be researched and tested this year with a view to introducing them at the start of 1992.

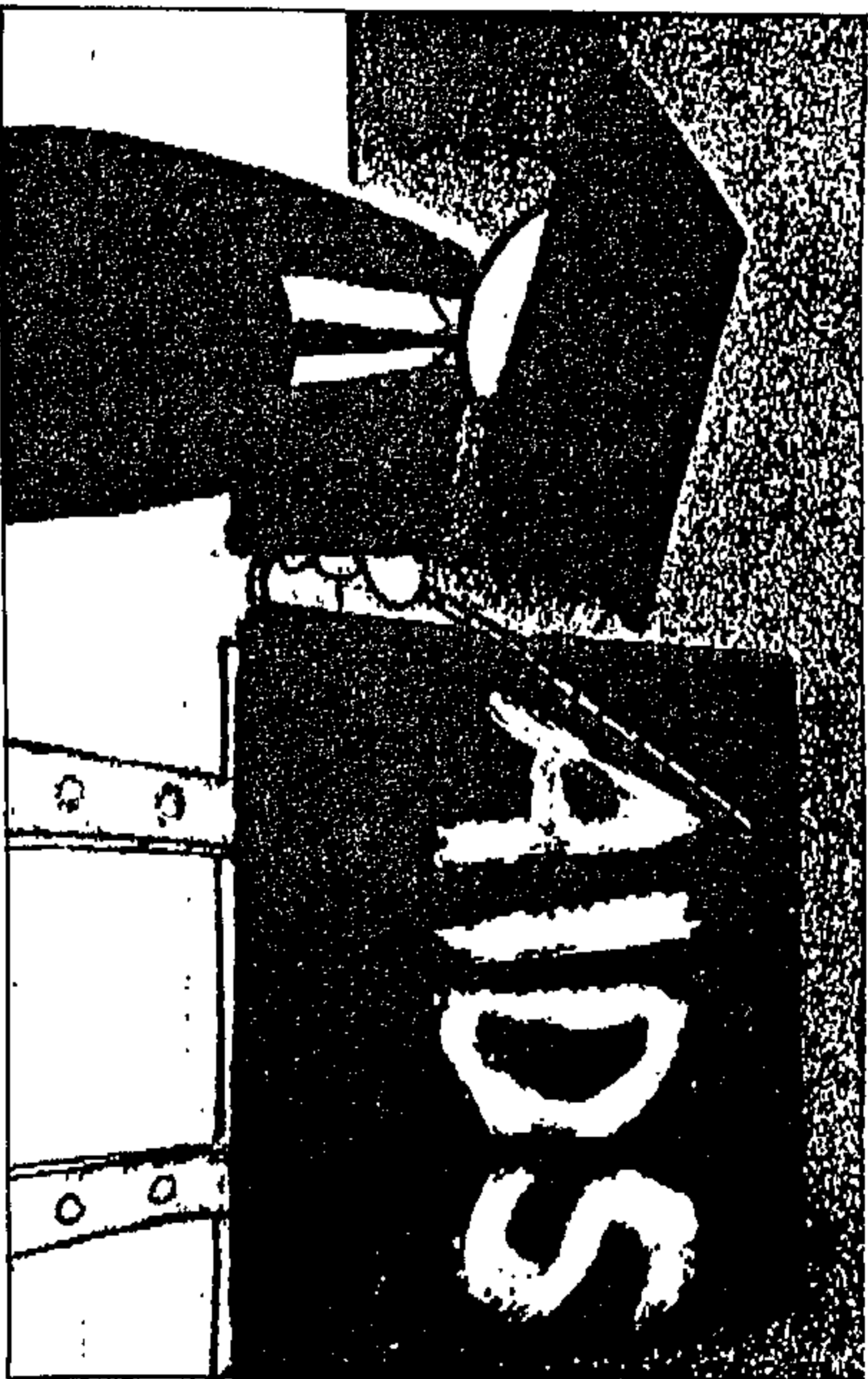
Both measures will be welcomed. The TED's prompt response comes after some delegates at the meeting argued the case for urgency. And National Health's decision to put the education packages out for tender to researchers and organisations working in the field has also been applauded.

It is possible that the TED's programme, or one similar, may be offered to National Health for country-wide use. And that will raise at a national level a most crucial debate — should Aids education proceed from a particular moral standpoint, and, if so, what should it be?

The TED last week began briefing selected teachers on the programme. "Our long-term goal is behaviour change," said Mela Louw, who heads the family guidance programme for the TED's Northern Transvaal region. "But now we need a short-term emergency plan. We need to give children the information to save their lives."

Louw was addressing a group of some 40 Pretoria teachers, all trained to run the TED's family guidance programme in schools. The Aids programme, designed for standards six to matric, will follow a similar approach to the family guidance programme, which includes a section on Aids.

The guidelines ask teachers to clearly spell out the ways in which Aids is and is not transmitted. It urges them not to use fear and shock tactics and stresses compassion for people with Aids. "People with Aids need to be accepted,"



Plans to introduce Aids education programmes in schools have been welcomed, but how it is to be taught is a matter of contention

Louw says, "because we are going to have them in our schools later on."

Few health educators will disagree with this. But the TED's moral starting point raises issues that are likely to come up again as the government's long-term programme is developed. The guidelines say that the "ultimate goal" is to encourage pupils to "accept a healthy, biblically-based lifestyle."

"Virginity is not unmodded and is the only 99.9 percent guarantee that the pupil will not contract Aids," the document says. There are "innocent" people with the disease, "so do NOT stress that Aids is a punishment for disobedience to God's word. Rather stress that God protects us if we obey His word and choose a partner who obeys His word."

"Sexual restraint should therefore at all costs be advocated, and skills should be taught in order to assist pupils to resist peer pressure," it continues. "The concept of 'safe sex' (the use of the condom) is not to be stressed as the ideal form of Aids prevention. The same lack of self control which causes sexual involvement amongst adolescents in the first place also often results in adolescents ignoring contraceptive

281-4411

92

As regards homosexuality, teachers are told to "condemn the practice, but not the person". Louw says: "We are never judgmental. Children in high school are often in a homo-erotic phase. That does not mean they are homosexual. We tell our teachers, if you think a child has a homosexual orientation, take him for professional help."

Louw believes there is "a difference between conveying morals and moralising, which is forcing values on someone", she says. "But a programme like ours has to take into account the life perspectives of the parents in the community, their religion, their values and their way of educating their children."

"Unless the pendulum swings as far as moral values are concerned, we won't stop Aids. In the same breath, we have to be realistic," Louw says.

Graphic: COSTAS KALARYTS

"There are children who are sexually active and we do have to speak to them about contraceptives, although we don't teach them how to use a condom — parents refused to have that. But for us contraceptives are not the starting point. It would be very irresponsible for us to say do what you like as long as you use a condom."

Critics of the TED's approach concede that a "here's a condom, do what you like" approach is fraught with problems. "It is tricky with condoms because you do run the risk of appearing to advocate promiscuity," said a health educator at the Johannesburg City Council. "What you do try to convey is that if you are in a sexual relationship, this is a condom and this is how you use it."

"It is inappropriate for the TED to train Aids educators because their world view is not necessarily shared by everyone. The problem with the TED approach is that it is totally out of line with reality," she said. "The programme is very judgmental and if this family guidance approach was working so well, why are eight percent of the children born in this city born to teenage mothers? Sex educa-

tion and Aids education should deal with the real world first and then put forward ideals for young people to strive for." 281-4411

The city council has been giving Aids education to private schools that request it. "We always ask the school first if we can be explicit about sex and condoms and we ask that a teacher be present," the educator said. Sometimes condoms are brought to the class and shown to the children, "but some schools don't want it".

The city council educators have not yet had complaints from teachers or parents. "The reaction of the children has been most interesting. They have had sex information before, but not much opportunity to talk about it. It's clear that if they are not yet sexually active, they are obsessed and curious about being sexually active," she said. She said that with Aids education there was "no point in adding anxiety to anxiety. The TED programme tells them not to have sex. If they do, that is an additional anxiety. And I don't believe homosexuality should be portrayed as abnormal."

The educator said it was very difficult to condemn certain practices without condemning the people who practiced them. "It might be possible to work off ideals in a tolerant society," she said. "But in a society like ours, it is very easy for these ideals to become grounds for intolerance, as happens with homosexuality."

The Department of National Health is not yet staking out a position in this debate. Dr Manda Holmshaw, who is coordinating Aids education, said all material would be evaluated by "consulting as widely as possible". She said the various education packages would consist of separate modules. "Every community must decide which are appropriate for their specific use. We can't just have one approach, one bit of information that everyone must use."

Dr Malcolm Steinberg of the Medical Research Council, which will be evaluating various education programmes, said "there will be a lot of debate about moral perspectives and these will have to be resolved. But the critical point will be when the material has been developed. That is when the government will have to set about distributing it. And that is when the amount of money allocated for Aids education will become a critical factor."

More patients bank on their own blood

Spec 28/3/91

Patients scheduled for major surgery now have the option of donating their own blood before the operation if certain medical requirements are met. This will conserve blood bank supplies, and eliminate "unnecessary" fears of Aids infection.

Blood donor screening today is intense and exhaustive, with more and more tests being done to rule out contaminated blood, but "zero-risk blood supply" (for all dangers) remains unattainable.

And while Aids has transformed the world of blood banking, experts say unreasonable panic has set in. They point out that Aids is not the only danger involved in a blood transfusion. There are other diseases, some newly evolving, or adverse allergic reactions to blood transfusion that pose a danger.

At the same time, the South African public has been reassured about the precautions taken to ensure the safest possible blood supply.

The perfect match for a transfusion is to be found in the world trend towards autologous blood — blood donated by patients for their own use.

At the 24th National Blood Transfusion Congress held in Sandown this week, the South Texas Blood Bank chief executive, Dr Norman Kalmin, spoke about trends towards autologous blood and "directed transfusion" — blood donated by a nominated donor, usually a family member.

Another trend was "intraoperative autologous transfusion", in which blood that would have been "lost" during the operation is collected, processed and returned to the patient.

Dr Kalmin, a graduate of the University of the Witwatersrand who

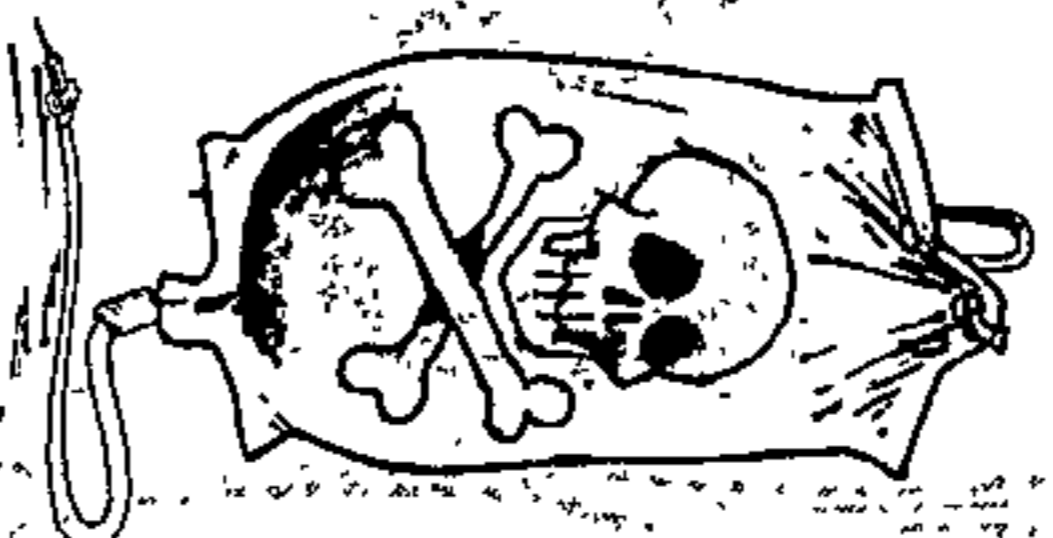
later moved abroad, says more tests are being done on donated blood now than ever before to ensure safety.

He says although "zero-risk blood supply" for all danger factors remains unattainable, there are very few cases of Aids transmitted through transfusions.

Medical science is exploring ways in which to inactivate any infectious agent in blood through heat, washing, irradiation or various chemical means.

The official launch in August last year by the Natal Blood Transfusion Services (NBTs) of its autologous pre-operative donation programme offers patients new alternatives... and peace of mind. Other blood transfusion services, such as the Highveld Blood Transfusion Service, offer similar facilities on request.

The aim is to use autologous blood.



92

for operations when there is enough time beforehand to collect enough units. (Only one unit a week is generally collected.)

Apart from the advantage to the patient, the NBTs sees autologous blood as a way of conserving homologous blood (voluntarily donated blood banked on a continuous basis).

With autologous donors, patients are offered unique protection, as "unfounded Aids fears are allayed and any risks of allergic reactions or the formation of antibodies to donor blood are eliminated", says NBTs marketing manager Pam Larkin.

At this week's congress, Mrs Larkin outlined the criteria for autologous blood supply:

- A fixed date for surgery.
- Enough time before surgery for collecting the number of units needed.

● Health that would withstand repeated donation over a short time.

Using one's own blood is cheaper only if more than two units of blood are used, even though blood banks charge scale of benefit rates.

Mrs Larkin stresses the programme is seen as a "conservation measure rather than a programme introduced because of Aids".

The feasibility of banking blood for own use in case of emergencies is restricted by numerous factors, not least of which is that blood has a banking life of a maximum of 24 days.

CARINA BRONKHORST

Survey shows up chances of infection by Aids blood

CHICAGO. — Surgeons often get splashed, soaked or accidentally injected with patients' blood in ways that increase their risk of becoming infected with the Aids virus, says a United States federal study.

Consequently, blood should be treated as a toxic substance in the same way industrial poisons are treated as dangerous chemicals, said researchers.

The survey by the federal Centres for Disease Control found that surgeons came into contact with patient blood in almost one of five operations involving an incision.

Needle-sticks

Other operating-room workers came into contact with blood less frequently, according to the study of 206 operations over six months at Grady Memorial Hospital in Atlanta.

Contact was defined as getting stuck with a needle or cut with a sharp object that had touched patient blood; getting splashed with blood in the eyes, nose or mouth; or having one's skin touched or garments soaked with blood.

Needle-sticks are believed to be the most common way health-care workers get Aids virus infections at work, but the infection has been passed by contaminated blood through mucous membranes lining the eyes, nose and mouth, said an editorial accompanying the study in this week's Journal of the American Medical Association.

"Surgeons with blood-soaked gowns and footwear are in contact with large volumes of blood for prolonged periods and may be at significant risk for occupational infection," said the editorial by Drs Julie Louise Gerberding, assistant professor of medicine and infectious diseases at the University of California, San Francisco, and William P Schecter of San Francisco General Hospital.

The study is the first to quantify blood contacts per person for operating room staffers, said lead author Dr Adelisa L Panlilio, an epidemiologist in the CDC Hospital Infections Programme.

The findings were consistent with previous studies that looked at the blood contact per procedure, but didn't break it down by person, said Dr Panlilio.

The study is small and can't be generalised to all surgeons, she said.

Nevertheless, the study said, Grady Memorial was probably representative of most urban public hospitals that provided care to a large percentage of patients with the virus that causes Aids.

Exposures preventable

The study found surgeons came in contact with patient blood 18.6 times per 100 operations involving incisions, a much higher rate than other surgical staffers.

Many accidental exposures to blood in the operating room were preventable, said Ms Gerberding.

Wearing knee-length boots, a waterproof apron, double sleeves, double gloves and face protectors could have prevented 93 percent of the blood contacts reported in the CDC study, she and Dr Schecter estimated. — Sapa-AP.

NEWS
a/c MBUS
30/3/91
92
Surgeons' dice with

death

Mosquito infection myth gets debate on Aids buzzing again

Can you get Aids from a mosquito bite?

The experts say no, but the popular myth that the irritating insect can transmit the deadly virus is being perpetuated in a newsletter which purports to be a serious "information update".

Aids Bulletin and Information Update, edited by consultant Keith Edelston, and published in Johannesburg, is aimed primarily at business and industry.

It promises to keep subscribers abreast of the latest available data and information, and to provide "informed comment and assessment of how Aids will affect your life, the economy, your business and your investments", so that "you can design suitable corporate strategies".

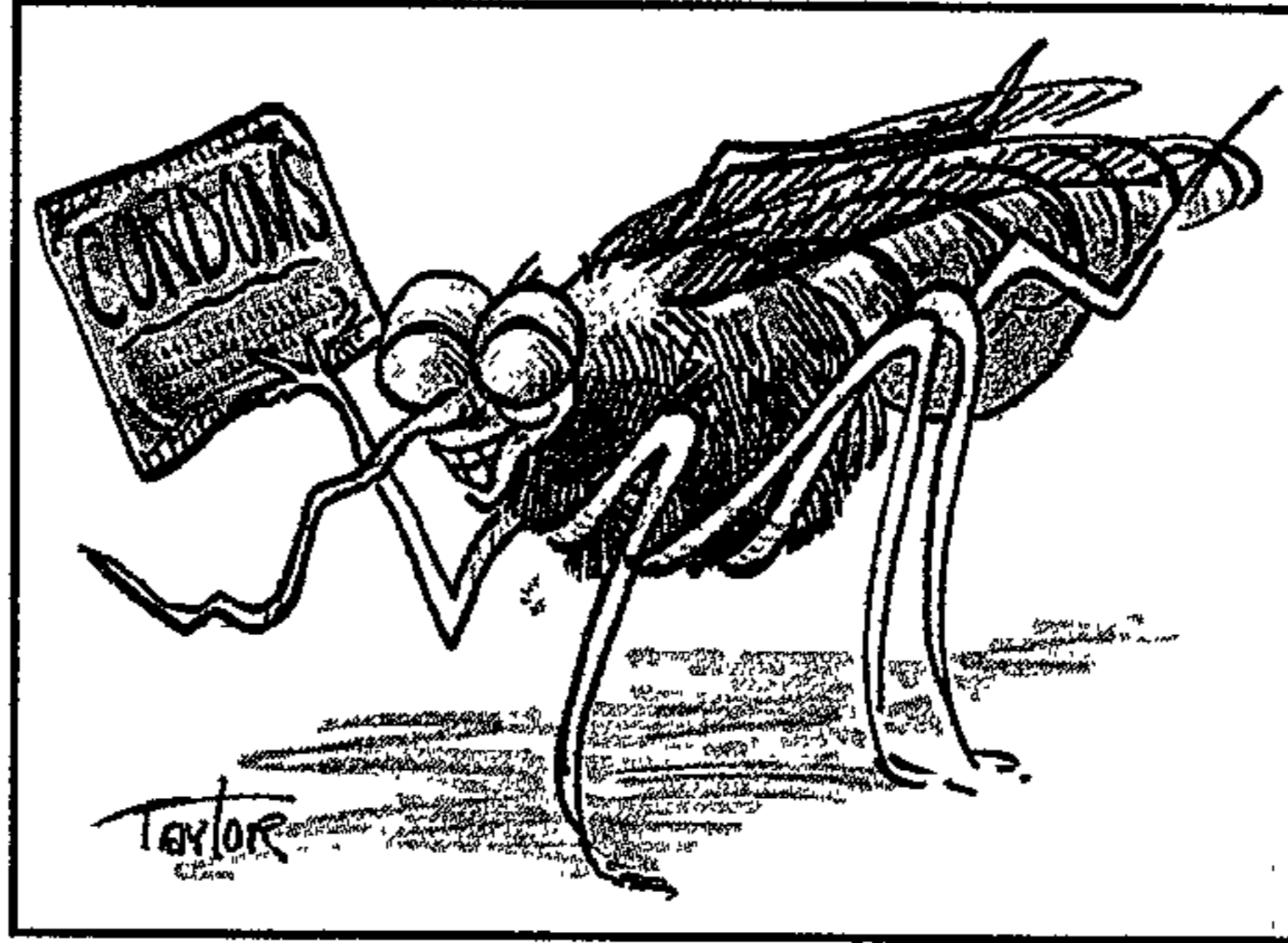
Those promises could prove to be hollow, and any corporate strategies designed on shaky foundations.

Local medical experts Professor Ruben Sher of the South African Institute for Medical Research, Dr Clive Evian, deputy director of the Johannesburg City Council's health education department, and Dr Dennis Sifris, head of the Johannesburg Hospital Aids Clinic, have branded information in the newsletter as unscientific and alarmist.

They say there is no scientific evidence that Aids can be transmitted by insects such as bedbugs and mosquitoes.

A minimum number of virus particles are needed to cause infection — which adds up to much more than any mosquito or bedbug could contain, Professor Sher says.

Another misconception perpetuated by the newsletter is



that the Aids virus is known to be "unusually stable" outside the human body, remaining infectious in water for seven days. The reverse is true, say experts: the virus is known to be unstable outside the body.

"People who spread unscientific rumours are guilty of spreading misconception — these claims are unfounded," Professor Sher says.

The March issue of the bulletin accuses medical experts and researchers who accept current research findings on HIV transmission (which causes Aids), as well as the media, of participating in a conspiracy to misinform the public.

Also guilty of collusion in the misinformation campaign, says writer Johan Venter, in an article in the Bulletin, headlined "Telling The Truth About Aids", are politicians and homosexuals.

Mr Venter bases his report on "extracts from a memorandum prepared by Dr John

Seale of the Royal Society of Medicine" which, he says, was presented to Britain's House of Commons. These extracts should "help readers judge for themselves the extent to which they are being misled".

What he does not add is that Dr Seale is known to be an extremely reactionary writer on the subject of Aids.

Dr Evian questions the motive behind the writing. He says Mr Venter's vision of the creation of Aids-free ghettos for people who do not have the disease, points to an agenda of turning the "wrath of the well community on the sick".

● The bulletin states that "while every reasonable effort is taken to ensure the accuracy and soundness of the contents of this newsletter, neither writers of articles nor the publisher will bear any responsibility for the consequences of any actions based on the information or recommendations it contains".

CARINA LE GRANGE

Aids cases show 10% increase

Capit Times 3/4/91
92

GENEVA. — The cumulative world tally of Aids cases jumped by 10% in the first three months of 1991, the World Health Organisation (WHO) said yesterday.

The total, which rose to 345,533 from 314,610, was reported from 162

countries. It included 11,318 new cases in March.

WHO, which says many nations under-report their Aids figures, believes the true number of those with Aids may be closer to 1.3 million.

The United States re-

ported the highest total, 167,803 cases, an increase of 6,515 in March and 13,012 over the quarter.

Uganda continued to lead Africa with 17,422 cases, a figure not updated since the beginning of the year. — Sapa-Reuter

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Natal: facilities for Aids patients

7. Mr M RAJAB asked the Minister of National Health: *Answered 9/14/91* (92)

Whether any facilities are available in provincial hospitals in Natal for the (a) treatment, (b) counselling and (c) monitoring of Aids patients; if not, why not; if so, (i) what facilities, and (ii) at which hospitals, in each case?

D41E

The MINISTER OF NATIONAL HEALTH:

As for any medical condition the full facilities at all Provincial Hospitals in Natal are available to Aids patients with regard to treatment, counselling and monitoring.

Own Affairs:

Brickfield constituency: rent-controlled premises

15. Mr M RAJAB asked the Minister of Housing:

(1) How many rent-controlled premises were there in the Brickfield constituency as at 31 December 1990;

(2) whether any such premises have been decontrolled to date; if so, (a) how many and (b) when in each case;

(3) whether he will make a statement on the matter?

D40E

The MINISTER OF HOUSING:

(1) Unknown, as there are no separate records of rent-controlled premises in respect of a particular area.

(2) Falls away.

(3) No.

Lenasia South: homes for lower-income categories

16. Mr D K PADIACHEY asked the Minister of Housing: *Answered 9/14/91*.

(1) Whether his Department intends building homes in Lenasia South, Extension 14, for persons falling within lower-income categories; if not, why not; if so, (a) how many are to be built, (b) when are building operations expected to (i) commence and (ii) be completed and (c) for what income categories are these homes intended;

(2) whether he will make a statement on the matter?

D73E

The MINISTER OF HOUSING:

(1) No. There is no Extension 14 in Lenasia South at the moment.

(a) Falls away.

(b) Falls away.

(i) Falls away.

(ii) Falls away.

(c) Falls away.

(2) No.

HOUSE OF ASSEMBLY

The MINISTER OF FINANCE:

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

UWC: early retirement

116. Mr J VAN ECK asked the Minister of Finance: *Answered 10/14/91*

(1) Whether, since 1984, any staff members attached to the University of the Western Cape have retired on early pension in terms of section 20(1) of the General Pensions Act, No 29 of 1979; if so, (a) (i) what are the names of the persons concerned and (ii) what position did each hold at this university at the time of his/her retirement and (b) (i) what payment was made to each applicant in respect of (aa) gratuity and (bb) pension and (ii) on what dates were these payments made;

(2) whether all these persons qualified for pension benefits in terms of section 20(2) of the said Act; if not, what are the relevant details;

(3) whether the University of the Western Cape was asked to comment on the reasons furnished by the persons who had applied for early retirement in terms of section 20(1) of the said Act; if not, (a) why not and (b) what procedure was followed to determine the validity of the above-mentioned reasons;

(4) whether the amounts paid out were recovered from the budget of the University of the Western Cape; if not, (a) why not and (b) from what Government Department or fund were these amounts recovered; if so,

B331E

(1) Yes.

(a) (i)

Prof P P Kirstein Unknown

Mr J H C Stassen Unknown

Mr H J Pienaar Registrar

Prof P J Smith Prof: Semiotics

Mr N K Prins Instrument Maker

Prof A D J van Dean: Faculty of

Rensburg Law

Mr A P S de Kock Librarian

Mr A J P J van Asst. Registrar.

Rensburg Academic

Mr E J van Zyl Sen. Lecturer: Psychology

Prof N M du Prof: Applied Mathematics

Plessis Prof: Geography

Prof T J Roos Sen. Lecturer: Law

Mr J M Payley Sen. Lecturer: Statistics

Mrs C E du Plessis Horticulturist

Mr M B de Kock Home Economist

Mrs C J Strutt Deputy Librarian

Mr G D Bekker Sen. Lecturer: Anthropology

Mr F H Boot Sen. Lecturer: Mathematics

Mr G E Burger Assoc. Prof: Dept. Latin

Prof W P Basson Technical Foreman

Mr C Horne

(b) (i) In view of the fact that the pension benefits and salaries of officials are regarded as a private matter, it is not deemed appropriate to publish such information.

(2) Yes.

(3) No.

(a) Applications, as in the above cases, are only considered after the termination of services of those concerned—that is subsequent to their having severed connections with the employer body.

(b) A police report was obtained in respect of the circumstances to which the personnel were subjected. The responsible Minister (Minister of

HOUSE OF ASSEMBLY

Private sector Aids-testing discouraged

Municipal Reporter

SOME Cape Town companies are testing prospective employees for the Aids virus — with devastating results for some individuals.

The Medical Officer of Health, Dr Michael Popkiss, said a distraught private-sector job applicant who turned out HIV-positive arrived at the City Council's Aids Training and Information Centre recently for counsellors there to help "pick up the pieces".

He said it was generally not a good idea to prevent a capable HIV-positive person from working.

Dr Popkiss also said it was possible for someone to test negative although infected. Also, a prospective employee could contract the HIV virus at any time after being tested.

He said the practice of testing job applicants for Aids "is fortunately still rare".

One of the companies that requires such a test is Old Mutual.

Mr Theo Hartwig, Old Mutual's chief actuary who is also in charge of personnel, said Aids-testing was merely one of several tests on prospective employees.

He said this was done because it was the company's policy to give people "quite comprehensive group life assurance benefits — life insurers all ask clients if they are HIV-positive".

on a National Environment Management System, *House of 9/14/91*

- (2) (a) and (b) fall away.

Expenditure on personnel

*19 Mr K M ANDREW asked the Minister of Education and Training: *House of 9/14/91*

What percentage of the total expenditure on personnel is spent on (a) educators and (b) all personnel in his Department who are above the level of school principal?

House of 9/14/91

B661E

THE MINISTER OF EDUCATION AND TRAINING.

- (a) 1.2%

Note: Includes all educators on post levels 6 and 7

- (b) 1.6%

Note: Includes all staff above the level of Deputy-Director (Admin) and post level 5.

Teachers: salaries outstanding

*20 Mr R M BURROWS asked the Minister of Education and Training: *House of 9/14/91*

(1) Whether, further to his reply to Question No 91 on 8 March 1991, the teachers whose salaries were outstanding for longer than one month have been paid; if not, why not, *House of 9/14/91*

(2) whether any teachers at the Masiyile Senior Secondary School had salaries outstanding for longer than one month; if so, for what reasons were they outstanding; (3) whether these teachers' salaries have been paid, if so, when; if not, (a) why not and (b) when is it anticipated that they will be paid; (4) whether he will make a statement on the matter?

B665E

THE MINISTER OF EDUCATION AND TRAINING:

- (1) Yes.

- (2) Yes

Appointment documents were not submitted unconsistently to the regional office.

- (3) Yes—15 March 1991.
- (4) No.

Dr Nelson R Mandela High School

*21 Mr R M BURROWS asked the Minister of Education and Training: *House of 9/14/91*

(1) Whether he has, in accordance with the applicable quotas, supplied the number of teachers required to staff fully the Dr Nelson R Mandela High School in Crossroads; if not, why not; if so, (a) how many teachers have been supplied, (b) what is the average class size at the school and (c) in respect of what date is this information furnished; *House of 9/14/91* (2) whether the necessary school desks, chairs and laboratory equipment have been supplied to the school, if not, why not; (3) whether he will make a statement on the matter?

B666E

THE MINISTER OF EDUCATION AND TRAINING:

- (1) Yes.

(a) 35 Teachers

A quota of 1 225 pupils was allocated to this school, for which number 35 teachers are sufficient. The quota was exceeded due to the influx of 640 pupils. Funds are not available for the creation of a further 18 teaching posts for the pupils by which the quota has been exceeded.

(b) 50 Pupils

If the 640 pupils by which the quota has been exceeded are omitted, the average class size is 35 pupils.

(c) 21 March 1991

(2) Yes. The school is equipped to accommodate 1 225 pupils. Funds, as well as space, are not available for the purchase and placement of desks, chairs and laboratory equipment for the number of pupils by which the quota has been exceeded.

- (3) No.

Pipeline effluent

*22 Mr M J ELLIS asked the Minister of Water Affairs and Forestry: *House of 9/14/91*

(1) Whether the effluent from the pipeline referred to in his reply to Question No 7 on 12 March 1991 is being monitored; if not, why not; if so, (a) what is the frequency of this monitoring and (b) by whom is it being monitored;

(2) whether the results of the monitoring will be made known to the public; if not, why not; if so, (a) in what manner and (b) when? *House of 9/14/91* B668E

THE MINISTER OF WATER AFFAIRS AND FORESTRY:

- (1) Yes.

(a) and (b) Samples are taken on a daily basis by the Company concerned, while grab sampling is conducted on monthly basis by the Department of Water Affairs and Forestry as a control measure

- (2) Yes

(a) The results are made available by the Department during meetings of the Joint Co-operation Committee on Environment Pollution of the Mandini Town Board, which Committee can then make the information public.

(b) The Committee meets three to four times per annum, but particulars can be obtained on an *ad hoc* basis at any time by the Committee.

SABC: educational television service

*23 Mrs C H CHARLEWOOD asked the Minister of Education and Training:

(1) Whether his Department has taken any steps to establish, through the South African Broadcasting Corporation, an educational television service to Black schools throughout the country; if not, why not; if so, (a) what steps and (b) when is it anticipated that this service will commence; *House of 9/14/91*

(2) whether he will make a statement on the matter? *House of 9/14/91* B670F

THE MINISTER OF EDUCATION AND TRAINING:

- (1) Yes

(4) The Department participates in an interdepartmental pilot project in co-operation with the SABC, through which an educational TV-programme series is planned. (b) It is planned that broadcasts of the programmes will commence on Monday 1 July 1991. *House of 9/14/91*

Anti-Aids advertisements

*24 Mr M J ELLIS asked the Minister of National Health: *House of 9/14/91*

(1) Whether she has approached the Minister of Home Affairs with a request for free air time on radio and television for anti-Aids advertisements of any form and/or Aids information or education programmes, if so, what was the response; if not, (2) whether she intends making such a request; if not, why not? *House of 9/14/91* B671E

THE MINISTER OF NATIONAL HEALTH:

- (1) No

(2) no, but the Department of National Health and Population Development does negotiate with the Board of Executives of the SABC regarding the Corporation's involvement in creating AIDS awareness and dissemination of knowledge. The matter has not been finalised, therefore information cannot be released at this stage.

Kruger National Park: copper poisoning in animals, *House of 9/14/91*

*25 Mr E K MOORCROFT asked the Minister of Environment Affairs: *House of 9/14/91*

(1) Whether any reports of cases of copper poisoning in animals in the vicinity of Phalaborwa have been received from the Kruger National Park; if so, (2) whether the source of the poisoning has been traced; if so, what are the relevant details;

(3) whether any steps have been taken to prevent such poisoning from occurring; if not, why not; if so, what steps

Education and Culture in the House of Representatives) was also consulted in each case—in accordance with section 20(5)(a) of the Act.

(4) No. *Hansard 10/4/91*

- (a) The university was unwilling to bear the costs.
- (b) Administration: House of Representatives.

(5) No. Arrangements for the recovery of the costs were concluded with the responsible Department

(a) and (b) Fall away.

Aids education programme

169. Mr M J ELLIS asked the Minister of National Education: *912*

- (1) Whether his Department is involved in drawing up an Aids education programme for use in schools in South Africa; if not, why not; if so, (a) in which categories of education will this programme be used, (b) who will be expected to present it and (c) who is responsible for drawing up this programme; *Hansard 10/4/91*.
- (2) whether it will be compulsory to use this programme in the categories referred to above; if not, why not? B450E

The MINISTER OF NATIONAL EDUCATION:

- (1) Existing general policy concerning norms and standards for syllabuses, examination and certification in pre-tertiary education is currently being revised. At this stage it is not foreseen that the policy will extend to the level of specific guidance programmes. In all possibility, only certain themes regarding guidance will be indicated. This means, therefore, that the development of specific programmes will be in the hands of the various Ministers of departments of State responsible for education and that the Department of National Education will not be involved.
- (a) Falls away.
- (b) Falls away.
- (c) Falls away.
- (2) Falls away

Persons gainfully employed

200. Mr P H P GASTROW asked the Minister of Home Affairs: *Hansard 10/4/91*

What percentage of gainfully employed (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks were (i) directly and (ii) indirectly in State employ in the Republic as at 31 December 1990?

Hansard 10/4/91 B521E

The MINISTER OF HOME AFFAIRS:

	(a)	(b)	(c)	(d)
(i)*	23,6	13,0	10,6	6,3
(ii)**	9,2	4,8	3,5	6,2

- * Represents: — Central Government
- Provincial Administrations
- Government Trade Establishments
- ** Represents: — Civil Services of the Self-governing Territories
- Local Authorities
- Parastatal Institutions
- Universities and Technikon Boards
- Agricultural Marketing Boards
- Public Corporations

NOTE

- 1. The number of gainfully employed persons is estimated on basis of the midyear estimate of the economically active population, the number of unemployed persons and the ratio of self-employed persons according to the 1980 Population Census.
- 2. The information furnished is as at 30 September 1990 as the results of the survey for the quarter ending 31 December 1990 are not yet available.

Outstanding telephone applications

212. Mr R R HULLEY asked the Minister of Mineral and Energy Affairs and Public Enterprises:

What was the total number of outstanding telephone applications in the area reserved for (a) White and (b) Black occupation in each specified major urban area of the Republic as at the latest specified date for which information is available?

B560E

The MINISTER OF PUBLIC ENTERPRISES AND ECONOMIC CO-ORDINATION:

The position as at 28 February 1991 was as follows:

	(a)	(b)
Cape Peninsula	682	1 982
Port Elizabeth	48	2 081
East London	70	70
Uitenhage/Despatch	13	751
Central Johannesburg	1 036	0
East Rand	2 715	12 132
North Rand	2 359	1 891
West Rand	406	2 444
Pretoria	1 925	3 299
Vaal Triangle	948	5 603
Bloemfontein	81	558
Welkom	164	942
Kimberley	120	349
Durban	1 071	4 829
Pietermaritzburg	125	1 637

PE area: technikon

225. Mr E W TRENT asked the Minister of National Education: *Hansard 10/4/91*

- (1) (a) How many technikon for (i) Whites, (ii) Blacks, (iii) Coloureds and (iv) Indians are there in the Port Elizabeth area and (b) in respect of what date is this information furnished; *Hansard 10/4/91*
- (2) what was the (a) capacity of and (b) enrolment at each such technikon as at the latest specified date in 1991 for which information is available;
- (3) whether there are any plans to build further technikon in the area; if not, why not; if so, (a) when, (b) where and (c) who will be allowed to attend these technikon;
- (4) how many students were refused admission to technikon in the Port Elizabeth area in 1991 on the basis of a lack of adequate accommodation? B590E

The MINISTER OF NATIONAL EDUCATION:

- (1) (a) The Port Elizabeth Technikon is the only technikon which serves the Port Elizabeth area. Students of all population groups are registered at this technikon which falls under the De-

partment of Education and Culture, Administration: House of Assembly. *Hansard 10/4/91*

- (2) (a) 3 000
- (b) 4 400

(3) The Department of National Education does not initiate the planning and building of technikon. The State Departments responsible for education should be approached in this regard.

(4) This information is not available from the Department of National Education.

Unemployment Insurance Fund

243. Mr P H P GASTROW asked the Minister of Manpower: *Hansard 10/4/91*

- (1) What was the balance of the Unemployment Insurance Fund at the end of 1990;
- (2) (a) what was the total amount (i) paid into the fund by State employers and employees and (ii) paid out in benefits in that year and (b) to how many applicants were benefits paid, *Hansard 10/4/91*
- (3) (a) what is the present average rate of interest received by the Fund and (b) what amount was paid from the Fund in 1990 in respect of administration costs;
- (4) (a) what total amount in unclaimed money is held in the Fund and (b) how many persons are involved in this amount;
- (5) how many employers were registered with the Unemployment Insurance Fund as at 31 December 1990? B631E

The MINISTER OF MANPOWER:

- (1) R1 194 000 276 (reserves)
- (2) (a) (i) R80 278 453
- (ii) R854 820 705
- (b) 570 102*
- (3) (a) 14,78%
- (b) R41 757 077 (depreciation excluded)
- (4) (a) Not available
- (b) Not available
- (5) 167 856

AIDS 'pandemic' a major unknown for the industry

WITHOUT any doubt, AIDS is one of the most serious problems of modern times. It affects people everywhere, in their life styles, and in their life expectations.

And for that latter reason — because AIDS is expected to become a major cause of death world-wide — the disease is of enormous concern to the life assurance industry.

The simple reason is that AIDS, as it spreads, could upset the mortality tables on which all life insurers base their premiums.

Hence Liberty Life chairman Donald Gordon's apt use of the word pandemic in his recent chairman's statement, when he said "the AIDS pandemic was one of the major unknowns facing the industry."

Neither here nor overseas has the life assurance industry developed a cohesive approach to this problem. Some companies ask intrusive questions; some apply loadings; others apply exclusions.

While the macro problem is still to be addressed, here is one ap-

proach to a micro (but still serious) aspect — that of potential AIDS-associated death and disability benefit costs.

Southern Life general manager Graeme Lillie says: "For pension and provident schemes, there are two obvious approaches to insuring AIDS:

- "Either cover AIDS claims as one would any other disease; or
- "Exclude claims arising from AIDS."

Problems

The exclusion route presents several problems:

- It may be difficult to ascertain the cause of death. The death certificate will often only indicate immediate cause of death; and
- Should AIDS claimants be treated differently from claimants suffering from other diseases?

Southern Life has strongly recommended the implementation of negotiated employment policies which address the issue raised by AIDS.

11/11/71
S 10/200

Blood shortage threatens SA

Own Correspondent (92)

DURBAN — The "drying up" of blood transfusion services because of Aids has become "one of the most serious problems facing South Africa" and could eventually lead to the death of thousands of people who may need transfusions.

This was revealed by the national spokesman for blood services, John Cotterell, who said the safe donor base (HIV negative) had been deeply eroded by Aids.

Some people were terrified

Star 11/4/91
of Aids and had stopped donating blood, while others simply never came forward.

Bleeding in certain areas where a high number of people tested HIV positive had been stopped. Parts of Zululand, for example, had been zoned as "out of bounds" for blood-taking, with HIV positive rates of up to six percent detected in the worst areas.

Clinics in areas which used to provide a lucrative source of blood had vanished.

A spokesman for the Natal Blood Transfusion Service (NBTS) said the aim was now "to urgently broaden the safe donor base before the situation became desperate".

The situation at the country's blood banks — including the NBTS — was described by Mr Cotterell as "very serious".

An urgent appeal has been put out by the NBTS to all donors who may have lost contact with their regional blood donor clinics to become regular donors again.

"With the escalation of the Aids epidemic, fewer people are eligible to donate blood, making it increasingly difficult for blood transfusion services to ensure an adequate 'low risk' blood supply," said Mr Cotterell.

"Lapsed donors could play an important role in meeting

the shortfall by coming forward and donating more regularly.

"We hope that everyone will realise this year thousands of blood donors were forfeited for reasons other than HIV positivity: pregnant women, elderly people, those who simply stopped giving blood and so on.

"We would appreciate it if lapsed donors could contact their local blood transfusion services as soon as possible so that we can reinstate them as regular donors."

The NBTS has set aside the months of April and May to "recover" as many lapsed donors as possible.

(2) (a) Primary—40 pupils (minimum)
Secondary—35 pupils (minimum)

Handwritten: 12/4/91
This planning norm has been applied since 1989 and has not yet been completely implemented.

(3) The Department creates new posts every year, in accordance with the amount of money available. Posts are apportioned to the regions in terms of the policy (point 2 above) and the growth in pupil enrolment. The Regional Chief Directors allot the posts to schools according to need and in the light of the available classrooms. Statistics as on 6 March 1990.

Aids education programme

170. Mr M J ELLIS asked the Minister of Education and Training:

- (1) Whether his Department is involved in drawing up an Aids education programme for use in schools under his control; if not, why not; if so, (a) in which categories of education will this programme be used, (b) who will be expected to present it to the pupils and (c) who is responsible for drawing up this programme;
- (2) whether it will be compulsory to use this programme in the categories referred to above; if not, why not?

B451E

The MINISTER OF EDUCATION AND TRAINING:

- (1) Yes
 - (a) The target population for these programmes is the teenage school population.
 - (b) The programmes are presented by deputy chief education specialists and School Guidance Teachers of the Department, as well as by officials of the Provincial Administrations.
 - (c) The sexual guidance programme has been drawn up by officials of the Department of National Health and Population Development and the video programme on AIDS by experts of the Department of Education and Training.

(a) (i) Schools
(ii) Residential Area
(iii) Town

Francis Mokokpanele
Simon Hebe
Mbekweni
Mbekweni
Primary Langaboya Jun.
Prim.

Handwritten: 12/4/91 (92)
Note: At present, in addition to the replies given above, the Department is engaged in the following with regard to Aids education:

- An animated video programme and a training module on Aids in all the African languages is being made available to teaching staff throughout the country.
- The Rural Foundation is being assisted in distributing information regarding Aids in rural areas.
- Officials of this Department are collaborating with the Department of National Health and Population Development on the development of a video programme on Aids prevention.
- The formal School Guidance programmes (Standards 5 to 10) make provision for a Family Guidance component, in which pupils receive education regarding responsible choices in sexual matters.

(b) The electricity supply to the residential areas concerned, and thus also to the schools mentioned, was discontinued because the township councils neglected to pay their electricity accounts to the municipalities.

(2) Yes.

Transvaal schools: electricity

222. Mr J VAN ECK asked the Minister of Education and Training:

- (1) Whether the supply of electricity to any schools in the Transvaal falling under his Department was recently discontinued; and if so, in each case, (a) what is the name of the (i) school concerned, (ii) residential area in which this school is situated and (iii) nearest town or city and (b) for what reasons was the supply of electricity discontinued;
- (2) whether the latest electricity accounts of each of these schools have been paid; if not, what are the relevant particulars?

B582E

The MINISTER OF EDUCATION AND TRAINING:

- (1) Yes
 - (a) What is the name of the (i) school concerned, (ii) residential area in which this school is situated and (iii) nearest town or city and (b) for what reasons was the supply of electricity discontinued;
 - (2) whether the latest electricity accounts of each of these schools have been paid; if not, what are the relevant particulars?

The MINISTER OF EDUCATION AND TRAINING:

- (1) Yes
 - (a) (i) Schools
 - (ii) Residential Area
 - (iii) Nearest Town
- (2) Yes.
 - (a) (i) Schools
 - (ii) Residential Area
 - (iii) Nearest Town

(2) Yes.

PE/Thhayi schools: platoon system

224. Mr E W TRENT asked the Minister of Education and Training: Whether any schools falling under his control in the Port Elizabeth/Thhayi area operate on a platoon system; if so, (a) which schools and (b)(i) which standards, and (ii) how many (aa) pupils and (bb) classes, are involved in each case?

The MINISTER OF EDUCATION AND TRAINING:

VISITING SCHOOL	STANDARDS PLATOONING	NUMBERS OF PUPILS PLATOONING	NUMBERS OF CLASS GROUPS INVOLVED
Elundini	A, B, 1, 2, 3, 4, 5	995	19
Valunzi	6, 7, 8, 9, 10	2 463	45
Masiphathisane	6, 7, 8, 9, 10	1 850	26
Mooniselo	A, B, 1, 2, 3, 4, 5	1 254	24
Ikhwezilthe	A, B, 1, 2	1 023	24

Aids school programme held over for a year

92
16/4/91
W/LC - ARGUS 13/4/91

By JANIS FRASER
Weekend Argus Reporter

AIDS may be increasing but there is little chance of an urgently needed education programme against the virus being introduced into all schools for at least a year.

Official figures from the Department of Health indicate that 100 000 South Africans are now HIV positive although many believe the number is far higher. In the Western Cape the number of infected black people trebled last year. In Kwazulu it is estimated there are 150 000 people carrying the virus.

So far the Department of Health has made only R300 000 available to launch the education project.

Senior schools only

At this stage the education programme will be aimed only at senior schools, even though overseas projects and local research have proved that sex and Aids education is most effective if introduced from the beginning of junior school.

Distressed teachers told Weekend Argus they believed many parents had been lulled into a false sense of security by Minister of Education Mr Piet Clase's announcement that Aids education would become compulsory. "A lot of people think that an official Aids education programme has begun in schools. The simple fact is that it has not."

Epidemiologist Dr Malcolm Steinberg of the Medical Research Council (MRC) has the task of co-ordinating the Aids education programme on a tight budget.

He said it had been decided that the best way to use the money allocated by the government would be to finance five pilot schemes in different sectors.

The MRC will then evaluate the programmes and use the findings as a basis for a countrywide senior school Aids education programme to be introduced next year.

The five bodies to run the pilot projects will be chosen from universities

and other institutions and organisations. Each will receive a R50 000 grant to establish and monitor their own programme in a secondary school.

"Each of the programmes will be given the freedom to decide on the content, methods and how to implement them. They will have to consult with the community and involve them in active participation."

Dr Steinberg said the MRC, which has already conducted a study in four Western Cape schools — which showed a distressing lack of knowledge about Aids, coupled with a high percentage of sexual activity — will run one of the pilot programmes.

"By May it is hoped that those running the pilot projects will be in a position to report back to the MRC for a workshop."

At the workshop there will be a "cross-fertilisation" of ideas and ground rules for the first experimental education programme will be set up.

He said other organisations around the country had already put together various Aids education schemes and it was hoped that they could also provide input.

In the third school term this year the package put together at the workshop will be introduced to the five secondary schools, which will represent different areas of the community.

At the end of the year a second workshop will be held and experiences shared and evaluated.

Programme on line

This information will eventually become available as a programme for all senior schools, probably by the middle of 1992.

Dr Steinberg said the issue was so serious that it was imperative all members of the community became involved. There was a need for interaction between schools, concerned parents and concerned communities.

"But people musn't sit back. Institutes, schools and colleges should take their own initiative and not wait for this programme to be a blueprint."

Now AIDS adds to the agony of hundreds of our TB children

STimes 14/4/91

92

TUBERCULOSIS victim Siyabulela is 13 months old. His name means "thank you" in Xhosa. But Siyabulela has not much for which to be thankful.

A few days after birth he was blinded by a neurological strain of tuberculosis. Since the age of four weeks, the only home he has known is the Far East Rand Hospital.

Siyabulela's parents visit him from Orkney in the Western Transvaal as often as they can afford. But little Siyabulela is likely to spend his life in institutions.

Both his mother and father work and cannot provide the special care he needs.

When the baby was admitted to hospital last March, he was totally blind. Now he can vaguely distinguish light.

But Siyabulela's problems could get even worse. He may well be among the many of South Africa's 16 229 children with TB who are also AIDS carriers and he could fall victim to the disease in years to come.

Emaciated

Doctors at the hospital will not say whether he has AIDS because the identity of AIDS patients is protected by law.

There is a strong link between TB and AIDS.

Both are immune deficiency diseases which can be carried in the dormant state for years until some stress, such as poor nutrition, triggers them off.

In African countries like Malawi where AIDS is rife, TB death rates have risen along with the AIDS incidence.

An AIDS carrier can live for a decade or more without developing symptoms. But should he be one of South Africa's 15-million carriers of dormant TB, there is increased risk of developing virulent forms of both diseases.

Similarly, should the dormant TB carrier contract the AIDS virus, the TB which might have remained dormant for life will quickly manifest itself — and so will the AIDS.

Santa tests doubtful cases, but it cannot afford

Special Report By CAS ST LAGER

to AIDS-test all TB patients.

While the AIDS cannot be cured, the test enables staff to take precautions.

It is not known how many of South Africa's official estimate of 100 000 HIV carriers and 683 active AIDS cases also have TB.

But among the 500 patients at the Far East Rand TB Sanatorium in Springs, eight have both diseases.

Paediatric AIDS, with transmission from mother

to baby, is increasing rapidly. There are 94 children under nine with AIDS in SA.

At the East Rand TB Sanatorium, two TB patients, a woman and an 11-month-old baby, died of AIDS-related illnesses as well as TB in the past three weeks.

"We estimate there are 104 000 or more such cases," said Dr Theo Collins, community education officer of Santa. His figure is higher than official estimates because of what he

regards as gross under-reporting.

Dr Collins said there was under-reporting of TB cases from homelands and there were likely to be 100 000 new TB cases every year, as opposed to the 72 000 reported last year. There were 871 white cases in 1990. Some 55 100 of the cases are adults, the balance are under 15.

Damage

Prevention is simple. If Siyabulela had been immunised at birth, the chances are he would not have contracted TB. Follow-up shots at three months and before the age of six provide almost 100 percent protection for life.

Santa this week announced a breakthrough in preventive medication effective over 60 days.

Curative medicine often requires a 180-day stay in hospital.

While TB is curable, the damage, as in Siyabulela's case, is not reversible. Those who seek the early treatment of taking tablets for six months can avoid disabilities or damaged lungs.

LITTLE HOPE LEFT ... Siyabulela will be blind for life

Picture: GARTH LUMLEY



HOUSE OF REPRESENTATIVES

QUESTIONS

†Indicates translated version.

For written reply.

General Affairs:

IDT: amount paid over

Answered 15/4/91

2. Mr P A C HENDRICKSE asked the Minister of Finance:

- (1) Whether the State has paid over an amount of approximately R2 000 million to the Independent Development Trust; if so, (a) when and (b) what is the exact amount involved;
- (2) whether any houses have as yet been built with these funds; if not, why not; if so, (a) how many and (b) where;
- (3) (a) how much of this amount has been used to defray administrative expenses, (b) how much interest has the Trust earned on this amount and (c) how many persons are working for the Trust;
- (4) whether the Trust is allowed to avail itself of the services of Government Departments on an agency basis; if not, why not; if so, what are the relevant details?

C11E

The MINISTER OF FINANCE:

The following information was given by the Independent Development Trust (IDT) in response to this question.

- (1) Yes
 - (a) 17 July 1990
 - (b) R2 000 million
- (2) (a) and (b)

The IDT which came into existence on 1 August 1990, aims to stimulate a dynamic development process through the allocation of its funds.

It concentrates on those people in our communities who can be described as being "very poor".

The focal areas identified are housing, education and health.

An amount of more than R1 300 million has already been allocated in respect of these focal areas, to a variety of institutions and initiatives.

Funds have already been allocated towards the upgrading of hostels and squatter settlements in respect of land and housing. An amount of R750 million over the following 24 months has specifically been allocated to making property rights and housing accessible.

Full details on the application of these funds was made available in a press release on March 15.
- (3) (a) The total administrative expenses until 31 January 1991 were R1 176 000 — less than 1% of the interest and capital growth earned by the Trust, or less than 0,1% of the original amount.
- (b) Interest and capital growth from 17 July 1990 to 31 January 1991 amounted to R207 682 000.
- (c) The following people are currently working for the Trust:

Permanent staff:	12
Temporary staff:	5
People seconded by other companies to work for the Trust for a specific period:	4

The Trust makes use of the services of independent consultants and fund managers. Compensation for these services was not included in the calculations for administrative expenses.
- (4) In terms of its memorandum of association the Trust may make use of all institutions which are suitable and competent to enable it to reach its objectives. The Trust places particular emphasis on community involvement to promote self-sufficiency. Therefore any institutions which meet with its criteria are consulted.

HIV infection: safeguards

9. Mr W J DIETRICH asked the Minister of National Health: *Answered 15/4/91*

HOUSE OF REPRESENTATIVES

92

- (1) Whether, with reference to her reply to Question No 3 on 12 March 1991, any measures are taken to safeguard doctors, surgeons and nurses at provincial hospitals in the Port Elizabeth/Uitenhage area against HIV infection; if not, why not; if so, what measures;
- (2) what was the Aids-related death rate in the above area for each of the five years preceding 1989;
- (3) whether she will make a statement on the incidence of Aids in the above area?

C45E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes, the same measures as in all CPA hospitals are applicable.
- (2) no statistics of AIDs-related deaths before 1989 in respect of the region concerned are available;
- (3) no.

In cases where HIV-infection had been

diagnosed, protective clothing is available, barrier nursing implemented and a strict protocol followed in respect of the drawing of blood and handling of patient products.

In unconfirmed suspected cases of HIV seropositive patients, the patient and his/her products are treated as potentially contagious. Although barrier nursing is not implemented, the same protocol for the drawing of blood and management of patient products is followed as stipulated in the above case;

HOUSE OF REPRESENTATIVES

that it would press for

Aids in blood: 92

CAG Twp 16/4/91

R450 000 payout

By GLYNNIS UNDERHILL

A PRETORIA woman, who was claiming R2 million from the South African Blood Transfusion Service after she tested HIV-positive, was yesterday awarded an out of court settlement of R450 000.

The deputy medical director of the service, Dr R L Crookes, said that certain doctors had requested "fresh" blood — less than 96 hours old — from the service in 1987. Selected donors that had previously been tested were used and some of the blood had been untested, he said.

The unnamed Pretoria

woman was involved in a car accident in 1987 and was given an emergency blood transfusion. Her doctor was informed that she had been exposed to the virus after a specimen test of the blood established that it had been infected, said Dr Crookes.

"She tested HIV-positive after the transfusion."

The woman had been awarded a portion of the money for anticipated medical expenses — as it was believed that 90% or more of the HIV-positive people would develop full-blown Aids, he said.

A similar situation was unlikely to occur today because a rapid screening test had been available since 1989, said Dr Crookes.

● The Western Province Blood Transfusion Service — which is not linked to the SA Blood Transfusion Service — said yesterday that it routinely tests all blood before release.

"If a physician requires blood urgently then a recently-tested regular donor is used. The responsibility resides with the requesting physician," said Dr J Pearce, deputy medical director of the service.

Woman wins 'blood' case

PRETORIA — A Pretoria woman, who tested positive for HIV after receiving contaminated blood following a car accident, will receive R450 000 in compensation from the South African Blood Transfusion Service (SABTS). 92

Court papers stated that disclosure of the HIV infection was akin to being given a death sentence.

Mr Justice du Plessis ordered SABTS to pay damages, plus all legal costs, to the woman — a 57-year-old mother of adult children — and ordered that she not be identified in any way at all.

The woman sustained a serious fracture to her leg during a car accident on May 23 1987 and was admitted to the Eugene Marais Hospital in Pretoria.

She received five units of blood for an operation and was later told one of the blood donations had been found to be HIV positive. *16/04/91*

The woman said she had experienced severe mental anguish because of the infection.

She claimed the transfusion of infected blood had been caused by SABTS' negligence.

SABTS said in answering papers that the woman received the blood of a donor who had previously tested negatively for HIV. — Sapa.

R450 000 damages for HIV infection

Star 16/4/91. (92)
Pretoria Correspondent

In the first case of its kind in South Africa, a Pretoria businesswoman who contracted the HIV 1 virus after a blood transfusion has settled her R2 million damages claim for R450 000.

Mrs X (57) — the woman may not be identified — was infected with the HIV virus after receiving blood supplied by the South African Blood Transfusion Services (Sabts) at the Eugene Marais Hospital in Pretoria.

Mr Justice du Plessis in the Pretoria Supreme Court yesterday ordered that she be paid R450 000 plus legal costs.

He also ordered that Sabts contribute R25 000 towards the employment of a junior advocate by Mrs X.

Mrs X was involved in a car accident on May 23 1987 and received three units of "fresh blood" in preparation for an operation, while another two units were transfused during surgery.

Court papers said that on July 6 1987 Mrs X was informed that one of the blood donations she received had tested positive for the Aids virus.

It was argued that Sabts began screening blood for HIV-antibodies in August 1986, but the infected blood was not tested although it had been stored for 60 hours at the Pretoria depot.

The infected blood was also not labelled with a warning that it had not been screened.

According to a report, blood was only tested at that time (1987) at Sabts headquarters in Johannesburg.

Blood donated at the Pretoria depot on a Friday was only tested on Mondays because transport was not provided.

It was claimed that the infected blood was donated on Friday May 22.

A medical report estimated that Mrs X had a 90 percent chance of developing Aids.

"She suffers severe insomnia, depression and mental anguish, and interprets any momentary form of physical discomfort as the first symptoms of the disease," a report said.

Opposing the claim, Sabts said the plaintiff — through her doctor — voluntarily assumed the risk of HIV infection.

It argued that doctors had to be aware that there was a risk of infection inherent in any blood transfusion.

Star 18/4/91

Natal bans bleeds at workplace ⁹² 'Low risk from/

Own Correspondent

DURBAN. — The Natal Blood Transfusion Service (NBTS) has banned mobile blood clinics from operating in companies or at any workplace because the incidence of HIV positivity at these collection points is five times higher than blood collected from fixed transfusion centres.

This step in eliminating high-risk donor areas follows the awarding this week of R450 000 to a

Pretoria woman after she received contaminated blood from the South African Blood Transfusion Services.

The ban has been instituted by the NBTS as a last-stop effort to prevent HIV-infected blood from the institution infecting anyone in Natal or KwaZulu.

NBTS director Professor Francisco Fernandes Costa yesterday said one of the last high-risk areas he could think of — blood-taking from workplaces — had now been

eliminated.

Professor Fernandes Costa stressed that "every conceivable precaution" was already being taken to test every unit of blood that was issued to any patient from an NBTS source.

There was, however, no such thing as "100 per cent safe blood" because of what was known as the window effect — the period of weeks and even months during which no test could detect HIV antibodies in the blood.

transfusion'

The risk of contracting Aids through a blood transfusion was less than one in 500 000, SA Blood Transfusion Services director Professor Anton Heyns said yesterday.

Professor Heyns was speaking after a woman received damages following an HIV-infected blood transfusion in 1987.

At the time, services were not geared to rapid testing. Since then, rapid tests had become available, he said. — Staff Reporter.

Aids gives birth to dilemma for pregnant women

DURBAN — Women can now choose to have their unborn babies aborted if it is discovered early enough — usually before 24 weeks — that they are HIV positive.

The first termination of pregnancy in an HIV-positive woman was conducted at King Edward VIII Hospital in Durban late last year.

Such abortions have apparently been carried out at other hospitals.

The risk of a baby contracting the Aids virus from its mother during pregnancy, labour or breastfeeding is "significant enough to warrant termination of pregnancy", the head of Natal University's Department of Ob-

stetrics and Gynaecology, Professor Ronnie Green Thompson, says.

Evidence suggests that pregnancy could enhance Aids, as the presence of the foetus, partly "foreign tissue", causes a suppression of the immune response.

TRENDS
CORRESPONDENT

Herbalists sought in Aids fight

By Dirk Nel
Northern Transvaal
Bureau: *Stm 25/4/91*

PIETERSBURG — The Northern Transvaal Aids Training and Information Centre is planning a seminar to which herbalists who claim to have a cure for the disease will be invited.

This follows an Aids seminar attended by 70 church ministers from 13 denominations.

"The gathering of ministers ... served to make the churches in the region more aware of their pre-emptive, educational and caring functions in the fight against Aids," said information director Herby Smith.

He said traditional healers and herbalists should be drawn into the campaign together with educationists and business leaders.

A seminar for businessmen was scheduled for July 31, he added.

Doctors urge screening for patients

Shock move on Aids tests

W/CAROLUS 26/4/91 (92)

DURBAN. — In a shock move that has distressed many patients, pregnant women are now being asked by gynaecologists in private practice to have Aids tests before they give birth because of the risk of passing on Aids to health workers.

As the Aids spectre looms even greater over South Africa, with more and more patients being diagnosed as positive, it has also been revealed that some surgeons in other higher-risk practices (such as orthopaedics) are also insisting that patients be tested before undergoing operations — or find other surgeons to treat them.

If a patient refuses, at the request of a doctor, to have an Aids test it is the surgeon's right to refuse to operate or even to deliver their baby.

Weekend Argus
Correspondent

This has caused consternation in those sections of society who do not consider themselves at risk.

A Durban orthopaedic surgeon in private practice said: "If I think they are promiscuous, have homosexual tendencies or have had previous genital infections I ask them to have a test and tell them before I operate.

"The patient has the right to refuse, but then I would be wary. In the case (especially if the surgery was not urgent) I would be inclined to tell this patient to then go somewhere else," he said.

He said that it was only fair for a patient to understand that the test was vital for the protection of health workers.

He stressed that if tested positive the patient would not necessarily be turned away but strin-

gent precautions, such as double gloves, eye shields and aprons, would be worn by staff during an operation.

A Durban gynaecologist said that a Westville housewife had recently been diagnosed as HIV-positive and, since she was from a section of the community which up to now was thought to be at little risk, her case had made him and other doctors "far more aware" of the need to take greater precautions.

A top Durban gynaecologist who deals with affluent patients said: "I have no option but to test all my patients. No matter how affluent, no matter how long they have been married, no matter how celibate or monogamous they claim to have been, it is only fair to adopt a policy and then apply it to all patients."

He felt he owed it to himself, the nursing staff and the baby.

Give Aids-hit miners a fair deal, says union

THE National Union of Mineworkers (NUM) has called on employers to give workers with the Aids virus a fair deal.

It has accused mine owners of ducking their responsibilities and avoiding the cost of tack-

ling the Aids menace head-on.

The attitude of the Chamber of Mines to the Aids issue came under scrutiny during the union's four-day congress in Johannesburg, which ends tomorrow.

Union delegates said there were fears that workers with the Aids virus would lose their jobs.

The Chamber of Mines estimates at least 10 miners in every 1 000 test positive.

A union pamphlet circulating at the congress said: "Some workers can lose their jobs, their pensions or their medical benefits because of Aids."

"More and more bosses are testing workers for Aids before they are hired — if the worker tests positive for the virus he or she will not be hired."

NUM representatives at the congress said they want to negotiate a new and humane policy on Aids for the mining industry.

The union says employers are "dumping the responsibility of supporting and caring for Aids carriers and Aids sufferers on the individuals themselves, their families and their communities".

The NUM said the practice of employing migrant labour and the hostel system, which break up families and force workers into casual relationships, contributed to the spread of Aids. The problem could not be dealt with by the union alone.

Reacting to NUM claims, the Chamber's health services spokesman, Dr Daniel Pollnow, said: "The 1988 policy was scrapped over a year ago. It was drafted when not much was known about the virus and thinking was conservative."

"The Chamber policy now is to regard Aids sufferers as similar to those

employees who are suffering from any terminal illness. As long as the Aids sufferers are fit they continue working. But when they become 'Aids sick' they are put onto light duties and their medical benefits are similar to, say, cancer sufferers."

Dr Pollnow said pre-employment Aids testing is now left to individual mines. He admitted there was some random pre-employment testing "purely to monitor the situation". He added that the only ongoing Aids testing was on those tested for sexually transmitted diseases at mine clinics.

Children found with Aids-virus as cases double

Medical Reporter

(92)
THIRTEEN children tested positive for the HIV virus in the Cape in the first three months of the year.

A total of 129 people tested positive, twice the number in the first quarter last year.

According to information supplied by the virus laboratories at Tygerberg and Groote Schuur hospitals to the Department of Health, risk factors were unknown in the case of 74 people. Ten were homosexual and 32

were heterosexual.

By March this year a total of 853 people had tested positive for the HIV virus in the Cape since testing began.

Of these, 191 were white, 162 were coloured, 269 were black and the race of 231 was unknown.

The Department of Health said that of the 129 who tested positive this year, the race and sex of 47 were unknown, but five were white males, one was a white female, 20 were coloured males, 10 were coloured females, 23

ARGUS 2/5/91
were black males and 23 were black females. No Asians tested positive.

The Aids testing is done anonymously and the cases can be identified only by postal codes.

Of the 58 people who tested positive in the Cape in March, 39 were from the Western Cape — 22 of them from Cape Town. East London had five cases, the Karoo had two, the Kimberley area had two and the southern Cape coast had three. Others were not identifiable by postal code.

Cape Times 3/5/91

Cape HIV figures double in a year

92

Medical Reporter

THE recorded number of people who tested positive for the HIV virus in the Cape in the first three months of this year has virtually doubled in comparison to the same period in 1990.

A total of 129 people, including 13 children, have tested positive in the first three months of 1991, according to information supplied to the Department of National Health by the Cape Aids Advisory Group. The figures are compiled from data obtained from the virus laboratories at Tygerberg and Groote Schuur hospitals.

In the first quarter of last year the recorded figures show that 68 people tested HIV-positive in the Cape.

Of the 129 people who tested HIV-positive this year, ten cases were homosexual, 32 were heterosexual and 74 were unknown risk factors.

The Department of Health said that the race and sex of 47 of the cases were unknown. Five cases were white males, one was a white female, 20 were coloured

129 test positive in first quarter

males, 10 were coloured females, 23 were black males and 23 were black females.

Aids testing is handled anonymously and the cases are identified by postal codes. Of the 58 people who tested positive in the Cape in March, 39 were from the Western Cape, with 22 from Cape Town.

By March this year a total of 853 people had tested positive for the HIV virus in the Cape.

● The World Health Organisation (WHO) yesterday predicted that up to 40 million people will be infected with the HIV virus by the end of the century, some 10 million more than its previous estimate, Sapa-AP reports.

The UN health agency cited the ever-increasing spread of the virus in sub-Saharan Africa and parts of Asia for the revised forecast. By contrast, it said, the HIV infection rate appeared to be slowing in industrialised countries.

It said the number of victims of full-blown Aids would likely approach 10 million by the year 2 000, of whom 90% would be from developing countries.

WHO said its projections on Human Immunodeficiency Virus infections included 10 million children.

Already there are more than 500 000 children who have developed Aids after picking up HIV from their mothers, it said. Overall, about 1,5 million Aids cases had already occurred since the disease was first diagnosed.

WHO said that in sub-Saharan Africa, nearly seven million people were already infected with HIV. More than 1,3 million people had developed Aids. As a result of the spread of the disease among infants, child mortality rates were expected to rise by as much as 50% during the decade.



'People who spread Aids could be charged'

Star 3/5/91

Medical Reporter (92)

HIV-infected people who engage in sexual activities leading to the death of partners through Aids could be convicted on charges ranging from culpable homicide to murder under South African law, says a Johannesburg attorney.

Approached by The Star on whether it would be possible to prosecute Aids-infected people who engaged in sexual activity leading to other people being infected, Peter Soller said people of whom it can "reasonably expected to know whether they may be infected and who are in fact infected" could be liable for the consequences.

The question arose out of the charges of "assault with a deadly weapon" brought against a 29-year-old Aids-infected man in the United States

after the man had declared he would take as many women as possible with him when he died.

To engage in sex under these circumstances would amount to gross recklessness, and in South Africa, gross recklessness was regarded as intention.

The consent of another party would not affect the outcome. Mr Soller said: "Where you are so reckless that your conduct is deemed to be intentional, it's not affected by the consent of the other party, as consent can never be a defence to murder."

If a person intended to kill a person through Aids, the charge would be murder.

"If you intended to kill the person, it is murder. There is no difference between that and firing a gun," Mr Soller said.

Sana to hold forum on parenting

Sowetan 315/91
THE Kutloano branch of the South African Nursing Association will hold a one-day seminar on parenting, teenage pregnancies and Aids at Isidingo Technical College in Daveyton this weekend.

The theme for the day is "Challenges in the role of today's parents" and the guest speaker will be Anne Masitile, a clinical

and Aids
psychologist at Medunsa.

Chairman of the branch Mrs Roseline Setshedi said: "Our main objective is to build the nation. The issues that are going to be discussed are of great importance and we see them as connected to each other.

"We are concerned

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community about Aids and parenting, which indirectly leads to teenage pregnancies and the poor relations between children and their parents. We are therefore trying to bring about awareness," she said.

Mrs Zola Yoke will speak on Aids and Mrs Thembi Masilo on teenage pregnancies. - *Sowetan Reporter.*



MISSIA

Aids: Lawyer spells out implications

W/6-17-64 4/5/91 92
Weekend Argus Correspondent

JOHANNESBURG. — HIV-infected people who engage in sexual activities leading to the death of partners through Aids, could be convicted on charges ranging from culpable homicide to murder under South African law, according to a Johannesburg attorney.

Asked whether it would be possible to prosecute Aids-infected people who engage in sexual activity leading to others being infected, Mr Peter Soller said people of whom it can "reasonably be expected to know whether they may be infected and who are in fact infected" could be liable for the consequences.

The question arose out of the charges of "assault with a deadly weapon" brought against a 29-year-oldm Aids-infected man in the United States after the man had declared he would take as many women as possible with him when he died.

Gross recklessness

"Under these circumstances, even if the person does not know this, the person has a responsibility in law to check it out unless reasonable precaution such as the use of a condom is practiced," Mr Soller said.

To engage in sex under these circumstances would amount to gross recklessness and, in South Africa, gross recklessness is regarded as intention.

However, it would have to be proved that the accused was the only partner that infected the person who died, according to Mr Soller.

The consent of another party would not affect the outcome. Mr Soller said: "Where you are so reckless that your conduct is deemed to be intentional, it's not affected by the consent of the other party as consent can never be a defence to murder."

If a person intended to kill a person through Aids, the charge would be murder.

40-m could have Aids by year 2000

MANILA — The Aids virus could infect 40 million people by the end of the century, including 10 million children who mostly live in poor countries, the World Health Organisation said in a report released yesterday.

The report, issued by WHO's Western Pacific regional office said that, based on projections, 10 million adults may have developed Aids by the year 2000. It said more than 90 percent of these cases would be in the underdeveloped countries in sub-Saharan Africa, south and south-east Asia, Latin America and the Caribbean.

More than 10 million children would be orphaned during the 1990s as their mothers or both parents died of the disease, the report said.

The report said the problem of transmission of the disease to unborn children

by infected mothers had become acute.

"The pandemic will have a particularly dramatic impact on the developing countries," the report said. "The deaths of adults, who include members of social, economic and political elites, could lead to economic and even political destabilisation."

Children

The report said there were 345 000 Aids cases in 163 countries as of last month. Considering inaccurate diagnosis or under-reporting, there could be more than 1.5 million actual cases.

By early 1991, an estimated 500 000 children had the disease because of transmission of HIV from infected mothers. More than 90 percent of the total were in sub-Saharan Africa.

By April 1991, between 8 and 10 million adults and about 1 million children may

have been infected with HIV.

About 70 percent of all the infections were spread through sexual intercourse between men and women, rather than homosexual contacts, and this would rise to 80 percent by the end of the century, the report said.

Transmission of the disease through infected blood or blood products had been virtually eliminated in industrialised countries, it said. Most developing countries were now improving their screening of blood.

It said infection among homosexual men appeared to have dropped in industrialised regions, but intravenous drug users continued to be threatened.

In sub-Saharan Africa, there were about 6 million adults infected with HIV and 800 000 Aids cases. In addition, 900 000 children were infected with the virus and 500 000 already had the disease. — Sapa-AP.

REMEMBER her so well. It was the summer of 1985 and I was a student in the department of medicine. Everyone was baffled — pyrexia and diarrhoea in a wasted young lady with generalised lymphadenopathy. We ran practically every test the laboratory could offer — multiple blood, urine, and stool samples, lumbar punctures, X-ray examinations, bone marrow trephines, and aspirates, lymph node biopsy. She suffered in uncomplaining silence.

But on going back over her history the fact that her husband was a long distance lorry driver took on a sinister new significance in the light of recent developments in the medical scene in neighbouring countries. A new blood test had become available at our blood transfusion centre. It was done; she was positive.

Since then I have lost count of the innumerable computerised result slips "HIV 1 antibody test — positive" that I have seen. I recall a few of the faces behind the slips. Twins, one healthy, bouncing, and vital; the other wasted and miserable with hepatosplenomegaly and recurrent chest infections.

The woman who burst into tears when I confirmed she was pregnant. Startled by her reaction, I heard her tragic story — how first one of her children then the other had become ill and would not get better. On taking them to the hospital she had been told they both had AIDS and that she was seropositive. Shortly afterwards both children died. Weeping, she told me she could not bear to watch another child die.

There was the prominent businessman and town councillor who was brought by his puzzled, worried relatives. They told me he had been behaving most strangely for the previous few days. A tremor was noticed, which steadily grew worse along with his HIV dementia until he died, an enfeebled mind in a violently uncontrollable body.

A conspiracy of silence helps AIDS strangle a nation

8/Dec/13/91.

STEVEN DODWELL

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Once she was a pretty young girl, now a skeletal remnant of her former self, afflicted with terrible diarrhoea — 20 motions a day or more. Reviewing my memories of just a few short months, what a gallery of suffering I visit.

And now some figures. Perhaps 1.2-million people are HIV positive in my small country now. Twenty-seven percent of young men living in urban areas and working in industry were found to be positive by our blood transfusion service when it was seeking donors. Thirty-nine percent of the new army recruits in a recent intake were positive. Twenty-five percent of medical in-patients were found to be positive in a central hospital. A professor of medicine, responsible for running the HIV clinics at a hospital in the capital, stated that at current death rates half the population between the ages of 20 and 40 would die in the next five years.

My mind leapt ahead to the nightmare scenario that his words had conjured up. The young, bright, urban, wage-earning population savagely reduced, tax income for the government severely curtailed. This would mean that education, health,

and other service ministries would suffer and the industrial and commercial sector would lose skilled labour and educated minds. Not only that, but in our non-welfare state, with the extended family so much an important economic part of life, there would be no more school fees, no more university education for a generation of children. Aged parents and grandparents would hear of their pride and joy, their insurance policy, dying of HIV dementia or pulmonary Kaposi's sarcoma in some hospital far from home.

What kind of shrivelled wasteland will my nation become? Young orphans and the old eking out a crabbled, hand to mouth existence in dusty, forgotten rural homes, while in the towns, industry falls silent, businesses and stores lie closed and derelict while the wind blows rubbish and old leaves down deserted, dead streets.

This epidemic goes on. In part, the promiscuity of this nation is due to the colonial system of the past where rural men, forced to fit into the new

held up at a government printers for more than two years. A moratorium was declared on research and publication.

Little information is available to the public and what is available is couched in clumsy, learned language that most educated laymen would have trouble with, never mind the humbler of our citizens. There is no recourse to controlled media — television, radio, and newspapers are all under tight government supervision.

Among the medical profession there has been either fear and despair for the future or there has been denial. A district medical officer told me of one of the few health teams sent out from the Ministry of Health which came to his area. The health educators spent their days showing films, doing dramas, disseminating information, and their nights sleeping with the local girls. Medical students in the medical residence, supposedly well educated and constantly seeing patients with AIDS on teaching rounds, still maintain two or three sleeping partners at any one time.

Well-known people and community leaders have died of AIDS — but the conspiracy of silence has ensured that those deaths were wasted in terms of their warning value. And whispers of the possibility of a cure worry us. What if the cure is available only in the West and only at high cost? Suddenly our foreign exchange will be gone, used in the service of those in power and their contacts. Our health budget is already overstrained and often inappropriately spent. We cannot afford an AIDS epidemic.

But one is already upon us. So far it has been the silent epidemic — healthy, asymptomatic carriers spreading seropositivity far and wide. Now the symptoms begin and a nation slowly withers and dies.

Dodwell (not his real name) is a junior doctor in a central African country. This article is reprinted from the December 1990 edition of the British Medical Journal

May workers refuse to have Aids tests?

QUESTION

92

My employer insists that all his employees are tested for HIV. It appears that workers who are HIV-positive will be isolated from the rest of the workers and maybe even fired.

What rights do I have if I refuse to be tested?

ANSWER

Firstly, your employer needs to be educated about Aids in the workplace.

He needs to be asked why this testing needs to take place as there are very few jobs that require it.

You may have a legal right to refuse to be tested.

Regular medical examinations may be part of your contract, but if your employer tries to introduce an HIV test into this examination then this could, in certain conditions, be an unfair labour practice.

You should also take this up with your union.

We believe that HIV testing should be done with your permission.

If anyone is identified as HIV-positive, either before or after starting the job, then there is no need to isolate or fire him.

There is no risk to his fellow workers and he can still work for many years.

If your employer tries to dismiss you because you are HIV-positive then you should consult your union or the industrial court as this might be an unfair labour practice.

If you are not a member of a union you can contact an organisation like the Community Aids Information and Support Centre and they will run an Aids education programme for management and the workers.

For further information on Aids and related legal matters, contact the Community Aids Information and Support Centre at 17 Esselen Street in Hillbrow or phone the Aids hotline on (011) 725-6710.

Staff Reporter

'Too little money' to fight Aids

AIDS is a major threat to the future of South Africa — but "inadequate" funds have been provided to tackle the problem, says the Medical Research Council (MRC).

at 15/5/91

The MRC's 1990 annual report says the rapid spread of Aids in SA is "alarming", with the greatest increase among the heterosexual black population.

A three-year investigation by the Aids Virus Research Unit has found that one in every 18 women who visit venereal disease clinics and one in 20 black males are HIV-positive.

Forum to address Aids problems

By MOKGADI PELA

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A NUMBER of Cape Town companies have established a forum to monitor Aids-related problems in the workplace.

Convened by Old Mutual at the suggestion of the Institute of Personnel Management in the Western Cape, the committee comprises representatives from Irvin and Johnson, Shell, BP, Caltex, Engen, Old Mutual, Southern Life, Syfrets, Wooltru, Foschini, SA Breweries, Morkels, the Western Cape Regional Services Council, Transnet and the Planned Parenthood Association.

Convened 16/5/91
The forum elected Johan Schiebusch of Shell as chairman and Andre Fuchs of Old Mutual as his deputy.

Almost all of the companies represented already have some form of Aids policy.

Their policies address issues like confidentiality, sick leave benefits, and continued employment of existing staff members who test HIV positive.

All agree on the urgency for effective education programmes and see the information-sharing forum as an important step towards achieving these in the workplace.

Old Mutual's corporate actuary Graham Prentice told the committee's first meeting that Aids was going to be a tremendous burden on the country and by the turn of the century many deaths would be Aids-related.

Mrs Linda Hiles of the Planned Parenthood Association said education was the cornerstone in dealing with the Aids problem.

"The only vaccine at present is prevention through education," she said.

Aids virus spreading fast in Natal

Own Correspondent (92)

DURBAN — About 100 new cases of the Aids virus, HIV, have been reported in Natal every week for the past month.

Professor Dennis Pudifin, a member of the Aids Advisory Committee, told the Society of

Star 16/5/91
Medical Laboratory Technologists' congress in Durban that there were a total of 3 831 HIV positive cases recorded in Natal on April 10.

Infection

This week the total had reached 4 192. The real number of

HIV infections is believed to be much higher.

Most cases come from the Durban, Maritzburg and the Richards Bay area.

Confirmed HIV carriers normally develop "full-blown" Aids six to eight years after infection.

Council to test new staff for HIV

Medical Reporter

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The Germiston City Council has decided to start testing new employees for HIV infection, town clerk Tonie Heyneke told The Star yesterday. *Star 17/5/91*

However, prospective employees who tested positive for HIV — which leads to Aids — would not be denied jobs.

Mr. Heyneke said an infected employee's status with the pension and medical aid fund would be affected. The identity of HIV-positive people would be revealed to the town clerk, who would inform the pension and medical aid funds.

"Nobody else will know. We are getting outside doctors to do the tests.

"Testing will start as soon as the logistics have been sorted out in this regard.

"Only new employees will be tested, and they will not be disqualified from employment."

He said Germiston, which had made the decision last month, would not be the first city council or employer to conduct compulsory testing of prospective employees.

"Bloemfontein City Council is already doing it, and I believe Pretoria is considering it.

"Old Mutual and possibly other insurance companies do it," he said.

Mr. Heyneke said employees who died from Aids or Aids-related diseases would not get full pension benefits.

292 Aids deaths

PRETORIA — Forty per-
cent — 292 — of the 722
people with Aids report-
ed in South Africa from
1982 to 1991 have died.
Of the total, 535 were
males, ranging in age
from nine years to more
than 70 years, and 184
were females in the
same age group, the De-
partment of Health and
Population Development
said. — Sapa

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17/5/91

‘Lunatic fringe’ Aids comment raises storm

SHIRLEY WOODGATE

Weekend Argus Correspondent

JOHANNESBURG. — “Outrageous”, “stupid” and “sick” are some reactions to a suggestion by Dr. Herholdt Paauw, nominated Conservative Party MP, that HIV virus carriers should be tattooed Auschwitz-style on their upper right arms to warn other people of their condition.

A storm of public indignation has greeted his comments, and it has been claimed Dr Paauw is not only a disgrace to parliament but should be censured by his peers.

Stating the suggestion as “too absurd for comment”, Lawyers for Human Rights director Mr Brian Currin said a special law would have to be enacted to allow such an “assault” to be carried out on human beings.

“As parliament stands it can do anything it likes, as it has done for the past 80 years,” he warned.

“Totally unacceptable both morally and medically,” said Dr Harry Seffel, professor at the Hillbrow Hospital and first president of the Infectious Diseases Society.

“His outrageous standpoint stigmatises Aids sufferers not only as

sick, but as guilty people.

“Nothing is more calculated to drive the disease underground than any form of public identification telling the world that certain people are Aids sufferers. It is common knowledge this has always been the major argument against making it a notifiable disease.”

Speaking in the debate on the Health vote, Dr Paauw claimed Verse 13 of Leviticus provided insight into the prevention of Aids.

Lepers had to identify themselves by tearing their clothes and crying “Unclean, unclean” and

were forced to live apart from healthy people.

But a spokesman for the Hillbrow Aids Centre dismissed his reference to the Old Testament book as “sheer manipulation of the Bible”.

She said the New and Old Testaments also called for compassion for those who were condemned by society.

“Medically this form of stigmatising would discourage people in need of help from seeking assistance,” she said.

Jibing at Dr Paauw whose name rhymes with “pou” (the Afrikaans

version of peacock), Nat MP Dr J J Vilonei said he should suggest to his CP caucus that sufferers also carry a large “pou” with spread feathers tattooed on their right buttock.

Plucking the last remaining feathers from the Paauw plumage, TV director Bill Faure claimed: “His lunatic fringe comments epitomise the nazi viewpoint of the CP and reflect their total lack of respect for their fellow South Africans.”

“It is an ideology which has landed us in our present dilemma.”

'Aids tattoo' idea is condemned

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Star
18/5/91

"OUTRAGEOUS", "stupid" and "sick" are some reactions to a suggestion by Dr Herholdt Paauw, nominated Conservative Party MP, that HIV virus carriers should be tattooed Auschwitz-style on their upper right arms to warn other people of their condition.

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'Absurd'

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SHIRLEY WOODGATE

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Plucking

In this way both normal and abnormal sex would be covered.

Plucking the last remaining feathers from the Paauw plumage, TV director Bill Faure claimed: "His lunatic fringe comments epitomise the Nazi viewpoint of the CP and reflect their total lack of respect for their fellow South Africans.

"It is an ideology which has landed us in our present dilemma."

ARGUS 26/5/91

Germiston council will test employees for HIV

The Argus Correspondent

JOHANNESBURG. — The Germiston City Council has decided to start testing new employees for HIV infection, the town clerk Mr Tonie Heyneke has announced.

Mr Heyneke emphasised that prospective employees who tested positive for HIV — which leads to Aids — would not be denied jobs as a result of the test.

What would be affected would be the employees' status with the pension and medical aid fund. The identity of HIV-positive people would be known to the town clerk who would tell the pension and medical aid fund.

"Nobody else will know. We are getting outside doctors to do the tests. Testing will start as soon as the logistics have been sorted out in this regard. Only new employees will be tested, and they will not be disqualified from employment," said Mr Heyneke.

He said Germiston, which took the decision last month, was not the first city council or employer to do compulsory testing of prospective employees.

"Bloemfontein City Council is already doing it, and I believe Pretoria is considering it. Old Mutual and possibly other insurance companies do it," he said.

With regard to the window period — a time during which a person who may already be infected still tests negative for the disease — Mr Heyneke said they were aware that some people might "slip through".

He said people who died from Aids or Aids-related diseases would not get "full pension benefits" — a principle which applied to other diseases as well if these were a condition which the person had at the time he or she was employed.

Final details were not yet available however and the medical aid had not told him what they would do with the information.

Meanwhile, Aids in the workplace is the subject of a debate in Pietersburg on July 31.

Although aimed at businessmen in particular, legal and trade union representatives have been invited to take part.

Mr Herby Smith, head of the Northern Transvaal Aids Training and Information Centre, said the debate was important in the light of recent statistics which showed a dramatic spread of the disease.

"Businessmen need to act timeously to plan proactively for the future, particularly in view of the heterosexual patterns accompanying the spread of the disease among blacks," said Mr Smith.

Among those presenting arguments are Professor Rubin Sher of the Medical Research Council and the Aids Economic Research Unit's Mr Keith Edelman, author of the book "Aids, countdown to Doomsday".

City Council to consult unions on Aids policy

By Carina le Grange
Medical Reporter

The Johannesburg City Council is developing a corporate policy on employees who are HIV-positive or who have Aids.

This has been confirmed by Dr Nicky Padayachee of the Johannesburg Health Department.

The Johannesburg council was approached by The Star about its policy on HIV tests, in the light of Germiston's recent decision to make testing compulsory for all new employees.

Other councils approached included Bloemfontein, Pretoria,

Star 21/5/91
Alberton, Roodepoort, Springs, Boksburg, Krugersdorp and Brakpan.

No spokesmen were available at any of these councils at the time.

Dr Padayachee said Johannesburg City Council did not, at present, screen prospective employees for the HIV virus.

Germiston town clerk Tonie Heyneke said prospective employees who tested positive for HIV would not be denied jobs. But the pension and medical aid status of HIV-positive people would be affected.

Mr Heyneke said the Germiston council was not the first or only employer to do pre-employment screening. He believed that the Bloem-

fontein city council was already doing it and that Pretoria was considering doing so. He believed that it was done by many insurance companies.

On the Johannesburg development, Dr Padayachee said:

"In developing a corporate policy for the council, it will obviously be done through consultation between the council and trade union or worker representative bodies.

"The spirit of the document is such that it will be progressive and supportive of Aids sufferers and HIV-positive people. It will have a spirit of care and compassion and we believe no person will be denied employment."

Trade union spokesman Monde Mditshwa of

Nehawu (National Education, Health and Allied Workers' Union) said no employer should establish HIV-testing without consulting workers or their representatives.

"Trade unions took up the serious issue of Aids long before employers did — they were dragging their feet. They put profits ahead of people, and we are not aware that Germiston engaged in consultations before their decision."

He said he would need to know Germiston's reason for making the controversial decision before commenting further, and that he could not speak for the rest of the union on the issue of whether they rejected such a move.

Medical schemes not testing for HIV virus

Medical Reporter

Medical aid members do not have to submit to HIV screening prior to being accepted as members of the schemes, according to spokesmen of two major administrators of medical aid schemes.

Managing director Jeff Slome of Medicaid and deputy managing director of Medscheme Les Hollis indicated that pre-screening was not taking place at present when questioned on the policies of medical aids

with regard to HIV-positivity.

"We are not testing any, although testing may take place at employer levels — and we would not know," Mr Slome said.

He added that although it was suspected that medical aids were paying for the health care of Aids patients, only symptoms, such as pneumonia, were reflected on accounts.

Mr Hollis said testing "was really in the hands of the employers" as initially the impact on the

workplace was greater than on medical schemes.

Mr Slome said a problem facing medical schemes was that Aids had not been declared a notifiable disease.

At present the policy was to keep people on the schemes although, in terms of their rules, some schemes may be in a position to exclude certain benefits with regard to Aids treatment.

In the case of medication, schemes only paid the maximum amount allowed per member —

despite the fact that treatment for Aids or HIV-positive people with AZT amounted to more than R1 000 a month.

Mr Hollis said the policy was "loose at the moment" because it took such a long time to establish if a member had Aids and because accounts made it difficult to identify if a patient had the disease.

He said while the matter was of concern to medical aids, most of the known cases were treated by State or provincial services.

Aids time-bomb ticks away in South Africa

Star 22/5/91.

By Carina le Grange
Medical Reporter (92)

Every day up to 300 people in South Africa become infected with HIV — which leads to Aids — according to the medical adviser of the Government's Aids unit, Dr Wilson Carswell.

He says about 100 000 people in the country are already HIV-infected.

Dr Carswell yesterday addressed a media workshop in Pretoria organised by the Department of Health.

The London-educated physician has worked in 11 countries over 30 years — most of them in Africa.

He said that in Africa, HIV had "always been spread by

ordinary heterosexual intercourse", which was still the case for most infections.

"An important facilitating factor is other sexually transmitted infections, many of which are extremely common in Africa.

"The problem is likely to become much worse as the huge numbers of currently infected people become ill," Dr Carswell said of the overall African picture.

"This is not just a distant disease of some far-off central African area," he warned. "In Bulawayo, which is much closer to Pretoria than Cape Town, about one in four of all young adults are already infected."

Govt 'still silent' on hunger strikers

Monday 22/5/91

WILSON ZWANE

THERE was little hope that five hospitalised prisoners — who enter the 22nd day of their hunger strike today — would be released in the near future, Hunger Strike Committee lawyer Willie Hofmeyr said yesterday.

Hofmeyr said since the release of one of the prisoners, journalist Rafiq Rohan, from Cape Town's Somerset Hospital on Monday there "has been no word from the government on the remaining prisoners".

He said government should take "drastic action" if the situation was to be resolved. "The prisoners cannot wait to be released." The five prisoners include ANC guerrilla Gordon Webster, who collapsed on Sunday. Hofmeyr said they were "very weak and cannot go to the toilet by themselves".

He said demonstrations "in solidarity with the prisoners" would be held this week — with Parliament targeted for mass action tomorrow.

Rohan was due to take part in a "candle-light demonstration" outside the Somerset

Hospital last night.

A former Post Natal news editor, Rohan was released from hospital on Monday night after a senior doctor had warned that he was in danger and had suffered slight organ disorders.

Sapa reports Rohan said he was fully aware of the risks when he started the protest, adding: "I was not concerned about what happened to me physically. I knew I could destroy organs, but all I wanted was to secure my release".

Rohan said he had been suffering from an ulcer.

Meanwhile the ANC's southern Free State region yesterday called for a stayaway, fast and one-day consumer boycott today to show solidarity with the hunger strikers.

Cosatu's western Cape region will decide on a possible general strike later this week.

SA urged to be 'AIDS-friendly'

JONATHAN REES
Monday 22/5/91
A GOVERNMENT organisation said yesterday homosexual men and women should be referred to as "alternative sex practitioners" and prostitutes as "commercial sex workers".

A glossary of "AIDS-friendly" words was published yesterday by the National Health and Population Development Department's AIDS Unit.

Unit head Dr Manda Holmshaw said experience in other countries had shown scare tactics in AIDS education did not work, so words which tended to victimise or stigmatise people should be replaced with more sensitive and informative terms. (92)

"Person with AIDS" had become an internationally recognised, and more accurate and acceptable, alternative to "AIDS sufferer" or "AIDS victim".

The term "promiscuity" was moralising but "multi-partner lifestyle" laid no blame, Holmshaw said.

'Radical changes likely' in private health sector

Monday 22/5/91
TANIA LEVY
SA's private health sector would be forced to "quite radically" restructure in the future, Wits Health Policy Unit researcher Dr Max Price said in Pretoria yesterday.

Addressing 200 delegates at the annual Pharmaceutical Society of SA conference, Price said the privatisation of the past decade was "history" and he predicted that demand for private health care would level out.

The private health sector was unable to contain the escalation of costs which had resulted in medical aid contributions rocketing seven to 20 points above the inflation rate.

Price said he believed that the market for medical aid — and therefore private

sector health care — had reached a plateau and could even decline.

The reasons were the anticipated continued rise in costs, changes to the Medical Schemes Act which allowed flexible packages and risk rating, and the threatened deregulation of the insurance and medical aid industries.

These changes could end cross-subsidisation in medical aid schemes.

Our Cape Town Correspondent reports that Barbara Gie, a member of Groote Schuur Hospital's costing committee, told the conference the hospital had cut last year's expenditure on medicine by R3,3m, nearly 10%.

Wes

Fm 24/5/91

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SPREADING THE WORD

A DECIMATED WORK FORCE LOOMS UNLESS TOP MANAGERS INTERVENE

Like cancer, Aids is not considered a pretty dinner-table subject. That's fair enough — but those who exclude the problem from the boardroom as well put their business at risk.

The outcome of full-blown Aids is death — but the dramatic symptoms of the Acquired Immune Deficiency Syndrome do not appear overnight after infection by the virus (HIV) which causes it. So one of the problems with Aids is that it's not readily visible as a mass phenomenon, as yet.

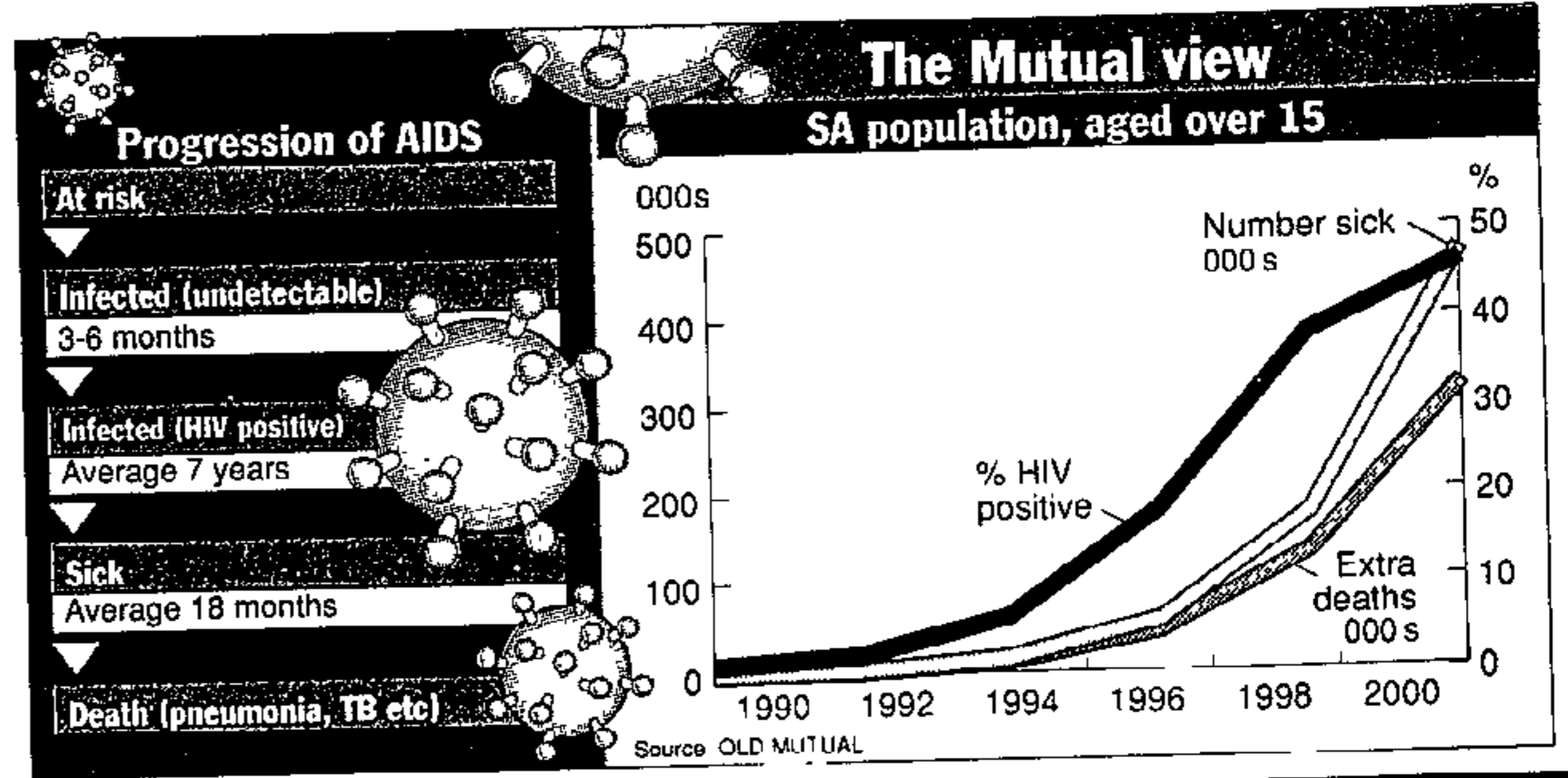
Though thousands of South Africans — among them not a few executives — are already HIV-positive, which is to say, infected, for most people the syndrome has not yet crossed any personal threshold of awareness.

This will change. On certain analyses, South Africans will soon be dying of Aids-related causes at the rate of 320 000 a year; and population growth will be zero if not negative. But those are overall estimates — Aids will largely claim its victims from the black community.

That goes straight to the hub of the prob-

lem of perception. Managers of SA companies, largely, can separate themselves personally from the issue. They belong to that stratum of society permeable to preventative information, and it will be their work forces which are the main victims. Clearly it will be

difficult to formulate manpower practices and policies which embrace a culture which is often misunderstood. Promiscuity is a major vector of the disease — and sexual practices are different for different sections of our society.



Fm 24/5/91

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LEADING ARTICLES

Business spends much time planning for VAT, for new political dispensations, for the reintroduction of foreign capital. But any scenario which does not consider the potential impact of Aids is valueless.

What to do now, in the workplace, is the problem.

The position is that some aspects of the Aids pandemic are understood, and some figures are considered reliable within rather wide parameters. But there is no model which reliably tells employers how to draw up a manpower plan.

This week, the Department of National Health & Population Development called a media indaba to involve the press and electronic media in publicising the Aids issue. But, publicise what? The businessman wants to know whether there will be an educated or trainable labour force available in five or 10 years' time. And while some projections are available, they are nebulous to a manpower planner.

The spread of the disease across Africa was sketched out in 1988 when Keith Edelston wrote *Countdown to Doomsday*, a work widely regarded as sensationalist then but which, in the light of later actuarial research, is being seriously re-examined now. In one highly illustrative passage, Edelston said: "Most of Africa's exports are moved to the coast on trucks ... truck drivers make frequent stops for tea breaks at which they can

satisfy their physical needs with the local girls for little more than the price of a cup of tea and leave a deadly trail of HIV infection as they go ..."

The alarming concentrations of Aids in SA are, indeed, in port cities — and to give perspective, Edelston never suggested truck drivers were the only or prime carriers of HIV.

But if Edelston was frightening, some life office actuaries are becoming increasingly gloomy in their own predictions. Metropolitan Life's Peter Doyle has published a study suggesting that 27% of South Africans will be HIV-positive by the year 2005, given no change in general sex practices.

They will be mainly in the age group 25-40 — the core of the trainable working population. Most will be urban blacks but Aids observes no social boundaries. It does, however, appear to observe educational boundaries — provided the information is clearly, convincingly and widely available. The disease was first noted in 1981 in California, among the gay community. That commun-

Future shocks

Projected cost of AIDS to South Africa in 1995 and 2000

	1995		2000	
	Cases (No)	Cost (Rm)	Cases (No)	Cost (Rm)
Computer model:				
9 month doubling	198 000	2 970	1 043 080	15 646
12 month doubling	71 616	1 074	838 717	12 581
15 month doubling	35 805	537	435 581	6 533

Source: WHITESIDE - AIDS IN SOUTHERN AFRICA

ity is, broadly, an educated one. Once the dangers were appreciated, the community took protective measures.

The literature on Aids now available means no one who can read should be in danger. The British Consulate in Johannesburg gladly passes on leaflets explaining safety precautions for acupuncturists, tattooists, hairdressers and others who were once seen to be in high-risk occupations. But back in SA, Old Mutual chief actuary Theo Hartwig thinks Doyle's model optimistic. Excessive population growth was seen as a threat until recently. Now Hartwig says: "We estimate that population growth will

Continue →

have ceased by the turn of the century."

If he is right, the implications are startling. From a scenario of too many unemployables (the result of poor education), we change to one where there will be a progressively smaller base of employables supporting a progressively larger group of the retired and unemployable.

The need to put training resources into making insufficiently educated people productive in the workplace has been recognised. Now it becomes an imperative. So does care of the aged and care of those who are prematurely removed from the workplace because of Aids.

Though incidence of HIV doubles every eight months or so, its visible effects are discernible only over a fairly protracted period. But Hartwig expects the general population to have the same statistical profile by 1996 as Zimbabwe has now — and in Zimbabwe, more than 20% of the economically

active population is HIV-positive. To be HIV-positive means to be dead within, at most, 10 years. There's no sign yet of an effective, low-cost vaccine.

The economic impact on SA will be small in the next five years. Bosses and strategists fall into the low-risk groups, so there's a temptation to regard the problem as someone else's. There's an illuminating comment in the *May Journal* of the Institute of Personnel Management.

Dawn Mokhobo, who's developing an Aids strategy for Anglo American, says: "In general, people operate on various denial techniques and moral judgments. One has to educate everyone — top managers in particular — as they have to formulate policy and take decisions on the facts against which Aids issues should be judged. Only then can one expect informed, progressive decisions to be made."

People can be led to safe sex practices. But

SA has a vast, illiterate or at best semi-literate population which will spread the disease. So, as Alan Whiteside of the University of Natal acknowledges in his research for the Development Bank, there is no way to compare the economic impact of Aids in Europe or the US with Africa.

However, some aspects of the disease work in SA's favour, compared to the central African experience. Whiteside notes that the medical coverage and resources in SA are of sufficiently high standard that there's good data available on the spread of Aids. Most full-blown cases are reported.

Secondly, the epidemic is only now going to work in SA, so there's a belt of knowledge from the north which can be used in preventative campaigns. In some African countries, the solution to Aids has been to send the patient home to wait for death. In SA there is a growing understanding that an HIV-positive subject still has several more active years ahead, so employers are formulating policies to prolong usefulness — but without prejudice to colleagues who share in benefits such as group life schemes.

For business, the issue at present — before it is overwhelmed by sheer human misery — is education. For the sake of credibility — since people are being asked to re-evaluate aspects of the very way in which they live — direction has to come from top management itself. ■

Fawu wants action on Aids

By DICK USHER

w/mant
24/5-29/5/91

THE Food and Allied Workers' Union is to push food employers for action on Aids, a disease it fears could undo the "fruits of the liberation struggle".

In a document emerging from a Fawu Aids conference earlier this month, to be put to its June national congress for ratification, the union also undertakes to launch a national campaign against economic and political conditions fuelling the spread of the illness.

Fawu is one of the few unions to have formulated an Aids policy. But alarm over the threat to workers is mounting in labour circles — the Congress of South African Trade Unions is planning an Aids conference next month. A Cosatu policy paper spotlights Aids as an issue around which a "massive campaign" should be a priority.

Outlining the need for a policy on Aids, Fawu says "racial capitalism" has created fertile ground for its spread. It calls for employers and the state to share responsibility for combating the disease, stressing that the state's response "has lacked all credibility in the eyes of our people".

Among its proposals are:

● A clear and easily applied workplace policy to combat prejudice and fear, prevent the disease and care for sufferers. This should form part of a comprehensive health and safety programme. (192)

● A ban on the dismissal of workers purely because they are infected. Benefits should not be affected and workers should ensure benefit scheme trustees do not discriminate against sufferers.

● Confidentiality should be observed, without covering up Aids in the workplace. Infected workers should be under no obligation to inform employers.

● Testing should be voluntary and preceded by a clear explanation of what the test is for. Results should be confidential.

● Workers found to have Aids should have access to health services and counselling. Where appropriate, workers and first-aid staff should be trained to provide this for sufferers and their families.

It also proposes that education seriously address the stigma attached to the use of condoms, as well as free access to condoms supplied by the state.

Africa running last in Aids race

WASHINGTON — From ^{star 25/5/91} truck stops in Tanzania to movie houses in Uganda, Aids prevention is making dramatic strides but is still losing the race to the deadly disease, according to a US government report.

In an annual report to Congress on Aids, the Agency for International Development said this week that Africa continues to be the continent most affected.

Close to 6 million adults are pre-Aids,

HIV-infected and 700 000 have Aids cases.

Unless effective prevention programmes are started now, the same thing could occur in many countries of Asia, the Near East and Latin America.

The report on prevention and control of Aids in the developing world highlights several programmes, including one to distribute condoms at

truck stops in Tanzania. At one stop, a guest house owner with the nickname "Bwana Condom" and his associates were said to distribute about 20 000 a month.

Other successes noted by the report include a social marketing program that has sold over 2 million condoms in Cameroon, a television campaign in the Dominican Republic and a movie, financed by the agency, shown commercially in Uganda. — Sapa

DAVID BRISCOE

92

Legalise prostitution call to control AIDS

THE government is considering legalising prostitution and homosexuality to help curb the spread of AIDS.

The AIDS Unit of the Department of National Health and Population Development says the law prevents effective education by making criminals of prostitutes and homosexuals, and pushing them underground.

Laws prescribing people's sexual behaviour have been universally unsuccessful, the unit points out.

Negative

It said compulsory AIDS tests for immigrants, tourists and couples applying for marriage licences had also been abandoned in most countries.

"The retention of ineffective laws relating to sexual behaviour has had a very negative effect on health education," says the unit's draft national AIDS strategy, which was released this week.

"This has been noted particularly in the case of sexual practices whose very existence many societies find hard to acknowledge."

By CAS St LEGER

"This has maintained the criminalisation of practices such as male/male sex and prostitution.

"There is increasing evidence that the decriminalisation of these practices makes educational intervention easier which, in turn, leads to a slowing down of HIV spread."

The head of the AIDS unit, Dr J Wilson Carswell,

said a workshop had been planned to elicit response from lawyers and others this financial year.

"It is entirely possible that as a result of these and other activities current legislation may be amended," Dr Carswell said.

Dr Reuben Sher, of the Medical Research Institute, said: "We treat these people as human beings. If you regard them as criminals they don't trust you and you can't reach them."

End violence, Boesak tells ANC

By MIKE ROBERTSON

DR ALAN BOESAK yesterday called on the ANC to abandon the "language of violence".

The former United Democratic Front leader was addressing the Western Cape regional conference of the Democratic Party.

He said the ANC alliance with the SA Communist Party had to be examined urgently.

"You cannot send a group of young political activists into the plateau with language which is a mixture of MK and

SACP rhetoric," he said.

"That sort of thing will drive people into the hands of the National Party."

Dr Boesak said the belief that problems could be solved by violence was an obstacle to peace and a cause of ongoing violence.

He had earlier appealed to the ANC, he said, to abandon the armed struggle. "But I think the ANC must go a step further.

"It must abandon the language of violence at any level."

Medical Reporter

92

Aids cuts off young lives

Start 245191

Between 25 and 40 percent of babies born to HIV-infected mothers in Africa go on to develop Aids, and almost all die within the first two years of their lives, Professor Alan Fleming said in Johannesburg on Friday.

European studies indicated that between 11 and 13 percent of HIV-infected women give birth to babies who will also get the disease, while one study in Zaire put the incidence as high as 60 percent, he told a symposium on Aids in Pregnancy organised by the Association for Childbirth and Parenthood.

Professor Fleming is attached to the South African Institute for Medical Research and Baragwanath Hospital as a haematologist.

He said 2.5 million women in Africa were already infected.

In some cities the incidence of infection was as high as 30 percent. A local study showed that

after one year, 15 percent of babies born to infected mothers had died.

Professor Fleming said it was expected that by the year 2000 there would be 5 million Aids orphans in Africa as a result of one or both parents dying from the disease.

Consultant Dr Ian Friedland, also from Baragwanath Hospital, said the number of orphans could be as high as 10 million by

the year 2000.

Aids — which was a misnomer in the case of infants born with the disease as it was a congenital condition in their cases, instead of being acquired — had become the fourth leading cause of death in Africa.

Where the prevalence of HIV was high, the infant mortality rate could rise to between 19 and 30 per 1 000, he said.

Half the number of people worldwide who were HIV-infected — 10 million — were in Africa. This amounted to one in 40 adults, Dr Friedland added.

2 new HIV cases each day at Bara

By Carina le Grange
Medical Reporter

At least two people a day at Baragwanath Hospital are identified as HIV-positive and preliminary findings of studies in progress show that the prevalence of the disease is increasing, Professor Keith Klugman said in Johannesburg at the weekend.

Professor Klugman, who is attached to the South African Institute for Medical Research and Baragwanath Hospital, was speaking at a symposium on Aids in Pregnancy organised by the Association for Childbirth and Parenthood.

He is at present engaged in a study on the disease with other doctors and health workers at the hospital and released some preliminary findings in his address.

Professor Klugman said that, while 21 out of 7 000 (three per 1 000) women attending the antenatal clinic at the hospital in late 1989 and early 1990 tested HIV-positive, the latest survey indicated an incidence of 8,6 per 1 000.

"We are getting to the situation where one or two, or more, out of 100 women presenting at the ante-natal clinic are infected," he said.

Earlier, he said that while studies were looking at prevalence among women, "men are by far the more important group to look at in terms of the spread of HIV".

He added that it had been found that HIV-infected women were not necessarily promiscuous when compared to non-infected women.

Women at the clinic were interviewed on a basis of one infected woman matched to two women who were not infected. The interviewer was unaware of which women were infected, and conducted the interviews prior to the infected women being told and counselled about her condition.

The infected women and their partners were of a "somewhat higher" socio-economic group than the non-infected women, and were educated. A strong link was evident with African countries to the north of South Africa, or with partners who travelled.

According to the findings, none of the women admitted to more than six sexual partners in their lifetimes — thus there was no difference between the infected and non-infected. The same findings were made among women who had no more than three life-time partners.

The infected women were "in a large way" no different from other women.

"So, if the women are not promiscuous, who are? These women are infected due to the promiscuity of their husbands and they are powerless within their society to prevent their infection. It shows also that there is obviously a group of highly promiscuous women infecting the men," Professor Klugman said.

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Companies reconsider AIDS-testing policies

SA companies are reconsidering the wisdom of pre-employment AIDS tests.

Eskom, which was SA's first company with an AIDS policy in 1986, is re-assessing its approach to AIDS, including its insistence that all job applicants be tested for the HIV virus.

Eskom medical consultant Dr Charles Roos said that instead of pre-employment testing, Eskom might modify fringe benefits for people with the virus, instead of excluding them altogether.

He said many people in the electrical industry needed to be in peak physical condition.

Eskom had decided to screen all job applicants in an attempt to be non-discriminatory, he said.

In the past three years 15 job applicants had tested HIV positive but the number had multiplied each year.

The parastatal has been criticised for its pre-employment testing.

Medscheme human resource director Gary Taylor said the trend among

TANIA LEVY

companies was away from pre-employment screening because of the time and cost involved.

A company like Medscheme, one of the country's largest medical scheme administrators, would incur significant expenses if it insisted on screening the 10 to 15 job applicants it had to consider each month.

The Elisa test used to screen for the HIV virus costs about R30 but for a conclusive result the Western Blot test is needed at about R150 a time.

Ethics

Taylor said besides the cost and time problems of testing, companies also realised that someone who tested positive with HIV could still be perfectly healthy and fit to work for a number of years.

In the latest edition of the Institute for Personnel Management journal, Anglo American consultant Dawn Mokhobo questioned the ethics of testing.

Discriminating against people with AIDS by not employing them was "just passing the buck and hoping that someone else will deal with it," she says.

AIDS was a problem for the whole society and pre-employment testing would not do anything to help it.

SAA chief medical officer Dr Eric Peters said it was unnecessary to screen all candidates.

In line with other major airlines around the world, SAA has compulsory pre-employment HIV testing for all flight crew positions.

Peters said the US Aerospace Medical Association had resolved on May 5 to support HIV tests for pilots and that they be declared medically unfit to fly if they tested positive because it placed the public at risk. This endorsed SAA's policy.

SAA has voluntary tests for existing flight crew and those testing positive are allowed to continue flying until they are medically unfit.

They can then do ground duties or elect to be retired.

81 Day 27/5/91.

92

Pre-employment Aids tests rethink

Own Correspondent

JOHANNESBURG. — South African companies are reconsidering the wisdom of pre-employment tests for Aids.

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Eskom medical consultant Dr Charles Roos said that instead of pre-employment testing Eskom might modify fringe benefits for people with the virus, instead of excluding them altogether.

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Medscheme human resource director Mr Gary Taylor said the trend among com-

Staff Reporter

THE Aids unit of the Department of National Health and Population Development has denied weekend claims that the government is considering legalising prostitution and homosexuality to curb the spread of Aids.

Clinical psychologist Dr Manda Holmsaw of the Aids unit said yesterday that a statement refuting the newspaper report would be issued today.

"This is just not even being considered at the moment," she said.

The unit's draft strategy, released last week, claimed that the retention of "ineffective laws" relating to sexual behaviour has had a negative effect on health education.

Companies were away from pre-employment screening because of the time and cost involved.

A company like Medscheme, one of the country's largest medical scheme admin-

istrators, would incur significant expenses if it insisted on screening the 10 to 15 job applicants it had to consider each month.

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Discriminating against people with Aids by not employing them was "just passing the buck and hoping that someone else will deal with it", she says.

SAA chief medical officer Dr Eric Peters said it was unnecessary to screen all candidates. However, in line with other major airlines around the world, SAA had compulsory pre-employment HIV testing for all flight crew positions.

looked into with a view to reformulating policy in this regard;

- (2) and (3) where such appointments have been made, service conditions are laid down in a contract between the management council and the teacher;
- (4) no. ~~121~~

Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's reply, could he give us an indication as to when he is likely to formulate the recommendations to legalise or end the existing situation? [Interjections.]

The MINISTER: Mr Chairman, as soon as possible! [Interjections.] The reason for my saying as soon as possible is that I cannot tell the hon member that it will happen on this or that date.

The important matter is that I think we should look into it in depth, because it is not good enough for us to say on our part that we do not have money, and when the community is prepared to pump in additional money, to tell them again that they cannot do it. I want to inform the House immediately that it is not that simple, because the question is whose responsibility that education is, if disciplinary steps have to be taken. Must the Department take these steps, or who must do it? There is the question of the pension. Who contributes towards the pension? There is also the medical fund and so on. Therefore it looks simple to do it, but it is not that simple. [Interjections.] This does not remove the fact that we must look at this in depth, and therefore I want to tell the hon member that it is not possible to furnish an exact date. We shall look at it as soon as possible.

Closure of schools

*4. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether any schools are to be or have been closed in the first six calendar months of 1991; if so, (a) which schools and (b) when are they to be or were they closed;
- (2) how long does a school which is vacant remain under the control of his Department?

B1057E

The MINISTER OF NATIONAL HEALTH:

- (1) No,
- (2) and (3) seeing that the Edendale Hospital falls under the jurisdiction of KwaZulu, information cannot be supplied by the Department of National Health and Population Development.

AIDS: statistics

350. Mr L F STOFBERG asked the Minister of National Health:†

- (a) How many cases of AIDS were notified in South Africa in 1986, 1987, 1988, 1989 and 1990, respectively and (b) in how many cases in each of these years were the persons concerned (i) White and (ii) non-White?

B934E

The MINISTER OF NATIONAL HEALTH:

- (a) Reported South African AIDS cases according to year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

Year	AIDS cases
1986	24
1987	39
1988	88
1989	173
1990	297
Total	621 and

- (b) Reported White and non-White AIDS cases according to the year of diagnosis for the years 1986 to 1990 (Information as at 6 May 1991)

Year	AIDS cases	
	(i) White	(ii) non-White
1986	23	1
1987	31	8
1988	63	25
1989	97	76
1990	79	218
Total	293	328

Own Affairs:

Cape School Board area: school capacity/enrolment

81. Mr K M ANDREW asked the Minister of Education and Culture:

- (a) What is the (i) capacity of and (ii) enrolment at (aa) schools in the Cape School Board area, in total, and (bb) each such school and (b) in respect of what date in 1991 is this information furnished?

B1035E

The MINISTER OF EDUCATION AND CULTURE:

- (a) (aa) (i) 46 480.
- (ii) 35 857

(bb)	(i)	(ii)
Baravia Special School	500	345
Bergvliet High School	850	778
Bergvliet Primary School	700	614
Blouberg Ridge Primary School	450	256
Camps Bay High School	450	592
Camps Bay Preparatory School	150	79
Camps Bay Primary School	400	211
Cape Town High School	650	326
Claremont Primary School	400	221
De Grendel Special School	500	463
Ellerton Primary School	350	284
Laerskool Ferndale	350	329
Fish Hoek Middle School	550	418
Fish Hoek Preparatory School	120	165
Fish Hoek Primary School	700	552
Fish Hoek Senior High School	700	485
Gardens Commercial School	500	288
Golden Grove Primary School	650	346
Good Hope Seminary Girls' High School	450	203
Good Hope Seminary Junior-School	400	238
Greenfield Girls' Primary School	300	250

Aids threatening to undermine economy

By Des Parker 92

DURBAN — Aids could precipitate a major recession later this decade, diverting money into disease-related areas and restricting spending as sufferers are denied credit and obliged to rely on cash and savings.

This is the view of Tongaat-Hulett corporate planning manager Jane Wiltshire, who says that the disease is already putting a crimp on the tourist trade, as international travellers elect to steer clear of Africa, where they consider the disease to be more serious than in other parts of the world.

She told the executive council of the Natal Chamber of Industries in Durban earlier this week that the disease was likely to start making itself felt in South Africa by 1995 when the maximum infection rate was reached and significant numbers of people were either ill or had died from Aids-related causes.

"Aids could cause a shift from a credit to a cash econ-

omy; there are already signs that loans are being denied to HIV positives," Mrs Wiltshire said.

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

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

Likening the popular indifference to Aids to the "phoney war" period at the beginning of World War 2, when Britain largely believed the conflict would be short-lived, Mrs Wiltshire said many people believed the threat of the disease had been over-estimated.

However, reliable predictions were that about two percent of the adult population was infected with the virus by the second half of last year and that about 1 500 people were HIV positive for every one reported case of Aids.

"People dealing with the disease tend to clutch at straws in the wind as they try to follow

the trend.

"Quite a strong straw is that 273 people tested at Edendale Hospital in Pietermaritzburg, because they had opportunistic diseases associated with Aids, have been found to be HIV-positive.

"If the incidence continues at the same rate, they will have had 600 by the end of the year."

Mrs Wiltshire said Aids was likely to reverse the current oversupply of labour in the not too distant future.

"It is likely that the population will peak some time early in the second half of the Nineties and then decline as the numbers of child-bearing women are drastically reduced. The number of deaths will reach a peak in the late Nineties."

Companies with the flexibility to mechanise would avoid the worst effects of a declining worker force, but labour-intensive business would have a problem.

However, it was the diversion of resources into treating and caring for Aids patients in the medium-term that would have the most serious effect.

Not only would much more be spent on treatment and funerals, but the economy would suffer from the reduced productivity of sufferers and their careers.

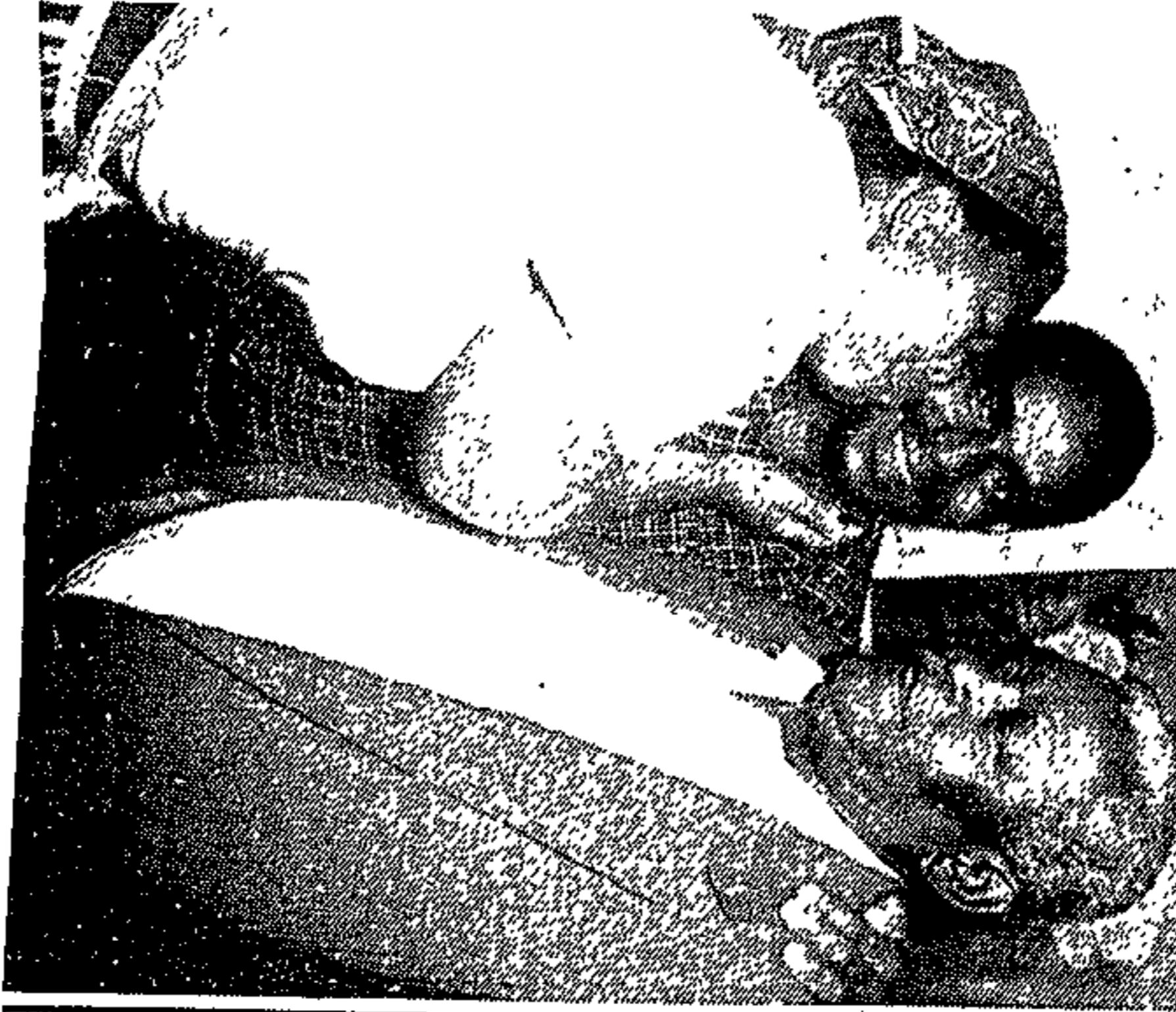
Some companies would feel a two-pronged effect — falling productivity and the movement of spending to other areas.

Mrs Wiltshire said Aids-related health spending would not be First World in nature, but rather would tend to be concentrated on prophylactics, such as a broad spectrum of antibiotics to combat infections caused by the disease.

She told her audience that one of the most important requirements for companies was to stop regarding Aids as a "personnel problem that doesn't really concern us managers who really run the company".

● Mrs Wiltshire, who has scientific and financial training, set out to analyse the effects of Aids on her company, which, as the largest sugar producer in SA, employs thousands of cane-cutters.

They are generally 16 to 28 — the age at which people are most susceptible to the disease.



A dismal view on Aids by two experts at Bara

Sowetan 29/5/91

92

AT LEAST two people a day at Baragwanath Hospital are identified as HIV-positive, Professor Keith Klugman said in Johannesburg on Friday.

He said preliminary findings of studies in progress showed that the prevalence of the disease was increasing.

situation where one or two, or more, out of 100 women coming to the antenatal clinic are infected," he said.

He said studies were looking at the prevalence among women, "but men are by far the more important group to look at in terms of the spread of HIV".

Posing the question on who the women were who

cated. A strong link was made with African countries to the north of South Africa or partners who travelled".

According to the findings, not one of the women admitted to more than six life-time sexual partners - there being no difference between the infected and non-infected.

The same findings were made among women

men," he said.

Another expert, Professor Alan Fleming, told the symposium that between 25 to 40 percent of babies born to HIV-infected mothers in Africa went on to develop Aids.

He said almost all died within the first two years of their lives.

European studies indicated that 11 to 13 percent of HIV-infected

high as 30 percent. The incidence of infected women was higher than that of men and was highest among those women of child-bearing age.

He said a local study showed that after one year, 15 percent of babies born to infected mothers had died as opposed to two percent of babies born to mothers who were not infected.

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Sowetan 29/5/91 (92)

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He is presently engaged in a study on the disease with other doctors and health workers at the hospital and released some preliminary findings in his address.

Klugman said while 21 out of 7 000 (three per 1 000) women attending the antenatal clinic at the hospital in late 1989 and early 1990 tested HIV-positive, the latest survey indicated an incidence of 8,6 per 1 000.

"We are getting to the

situation where one or two, or more, out of 100 women coming to the antenatal clinic are infected," he said.

He said studies were looking at the prevalence among women, "but men are by far the more important group to look at in terms of the spread of HIV".

Posing the question on who the women were who tested positive and how they differed from women who were not infected, he said it was found that the HIV-infected women were not promiscuous.

Unaware

Women at the clinic were interviewed on a basis of one infected woman matched to two women who were not infected. The interviewer was unaware of which women were infected and conducted the interviews prior to the infected women being told and counselled about their condition.

The infected women and their partners were of a "somewhat higher socio-economic group than the non-infected women and were edu-

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The infected women were "in a large way" no different from other women in their community.

"So, if the women are not promiscuous, who are? These women are infected due to the promiscuity of their husbands and they are powerless within their society to prevent their infection.

"It shows also that there is obviously a group of highly promiscuous women infecting the

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He said almost all died within the first two years of their lives.

European studies indicated that 11 to 13 percent of HIV-infected women gave birth to babies who would also get the disease, while one study in Zaire put the incidence as high as 60 percent, he told the symposium.

Fleming, who is attached to the South African Institute for Medical Research and Baragwanath Hospital as a haematologist, said 2,5 million women in Africa were already infected, with a mean prevalence of 2,5 percent.

In some cities, however, the incidence was as

high as 30 percent. The incidence of infected women was higher than that of men and was highest among those women of child-bearing age.

He said a local study showed that after one year, 15 percent of babies born to infected mothers had died as opposed to two percent of babies born to mothers who were not infected.

Regardless of whether the babies born to HIV-positive mothers were also positive or not, they experienced problems such as growth retardation, premature delivery and a low birth weight.

Fleming said the effects of the disease had already annulled the mortality rate for children under five in Africa - which had been attained through great effort - and the rate was once again rising. - *Sowetan Correspondent.*



THE first two AIDS cases in SA were diagnosed in December 1982. By April 1990 the figure reached 386. The trajectory of the human immunodeficiency virus (HIV) epidemic in SA demonstrates "Western" and "African" transmission patterns.

In the US and the UK homosexual and bisexual men and intravenous drug users are identified as the major high-risk group, with ratios of infected persons biased toward men. In Africa HIV infection has resulted principally from heterosexual intercourse and affects males and females in equal ratios.

In SA the majority of AIDS cases have been among white homosexual or bisexual males, while the most significant mode of transmission among black men and women is heterosexual. The low number of officially recorded AIDS cases seemingly gives little cause for alarm, but this probably reflects the early stages of the epidemic in SA and inconsistent case reporting.

An indication of the future magnitude of HIV infection in SA and the significance of heterosexual transmission is evident in the number of HIV-positive persons.

The total number of HIV-positive blood donors was 2 300 by January 1988. Screening of pregnant women at antenatal clinics in the southern Transvaal region showed that between May 1987 and October 1988, the prevalence of HIV among black women increased from 0,036% to 0,217%, highlighting growing heterosexual transmission of the disease.

The number of black persons with HIV infection was predicted to increase to between 45 000 and 63 000 by the end of 1990.

The predominance of heterosexual HIV transmission is important when considering the impact of the migrant labour system on sexual relationships. Male migrants, their casual lovers, prostitutes, and their respective families may be particularly vulnerable to contracting HIV infection.

Our fieldwork consisted of in-depth interviews conducted in a large mining town during April and May 1988 during government's AIDS public education programme and

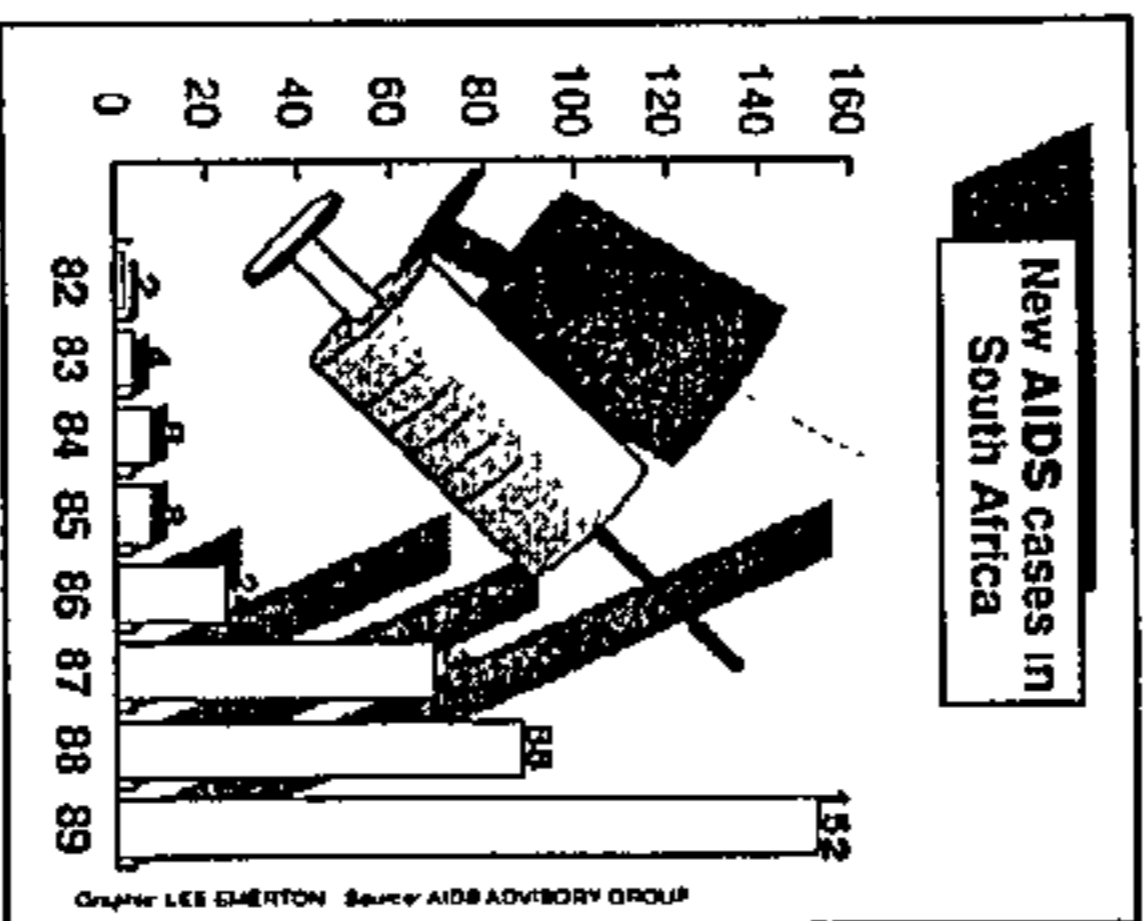
shortly after the distribution of management AIDS pamphlets at mines. Mineworkers we interviewed believed that the migrant labour system harmed their family lives. Conditions in the single-sex hostels, they felt, were alienating: "It is lousy in the hostel," said one worker, "we are locked in like cattle in a cattlepost". There is no privacy in the hostel: respondents lived in rooms sleeping 12 to 16 men on bunk beds, and complained about open toilets and showers. Hostel living is a world of continuous queuing for showers, for meals and to wash work clothes, even queuing for drinks before going to sleep.

Separation from wives and children is an unremitting source of anxiety for mineworkers. Since the 1970s the labour force has stabilised: the average length of service has increased as the vast majority of workers now renew their annual contracts rather than accept a limited number of short-term contracts.

Unemployment has escalated in the rural areas, and more stringent mine employment policies make it extremely difficult for a miner to regain employment if he has a break in service. Those whose homes are not too distant from the mines undertake more frequent trips home over weekends. Migrants say it is still often difficult to tear themselves away from home to return to the hostel and to work.

KAREN JOCHELSON, MONYAOLA MOTHIBELI and JEAN LEGER

Restoring miners' family lives will help control AIDS



spreading HIV infection. The areas in which men seek women appear to constitute established and extensive networks connecting hostels and their surrounding towns with the far-flung rural areas from which miners are recruited. Witbank, a coal and steel area, has a ratio of men to women of 17:10. In other districts the imbalance is more extreme: in the gold mining areas of Klerksdorp it is 22:10 and in Virginia and Carletonville 50:10. With such artificially created social imbalances, men go further afield to seek relationships.

Drawing on our interviews, it appears the migrant labour system has institutionalised a geographic network of relationships for spreading sexually transmitted diseases (STDs). This suggests that once HIV enters the heterosexual mining community it will spread into the immediate urban area, to surrounding urban areas, from urban to rural areas, within the rural areas, and across national boundaries.

The government policy of repatriating HIV carriers is a vain attempt to keep out rather than confront the problem. The virus is already present in the local black heterosexual population, and the migrant labour system is likely to play a part in hastening its spread.

The results of this study indicate that HIV transmission cannot be curbed unless the social conditions facilitating its spread — the migrant labour system, vulnerable family relationships, low-wage work for women — are transformed. A focus on individual behaviour overlooks the social and economic factors that may facilitate the transmission of STDs and HIV.

Rather than condemn individual behaviour, a strategy must situate sexual behaviour in its social context. This involves, first, an appropriate education programme run by empathetic groups, and second, re-examination of social structures conducive to high-risk behaviour.

The South African political terrain creates added difficulties for health educationists. A government HIV programme will meet with extreme suspicion from the black community and be associated with past racist population control initiatives.

On the mines, education by management and medical personnel is linked to management control. A programme that advocates monogamy and celibacy in the absence of a marriage partner is unlikely to be favourably received by migrant workers. Our interviewees believed that since the mines depend on migrant labour, and as they perceive multiple relationships and prostitution as social consequences of migrant labour, management's concern about HIV must be sincere or have sinister motives.

A message of monogamy aimed at women who engage in prostitution or take several partners due to economic necessity is similarly unlikely to be meaningful.

Education is an immediate response to the AIDS epidemic, but ultimately the central problem — the migrant labour system — has to be confronted. Male and female interviewees felt that unsafe sexual behaviour would continue as long as families were divided.

If HIV is ignored, the results for individuals, communities, and industry are potentially devastating.

Repatriation of HIV-seropositive migrants, insensitive education programmes, and separation of families due to the migrant labour system do much to ensure that SA's path to an HIV epidemic remains unhindered.

This is an edited excerpt from a paper published in the International Journal of Health Services.

Huge Aids hike in SA

Political Correspondent

THE number of reported Aids cases among blacks in South Africa is now trebling each year, with the total number of black cases outstripping whites for the first time last year.

The Minister of National Health, Dr Rina Venter, told Parliament yesterday that a total of 621 cases of Aids were reported between 1986 and 1990.

The number of Aids cases reported in 1986 was 24 (23 white, one black); in 1987, 39 (31 white, eight black); in 1988, 88 (63 white, 25 black); in 1989, 173 (97 white, 76 black); and in 1990 (79 white, 218 black).

CT 29/5/91

A new way to avoid getting the needle

92

A Natal couple have come up with a device to remove needles from hypodermic syringes to avoid the danger to health workers of "needlestick injuries" that could result in Aids or Hepatitis B.

Sister Judy Landsberg, who nursed at Grey's Hospital for many years and now runs two clinics in Howick, came up with the concept last year.

"Until the Aids scare we used to sheath needles after we had used them. There is obviously many a slip between sheath and finger.

"Procedures for then storing the potentially lethal nee-

dles were totally inadequate. Years ago we used to throw them in the dustbin, later on we stored them in a tin, which was inevitably knocked over and we ended up having to pick them all up. There is no doubt that the chances of being pricked were great to all nurses," she says.

"As the Aids scare grew and as we all pricked our finger now and then, my husband, Errol, and I decided to invent a gadget that would completely minimise the chances of needlestick injuries. A device was also needed that would separate the needles and the

syringes because if syringes are incinerated with the needles the plastic gives off toxic gases," says Mrs Landsberg.

The Landsbergs then approached retired mechanical engineer Willie McIntyre, who immediately set to work on the project.

The device removes all types of needles, from the commonly used Leur Lock needle to the very fine dental needles used for dental injections and anaesthetics

"Our device is unique because the ejector and container are both made from plastic, which is ecologically suitable

for incineration, while the plastic from the syringe can then be recycled. The ejector mechanism is automatically sealed when the unit is not in use, there is a guard around the top for extra protection, and it comes in various sizes depending on whether it is to be used for a ward, a clinic or a hospital," says Mr McIntyre.

The portable unit is suitable for doctors, dentists, paramedics and laboratories, he says.

The device has a patent pending.

TRENDS CORRESPONDENT

Star 30 15791

Govt's performance on AIDS 'inept'

6/10/91 30/5/91
GOVERNMENT's response to the AIDS epidemic has been "utterly inadequate", says the AIDS Centre at the SA Institute of Medical Research.

In a statement yesterday, the centre said the government's campaigns against the disease had been ineffective, unsuccessful and inept.

The advertising campaign targeted at the black population, which showed a coffin being lowered into a grave, "elicited fear and denial and was generally perceived as racist".

"The equivalent campaign for whites was graffiti on a wall, which was abstract and misunderstood. A pamphlet was produced in 1989 which was also unsuccessful because of the poor design and inept translation into African languages," the centre said.

SA was lagging behind other African

92
countries such as Mozambique and Uganda in the amount of money allocated to AIDS education. Recent indications were that government was now taking AIDS education more seriously, but sex education was still not part of school curricula and condom advertisements were not allowed on national TV.

Although church organisations, trade unions, community organisations and political parties had started playing a role in AIDS education, they were being hampered by a lack of funds and a general apathy among the population.

The ANC, despite committing itself to playing a leading role in the battle against AIDS and the HIV virus, had been "seriously negligent in addressing the AIDS problem".

"For instance, ANC leaders never mention AIDS in their public speeches." — Sapa.

Govt slated ⁹² over Aids effort ^{03/30/91}

JOHANNESBURG: The government's response to the Aids epidemic has been "utterly inadequate", according to the Aids Centre at the South African Institute of Medical Research.

In a statement yesterday, the centre said the government campaigns directed against the disease had been ineffective, unsuccessful and inept.

The proportion of funds allocated to anti-Aids campaigns in South Africa lagged behind poorer African countries like Uganda and Mozambique.

The centre said recent indications were that the government was now taking Aids education more seriously, but sex education was still not part of school curricula and condoms were not allowed to be advertised on national TV.

The ANC, despite committing itself to playing a leading role in the battle against Aids, had been "seriously negligent" on the issue, and its leaders never mentioned Aids in their public speeches.

The centre said the Aids epidemic could "further exacerbate the already immense social, political and economic disruption in South Africa".

A Development Bank of South Africa report estimated that by 1995, Aids could cost the country at least R3 billion a year, the centre said. — Sapa

ARGUS 3/15/91
92

Aids expert slams complacency in SA

The Argus Foreign Service

LONDON. — Ms Grania Christie, one of South Africa's leading Aids experts, has criticised the complacency and lack of resources that still hamper health workers trying to cope with the disease in the Republic.

Speaking after addressing a London forum on Aids in South Africa, Ms Christie said: "Basically, what I'm

saying is that not sufficient is being done in South Africa.

"Lots of promises are being made and lip-service is given to making Aids a high priority — but practically speaking, very little is actually being done."

Ms Christie, who heads the South African Medical Research Institute's Aids Centre, singled out the lack of care-and-support systems.

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Wake up SA! Our Aids figures are appalling

Star 1/6/91.
DON'T want to sound alarmist about Aids, but it is becoming abundantly apparent that either the Department of National Health has no data, or it is trying to play down the seriousness of the situation.

The medical profession too is strangely uninterested in the broad picture — except when it comes to worrying about doctors becoming infected. A health report says there were 63 000 cases of HIV infection in South Africa at the end of 1990.

The nation yawns.

But the figures are rubbish.

At least business people are worried and some are coming up with figures which are terrifying. Jane Wiltshire, Tongaat Hulett's corporate planning manager, has done her own study and says there are 1 500 HIV cases for every one reported!

Even if the 63 000 figure can be taken seriously it translates (bearing in mind the doubling period for the disease is eight to nine months) to 16 million infected by 1997.

My prediction, some months back, that South Africa's population growth will come to a shuddering halt just after the year 2000 looks ominously on target.

People will panic only when the bottle necks of corpses begin to occur. I believe deaths will reach a million in one year before the 1990s are out — deaths not only from Aids but from a variety of other diseases

Greenpiece

JAMES CLARKE



precipitated by the HIV virus.

Mrs Wiltshire has likened the current state of South Africa's Aids epidemic to Britain's "phony war" period at the beginning of World War 2 when the enemy's inaction led to almost fatal complacency.

She believes 2 percent of South Africans were HIV positive by the second half of last year. That's 700 000 and that translates to 1,4 million with the virus right now ...

And 10 million cases in 1993.

It is monstrous that the Department of National Health has yet to conduct an intensive survey and has yet to launch an effective campaign.

Apart from the potential human tragedy the impacts on the economy (half our working population could be annihilated) will be critical.

Mrs Wiltshire suggests we'll all have to pay cash — after all, who'll risk granting long-term credit when half the country's money-earners will begin dying in a few years time?

Factories will have to be less dependent on men and more on machines — thus even more jobless.

The medicine profession will have to face reality.

Experts (92) laud govt concern over Aids

JOHANNESBURG. — The government's concern over the Aids epidemic is evident from its increased budget to fight the disease, according to the director of the SA Institute for Medical Research, Professor J. van den Ende, and the head of the Aids Centre, Professor Ruben Sher.

In a joint statement reacting to a report by the Aids Centre's staffer in London, the two professors said: "The SAIMR and the Aids Centre recognise the government's increasing involvement in Aids education and prevention through the establishment of more Aids centres throughout the country and booklets on Aids for the different risk groups."

The statement also acknowledged that government efforts to promote Aids and sex education in schools would become part of the curriculum from 1992.

Prof Van den Ende and Prof Sher said: "The SAIMR and the Aids Centre wish to apologise for any negative impressions regarding the government's current role in the Aids campaign, which may have been seen created by the report." — Sapa

AA@KS 11/6/91

SA faces crisis

Within five years

HEALTH Minister Dr Rina Venter released the shock information this week that Aids cases among black people had passed those for whites and were trebling each year — which is way above the world doubling rate of six to eight months.

Dr Venter gave the total number of HIV-positive cases reported between 1986 and 1990 as 621; latest Health Department statistics set the tally between December 1984 and April this year at 907.

Yet all indications point to a far more serious situation. Most Aids statistics in this country come from pregnancy tests, blood transfusion services or voluntary testing. As recent education programmes have revealed, a vast number of South Africans have little or no conception of the danger of Aids.

The fifth international conference on Aids in Africa, held in Kinshasa, Zaire, last October heard that 5-million people on the continent were infected with Aids. The total world infection figure is 8-million.

At a conservative estimate, 8-million children in Africa will have lost at least one parent to the disease by the turn of the century.

This week on British television, a documentary on Uganda reported that there were now 1,4-million HIV-positive cases in the country, with an annual doubling of infection. The country has a population of around 18-million.

Studies in central Africa showed the high risk urban infection rate had reached up to 40 percent in Uganda, Malawi and Kenya. The figure is between 25 and 40 percent in Zimbabwe.

JANIS FRASER, Weekend Argus Reporter

Even the rural, low risk population figure in those countries has topped 10 percent.

A report issued by South African delegates to the Kinshasa conference put this country's infection figure at 120 000 of 36-million population, which corresponds with the world average.

It adds a frightening dimension to Dr Venter's latest escalation statistics. The Cape at present is at the bottom of the country's infection "gradient" — boosting the general public's complacency. It's a deadly dangerous complacency, said an official.

Limited testing shows a 0,02 positive rate in Cape Town, 0,7 in Durban and 0,83 in Johannesburg, the city closest geographically to heavily infected African countries to the north and with the greatest infection

risk via the long-distance transport routes down the continent.

At first examination those figures may not seem so high, but, said the official, remember they are doubling or trebling each year while at the same time increasing numbers are succumbing to full-blown Aids.

In another survey, among 14 000 anonymous pregnant women, the HIV prevalence was 0,76.

The Department of National Health is dedicated to giving Aids a higher profile, he said. "We don't want to be alarmist but even at the rate of less than one percent of pregnant women it is a very, very serious epidemic.

"It spreads so insiduously and with such a long incubation period. People's behaviour is difficult to change, but I could not think of a more sinister disease."

900 in Cape
er 4/6/91
Aids-positive

PRETORIA. — More than 900 people in the Cape are HIV-positive, according to the latest Aids figures.

According to the department, 34 new cases were reported in April, bringing the total to 907 people. — Sapa

AIDS

(92)

Whisper of death that began 10 years ago

WASHINGTON

A DECADE ago this week, a Centers for Disease Control newsletter noted the puzzling cases of five gay men in Los Angeles suffering from Pneumocystis carinii, a rare pneumonia found in patients whose immune systems were failing.

The next month, another report: 36 young, homosexual men suffering from Kaposi's sarcoma, a rare cancer that normally afflicted only elderly men with weakened immune systems.

By now, the alarm bells were sounding.

"Physicians should be alert for Kaposi's sarcoma, P.C. pneumonia and other opportunistic infections associated with immunosuppression in homosexual men," the CDC warned.

Within months, it would become clear that a new peril — it would come to be known as Acquired Immune Deficiency Syndrome — had been unleashed on the world, and that there was no known cure.

Ten years later, there still is no cure — but there are treatments that have prolonged lives. There is no end in sight to suffering caused by Aids — but the disease is not spreading as quickly as it once did. And fear of the disease persists — though the hysteria that once abounded has cooled.

The term "safe sex" has entered the public lexicon, and the public consciousness. Blood transfusions and visits to doctors and dentists, once routine, raise nagging fears. And the gay community, hit hard by death and disease, has mobilised with a stark rallying cry: "Silence Equals Death."

"So many people we know have died over the past years that I don't think anyone, except those who have been through a war, can understand that kind of death and destruction," said Mr Mark Kostopoulos, 36, a Los Angeles activist who was diagnosed with Aids 18 months ago.

Five years after that first mention in the CDC newsletter, the puzzlement over those first Aids cases had long grown into deep concern. By then, 21 517 Ameri-

IT started with a scientific whisper, 10 years ago, on June 5, 1981. In the decade since, Aids has grown from a rare affliction in gay men to a pandemic disease affecting millions worldwide.

cans had the disease; 11 713 had died.

The CDC was predicting Aids would increase tenfold over the next five years: 270 000 would have Aids by the end of 1991, and 179 000 would die.

The grim estimates have fallen uncomfortably close to the mark.

By year's end, CDC officials say Aids deaths in the United States since 1981 will top 150 000 and that more than 41 000 new cases will be added to those now diagnosed, for a total of about 250 000. It is estimated another 1 million to 1.5 million people in the United States carry the HIV virus, which festers into Aids after an average 10-year incubation.

Worldwide, the numbers are more stark. The World Health Organization estimates the total number of Aids cases at 1.5 million, with another 8 million to 10 million people infected with the virus. By the end of the decade, WHO projects 40 million will be infected.

If there is a thin ray of hope, it is this: While the numbers aren't getting better in the United States, there is growing evidence they are getting worse at a slower pace than originally thought.

Health officials are seeing a "maturation" of the epidemic, away from the initial high risk group of homosexual men into other distinct segments of the population, Dr Curran said.

"The face of the epidemic has changed and will continue to change," said Dr. Harold Jaffe, deputy director of science at the CDC's AIDS-HIV division. "Increasingly, it is an epidemic of poor blacks and Hispanics, particularly IV users, their sex partners and their children."

CDC epidemiologists say the rate of infection has slowed; the estimate that 1 million to 1.5 million people carry the Aids virus in their blood has remained steady for several years. — Sapa-AP



Midweek Politics

By ANTHONY JOHNSON

CT 5/6/91
92

INTERNATIONAL experts in development economics are increasingly predicting that the Aids epidemic sweeping much of Africa — including the sub-continent — could soon begin creating an isolationist barrier far more effective than any comprehensive international sanctions campaign.

The argument is that a "plague mentality" could develop, which seriously hampered efforts by the nations of the struggling continent to attract much-needed new investment and tourism.

Whether such a mentality is justified by the objective facts on the ground is more or less irrelevant. The perceptions of relatively impressionable non-Africans about developments on the Dark Continent will be what counts at the end of the day.

'Invisible'

Some local scenario-planners in the insurance and business community are arguing that there may be just enough time to launch a massive Aids education programme, which would allow South Africa to escape a new pariah status or plague label.

Although full-blown Aids will still be relatively "invisible" in South Africa by 1995, the exponential rate at which the disease is spreading means that by the time the authorities finally get their collective acts together, it could well be too late.

Just five years ago, the number of reported cases of Aids among whites in South outnumbered blacks by 23 to one.

By last year, the number of reported cases of Aids among blacks — which Aids experts believe probably represent a fraction of the real figure — was trebling, and outstripped the total number of cases among whites for the first time.

Aids crisis: What is the government waiting for?

It would be unfair to suggest that the government has been oblivious of the dangers posed to South Africa and its neighbours in Southern Africa by the looming Aids epidemic

Indeed, studies conducted by a special task group predicted at least two years ago that one of the major problems of the sub-continent — land hunger — could become a thing of the past by early next century.

However, the possible elimination of one of the region's most pressing problems would come at a massive human, social and economic cost.

This was because the masses of sexually active people likely to die as a result of Aids also happen to be the most economically active members of Southern African countries.

'Inadequate'

The study emphasised that South Africa would not be able to escape the negative effects of huge numbers dying in neighbouring countries, as such a catastrophe would make them unattractive trading partners.

The economies of these countries would be so devastated by the ravages of Aids, that South Africa would have to look further afield for markets for many of its goods.

Despite such gloomy scenarios, the government's response to the Aids crisis has, in the words of one of the foremost Aids experts in South Africa, been "utterly inadequate".

The head of the Aids clinic at the South African Institute of Medical Research, Ms Grania Christie, told an Aids forum hosted by the South Africa Foundation in London last week that the government spent only R1 million on combating Aids in 1987, and had budgeted R5.5 million for 1991-92.

She points out that the most reliable predictions of HIV infection in the country are that between 317 000 and 446 000 South Africans aged between 15 and 49 years will be infected by the end of this year.

Questions might be legitimately posed about the reasons for the government's complacency. What is the government waiting for?

ARGUS 5/16/91

Aids: A part of apartheid's consequence?

VIVVEN HORLER, Medical Reporter

A PARTHEID and its consequences have created fertile ground for the spread of Aids. Now a major fear is that people who suffer from chronic ill-health as a result of poverty, malnutrition and lack of adequate housing, may accept Aids fatalistically and do nothing to modify their behaviour to prevent the spread of the deadly disease.

This was part of the message delivered by Mrs Grana Christie, head of the SA Institute for Medical Research's Aid Centre, to a forum in London organised by the South Africa Foundation.

The SAIMR is an independent, mainly self-supporting research body founded in 1912 to help the mining industry.

The forum was attended by business people with interests in South Africa, academics, government and political representatives and aid organisations dealing with South Africa.

Mrs Christie said the whole of Southern Africa was facing a crisis over the Aids epidemic.

"Aids must be regarded as a matter of national urgency."

Sketching the impact of the political system on Aids in South Africa, Mrs Christie said the migrant labour system was an ideal breeding ground.

Men were removed from their families for months at a time. "If they become infected through casual sex with prostitutes or concubines, they are likely to pass on the Aids virus to their sexual partners and even children in the rural areas. Social conditions and sexual practices are fostered which may accelerate the spread of HIV and maximise the impact of Aids on the black population.

"The situation is exacerbated by dislocation and mobility caused by forced removals, homeland policy, rapid urbanisation, militarisation, enforced exile life, and refugees who move in large numbers across international boundaries and back and forth between town and country.

"This destabilisation is not confined within the boundaries of our country, but engulfs the Southern Africa as a whole."

The total number of Aids cases in South Africa from December 1982, when the first two patients — white homosexual men — were diagnosed, until this month is 722. Of these, 535 patients have been men. Most cases have occurred in people in their thirties, and most live in the Johannesburg area.

But these are the people who have developed "full-blown" or clinical Aids. There is no formal data for the number of people who have been infected by the HIV virus, but the most reliable short-term projection of HIV infection predicts that between 317 000 and 446 000 black South Africans aged between 15 and 49 will be infected by the end of the year.

The numbers are likely to double every eight and a half months.

"If HIV infection rather than Aids is used as an indicator, the magnitude of the problem facing South Africa at present becomes clear," says Mrs Christie.

SOUTH Africa has two patterns of Aids infection. Pattern I is similar to that found in Western countries, and Pattern II is like that found in the rest of Africa.

The growth of the epidemic among white South Africans is showing signs of slowing down, as has been seen in Pattern I countries abroad, says Mrs Christie.

The first black South Africans were diagnosed in 1987, five years after the first whites.

"The major future growth of Aids in South Africa will be heterosexually acquired Aids, consistent with that seen in the rest of Africa."

The passing of Aids from mothers to their children will soon become the second most common method of acquiring the virus in South Africa. There have so far been 100 cases of this type of transmission among blacks and one among whites.

Mrs Christie has criticised the government's response to the epidemic as "utterly inadequate". She also finds little to praise in the response of organisa-

tions such as the ANC, the South African Council of Churches (SACC) and the Progressive Primary Health Care (PPHC) network.

"Despite all the high level prioritisation, the ANC has, however, been seriously negligent in addressing the Aids problem. For instance, ANC leaders never mention Aids in their public speeches."

But she points out that the ANC places the struggle for the prevention and control of Aids "within the broad struggle for democratic transformations in South Africa."

She adds: "South Africa appears to be in a paradoxical situation where the State's programmes are fundamentally limited, seriously flawed and lack credibility, but also where there is little chance of progressive organisations altering complex socio-political phenomena in time to avoid the Aids epidemic."

The State's earliest awareness campaign aimed at blacks — in 1988 — was perceived by many as racist, and elicited feelings of fear and denial. The campaign aimed at whites was "abstract and misunderstood".

"A pamphlet produced in 1989 was also unsuccessful because of the poor design and inept translation into African languages", including the use of "coarse, vulgar" language in the Zulu version.

The government has budgeted R5.5-million for anti-Aids campaigns in the current financial year, compared with a \$7.2-million dollar campaign launched by Mozambique in 1988, a country with a population of only 14 million.

At the end of last year a high-powered government committee was formed to boost prevention, and has released a draft strategy for Aids prevention.

"Unfortunately sex education is still not part of the school curriculum and condoms may not be advertised on national television. The government has a crisis of credibility, and it is questionable whether it can play a major role in the local Aids epidemic." There are further obstacles to preventative Aids education in South Africa.

Among these is the resistance to wearing a condom, traditionally viewed as a government plot to limit the black population, and also major causes of venereal disease and infertility.

There were also strong cultural taboos to discussing sexual practices.

"Messages about monogamy are largely inappropriate considering that polygamy and concubinage are sometimes still tacitly accepted as normal cultural practices.

"Also, the uneducated person does not easily perceive Aids as a sexually transmitted disease because it affects the entire system and the sexual organs do not appear primarily involved.

"Traditional healers are not recognised in the national health care system, and many sangomas or nyangas maintain they can cure Aids. Sexism, victim blaming, racial stereotyping and discrimination against minority groups pose serious limitations to effective Aids education and this is further hampered by inaccurate media coverage."

Another problem was that "treatment by prevention is conceptually difficult to accept".

It has been said that Aids awareness campaigns should be founded on community-based action, "but a serious drawback to this is that communities are already under extreme stress and are ill-equipped to take on this responsibility.

Mrs Christie said an epidemic could make worse "the already immense social, political and economic disruption in South Africa. The growing Aids problem in the black community is likely to enhance prejudices and could have profound implications for jobs, housing, education, public services and amenities.

But Mrs Christie finds a glimmer of hope. "If, instead of using Aids as yet another stick with which to beat each other, it can be used as an issue around which a co-operative onslaught on the epidemic can be mobilised, valuable skills for tackling problems in a future South Africa could be developed."



Decade + of + DEATH

Sowetan 5/6/91

92

WASHINGTON - A decade ago today, a Centres for Disease Control newsletter noted the puzzling cases of five gay men in Los Angeles suffering from *pneumocystis carinii*, a rare pneumonia found in patients whose immune systems were failing.

The next month, another report: 36 young, homosexual men suffering from *kaposi's sarcoma*, a rare cancer that normally afflicted only elderly men with weakened immune systems.

By now, the alarm bells were sounding. "Physicians should be alert for *kaposi's sarcoma*, PC pneumonia and other opportunistic infections associated with immunosuppression in homosexual men," the CDC warned.

Within months, it would become clear that a new peril - it would come to be known as Acquired Immune Deficiency Syndrome - had been unleashed on the world and that there was no known cure.

Suffering

Ten years later there still is no cure - but there are treatments that have prolonged lives. There is no end in sight to suffering caused by Aids - but the disease is not spreading as quickly as it once did.

And fear of the disease persists, although the hysteria that once abounded has cooled.

In the ensuing decade the obituaries have become almost routine, recounting the lives of hardy young men - thousand upon thousands of them - who wasted away, their bodies ravaged by infections.

The term "safe sex" has entered the public lexicon and the public consciousness. Blood transfusions and visits to doctors and dentists, once routine, raise nagging fears.

And the gay community, decimated by death and disease, has mobilised with a stark rallying cry: "Silence Equals Death".

"So many people we know have died over the past years that I don't think anyone, except those who have been through a war, can understand that kind of death and destruction," said Mark Kostopoulos (36), a Los Angeles activist who was diagnosed with Aids 18 months ago.

Five years after that first mention in the CDC newsletter, the puzzlement over those first Aids cases had long grown into deep concern.

By then 21 517 Americans had the disease and 11 713 had died.

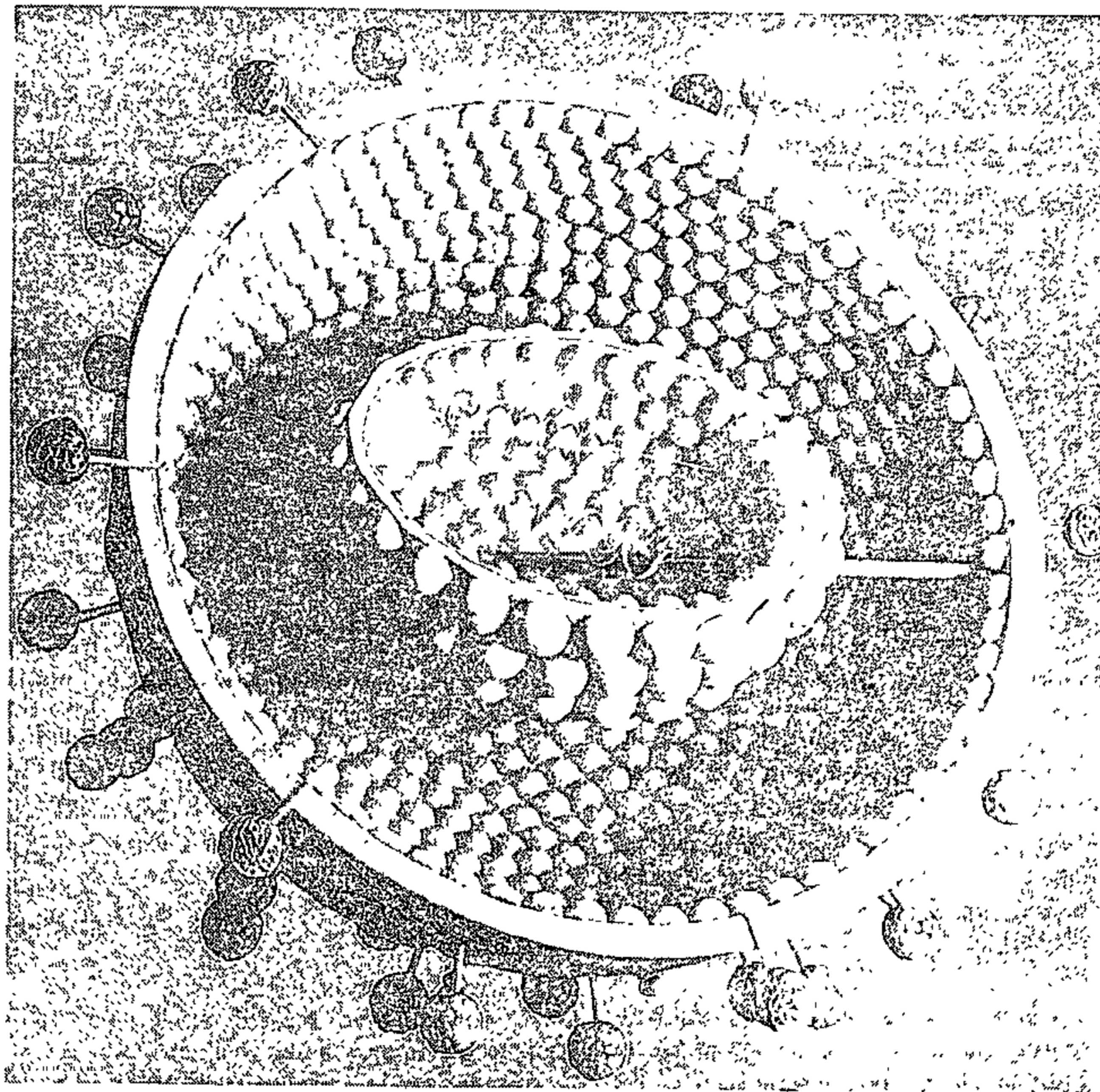
Prediction

The CDC was predicting Aids would increase tenfold during the next five years: 270 000 would have Aids by the end of 1991 and 179 000 would die.

The grim estimates have fallen uncomfortably close to the mark.

By the year's end CDC officials say Aids deaths in the United States since 1981 will top 150 000 and that more than 41 000 new cases

IT started with a scientific whisper 10 years ago today, on June 5 1981. In the decade since, Aids has grown from a rare affliction in gay men to a pandemic disease affecting millions worldwide.



The Aids virus ... tiny but deadly.

R.I.P

will be added to those now diagnosed, for a total of about 250 000.

It is estimated another 1 million to 1.5 million people in the United States carry the HIV virus, which festers into Aids after an average 10-year incubation.

Worldwide the numbers are more stark. The World Health Organisation estimates the total number of Aids cases at 1.5 million, with another 8 million to 10 million people infected with the virus.

By the end of the decade the WHO projects 40 million will be infected.

If there is a thin ray of hope, it is this: While the numbers are not getting better in the United States, there is growing evidence they are getting worse at a slower pace than originally thought.

Horizons

"The horizons are more sure," said Dr James Curran, director of the CDC's HIV-Aids division. "We're not talking about something that is going to affect 250 000 new people a year. But at the same time it is not going to drop off from where it is now."

Health officials are seeing a "maturation"

of the epidemic away from the initial high risk group of homosexual men into other distinct segments of the population, Curran said.

While gay white men are still the largest affected group, transmission through intravenous drug use (IV) and heterosexual activity is increasing.

New York, Los Angeles and San Francisco still account for the bulk of cases, but Aids is on the rise in 40 states.

Frightening

"The face of the epidemic has changed and will continue to change," said Dr Harold Jaffe, deputy director of science at the CDC's Aids-HIV division.

"Increasingly it is an epidemic of poor blacks and Hispanics, particularly IV users, their sex partners and their children."

In 1986, 66 percent of Aids cases came from homosexual activity and 18 percent through intravenous drug use. Now, homosexual liaisons account for 55 percent and IV drug use is blamed for 24 percent.

In 1986, 60 percent of Aids patients were white, 25 percent black and 14 percent Hispanic. Only seven percent were women.

Worst hit

By this year 52 percent were white, 30 percent black and 17 percent Hispanic. Twelve percent were women.

Children under 13 still represent a tiny percentage, but the increase has been frightening. In 1986, 197 cases were reported. Last year the number reported was 764, more than triple.

Heterosexual transmission hovers around seven percent to eight percent, slightly lower than had been predicted in the 1980s. A third to half the cases involved a sexual contact with a known IV drug user.

CDC epidemiologists say the rate of infection has slowed; the estimate that 1 million to 1.5 million people carry the Aids virus in their blood has remained steady for several years.

But that evidence has not surfaced in Aids wards around the country. From 1985 to 1988 alone, Aids admissions nearly tripled in the nation's public hospitals.

Good news

However, there is some good news.

In the early days of the epidemic fear ruled. But the disease gained a human face through the deaths of actor Rock Hudson in 1985 and of Ryan White, an Indiana teenager barred from a public school when it was learned he had contracted Aids through a blood transfusion.

And while doctors have not been able to prevent Aids deaths they have been able to prolong lives.

The development of AZT and other drugs still in the testing stages are the result of giant strides in the understanding of virology, immunology, molecular biology and other disciplines.

Still, hopes for a vaccine or a final cure are 10 to 20 years off. - *Sapa-AP*

Your investments 10 years down the line

SO how will Aids affect your investments in the Nineties and thereafter?

This was the subject of Financially Speaking on Radio 702 last week.

My guest in the studio was Keith Edelston from the Aids Economic Research Unit (AERU) and the reaction from the public was, in one word, staggering.

The lines were jammed for two hours as a worried public speculated on how Aids could possibly affect their investments. And judging from com-

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Money Matters
MAGNUS HEYSTEK



ments made by Mr Edelston, they have reason to be wary.

Although I had only met Mr Edelston on the night of the programme, I have been sharing the same concerns for quite a while. Investments particularly vulnerable to an Aids-in-

duced recession and even depression are pension funds, retirement annuities and endowment policies.

By nature, they are long-term investments and are the most exposed to any economic catastrophe such as Aids.

Companies involved in mass housing, for instance, like producers of cement, bricks etc, can expect to see their markets shrink as the population growth stalls and then starts shrinking.

Consumer-orientated companies will also find their market shrinking.

Others, however, like manufacturers of medical health care products might benefit provided the people have the ability to pay for their services.

Mr Edelston's advice regarding retirement annuities and endowment poli-

cies was forthright — so forthright that I was accused by a life assurance company the next day of being irresponsible to host such a programme.

Any new ten-year endowment policy being taken out today will feel the full impact of the Aids-recession. And as it is locked in for ten years, he does not suggest this as a viable investment medium. Ten years is simply too long to the one's money up.

The same goes for retirement annuities and even pension funds that have to provide an income sometime in the future. For people with existing contracts his suggestion was not to increase contributions, but to make investments into other, more liquid investments like cash deposits, unit trusts, government gilts and semi-gilts.

The advantage of these investments is that they can be cashed in immediately, something that is not always available with

the other investments mentioned.

However, at no stage did Edelston advise people to cancel their investment policies. That would be very, costly indeed, he said.

Shares would most probably be a good bet for the next three to four years. Thereafter the stock market will start reflecting the affects of Aids. And for most companies it will mean a downward correction.

Gold shares will also be affected as gold mining production drops as a result of labour shortages. This could lead to higher gold prices but the shares won't fully reflect this increase. Rather go for gold already above the ground — in the form of Kruggerands and other gold coins, he suggests.

Am I irresponsible in publishing these comments? I think not. Ignoring a potentially disastrous investment environment would be ten times more irresponsible.

Aids poses major threat to economy

Star
29/6/91

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INVESTORS should increasingly start considering the potential impact of Aids on their investments.

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

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

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

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

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

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

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

"It is likely that the population will peak some time early in the second half of the nineties and then decline as the number of child-bearing women are drastically reduced. The number of deaths will reach a peak in the late nineties".

Companies with the flexibility to mechanise would avoid the worst effect of a declining labour force, but labour intensive businesses would have a major problem.

It is the diversion of resources into treating and caring for Aids patients in the medium term that will have the most serious effect. Not only will more have to be spent on treatment and funerals, but the economy will suffer from the reduced productivity of sufferers.

MAGNUS HEYSTEK
Finance Editor

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

He says the number of black workers is likely to shrink substantially in the current decade if the Aids pattern continues. From a peak of around 40 million blacks and coloured people in 1996 the numbers could fall to around 13,6 million by the year 2007, or thereabouts.

Projections made by the AERU indicate that South Africa's natural increase in population will most probably be halted by the year 1998, and decline thereafter.

At the turn of the century this country could be burdened by more than seven million Aids cases. The worst year promises to be 2001, with an estimated 6,77 million people dying in that year.

Thereafter the number of Aids cases will decline and the population will level out at around 13 million.

This will have serious effects on the economic levels in the country.

"When Aids reduces worker numbers to the point at which their ability to produce is reduced, earnings will fall and people will have less disposable income with which to satisfy their needs. This will lead to reduced turnover, a decline in profits and if the trend goes too far, many businesses will fold.

"Long before that happens, however, something else will have a powerful effect. Aids makes people sick, and they then need medical treatment. Thus spending patterns will change. As more disposable income is diverted into increased medical spending on drugs and hospital care, so there will be less to spend on other things, such as holidays and petrol for the car."

This is already happening in countries like Malawi and Zambia where copper production is falling rapidly. While affected labour currently can still be replaced by drawing from the pool of unemployed workers, this is done at great cost to productivity and training levels. Mr Edelston expects much the same to happen in South Africa.

But how will Aids affect your investment decision? In my Money Matters column on this page I try to present the picture as how Mr Edelston and others see it.

Aids info 92 for everyone

CT 29/6/91

IF by any chance you were to wander into the office off Hertzog Boulevard that used to house civic amenities to book a city council bungalow you would find yourself pressed into a conversation on the killer virus causing Aids.

ATICC (WP Aids Training, Information and Counselling Centre) has been housed in the civic centre since July 1989 and manager Mrs Trish van der Velde's crusade is to spread correct information about Aids wherever and whenever she can: "It doesn't happen as often now but in the early days people were always popping in to make bookings and I would insist that my staff engage them in a conversation about Aids. Nobody should leave here without learning something about it."



Trish is married to deputy mayor Mr Frank van der Velde and will become mayoress when Mr Gordon Oliver and Mrs Jo Stern complete their two years in office in September. How will this affect her work at the centre?

"I will be able to place Aids on a public platform," she replies immediately. "My PR function will increase. Every mayoress chooses which direction she will

take."

Trish came to the centre through her work with students at UCT and her masters degree in research psychology for which the focus was Aids education. In March 1989 the national health department made money available for Aids counselling and resource centres under the auspices of the medical officers of health. The centre is a regional centre, spreading its influence, as far as George and the Orange River.

The centre was started in July that year with Trish at the helm and just a few weeks later, husband Frank was voted in as deputy mayor.

The centre runs courses for people who need to know more about Aids (e.g. personnel officers) or who work as counsellors or care-givers (e.g. doctors and nurses). The centre also does HIV antibody tests, loans out videos and material, educates wherever possible and is establishing a network of trained people at hospitals and clinics throughout its area. As Trish puts it, "ready for the epidemic".

"HIV is a virus that can be passed on to anyone by anyone. The virus doesn't ask by what orifice it entered the body. We need to get away from stereotypes about who gets Aids.

"We should regard everyone as being potentially infected and therefore make it a universal rule that we don't exchange body fluids," says Trish.

Conference on Aids 'as a union issue'

By JENNIFER POGRUND ⁹²

AIDS as "a union issue" is the main thrust of a precedent-setting Congress of South African Trade Unions three-day national conference which starts in Johannesburg today.

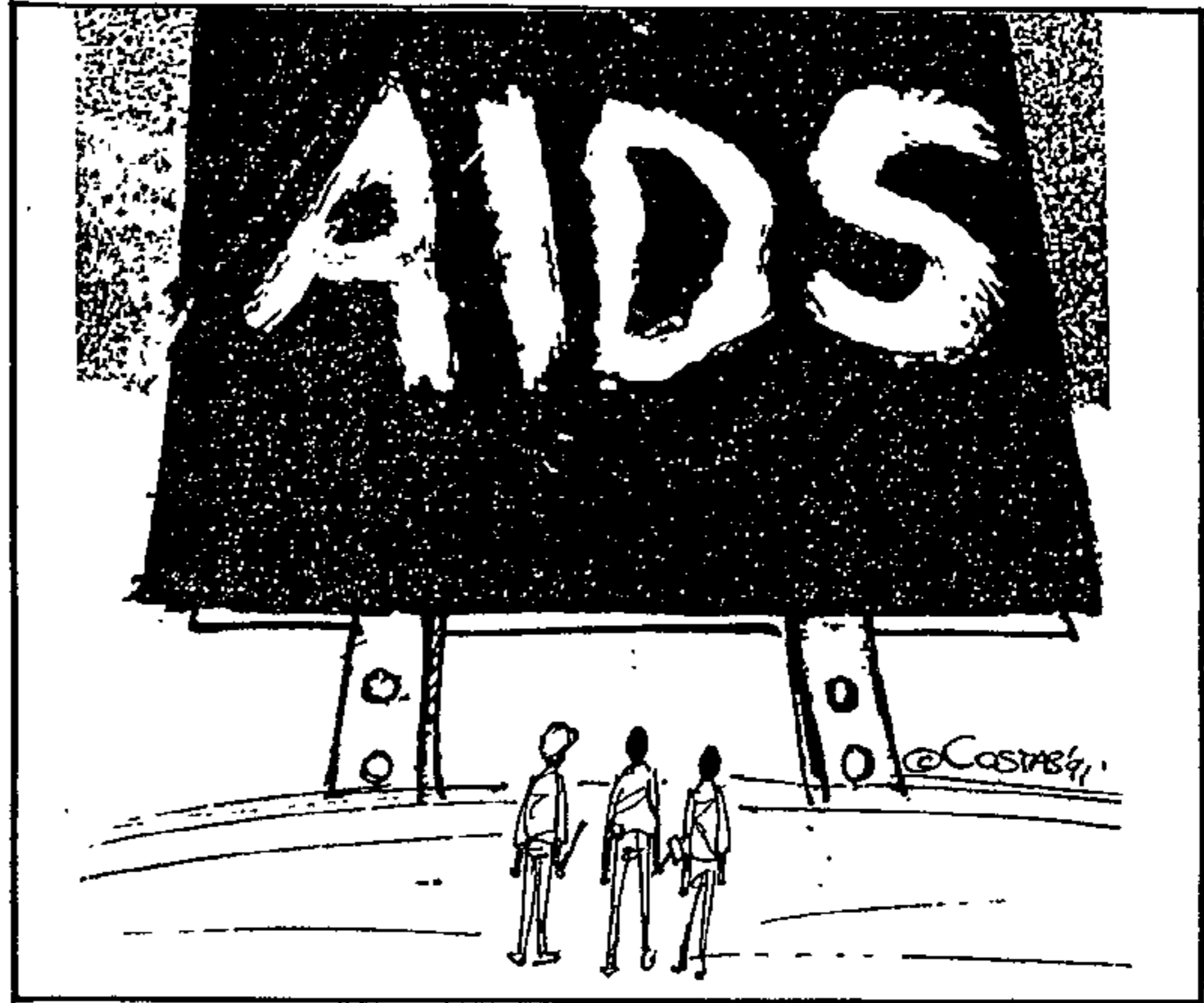
South Africa's first Aids conference centring on the workplace, it will be addressed by world-renowned Aids expert Renee Sabatier, international union delegates, and local lawyers, doctors and union specialists in the field. *w/Man 28/6-4/7/91.*

Policies on workers' education, Aids in the workplace, and an assessment of state and management's response to the virus will be debated, with a view to the development of a national policy as a framework for Cosatu Aids programmes.

Aids is moving up the union agenda: the Food and Allied Workers' Union recently adopted an advanced Aids policy, and the issue is set to be debated at Cosatu's upcoming national congress.

"There is a general concern about the appalling level of Aids education aimed at the workforce," said David Morake, organiser of the conference, "and the unions need to start building up education for workers."

"The epidemic is growing rapidly, and we are not happy with government and management attempts to conscientise workers about the issue."



"The impression is created that only black people get Aids. Government campaigns are racist, or through smear campaigns, they imply that it is the African National Congress cadres who are bringing the virus into the country."

Education programmes devised by employers were counterproductive in that they reinforced stereotypical views, and thereby alienated workers.

"Aids information needs to counter-balance this, and there is a recognition that worker education is now the responsibility of the unions," Morake said, "We will educate employers in the process."

Prejudice about Aids also needed to be addressed, he added. "Some workers don't believe that Aids exists, and issues are misconstrued."

Target groups will be identified at the conference, and appropriate mechanisms set up for education and training.

Among the issues to be addressed at the conference will be pre-employment and pre-training testing, Aids and migrant labour, state policy and Aids in relation to medical and pension benefits.

Attending the conference will be unionists from Australia, Zimbabwe and Namibia.

AS THE AIDS epidemic spreads worldwide, everywhere people are looking for scapegoats. They often believe that "immorality" causes the disease, and so no further action is needed.

However, if we are to plan how to combat HIV, the virus which causes AIDS, we have to understand how the disease is spread, who is vulnerable and why. We have to examine how social and economic forces mould unsafe sexual behavioural patterns.

Business Day on May 29 summarised an article I co-authored in which we argued that in SA migrant workers are especially vulnerable to contracting HIV. Migrants' frequent and lengthy absences from their homes disrupt stable family and sexual relationships. These men may be a core population involved in high-risk activity and the first to contract HIV and to act as carriers.

The migrant labour system creates a geographic network of relationships with and between urban and rural communities. Migrants may contract a disease in an urban area and introduce it into their rural homes on their return. HIV is still an urban disease and rural surveys have revealed very few cases. But other sexually transmitted diseases (STDs), although originally mainly urban, are now widespread in urban and rural areas.

Women are affected differently, but as severely, by the migrant labour system. Long separations subject marriages to great strain and either spouse may seek extra-marital partners. Long separations frequently result in divorce or abandonment which deprives women of economic support. Some women may choose prostitution as the only means of economic survival, and as a result are extremely vulnerable to contracting STDs.

The Chamber of Mines responded to our article (Business Day, June 6) by arguing that this interpretation is "objectionable" as it implies that migrant labourers and the mining industry are "responsible" for spreading HIV. The chamber felt the original article was "outdated" as

Migrant labour is a major culprit in AIDS epidemic

Business Day 28/6/91

KAREN JOCHELSON

the interviews were conducted in 1988 and based on a small sample. Research conducted since then has strengthened our original conclusions. The intention is not to blame individuals for their ill-health, but to explain why particular groups are more vulnerable to STDs.

Today's HIV picture has clear parallels with the history of syphilis in SA. At the turn of the century, syphilis was viewed with as much fear and apprehension as AIDS is today. No cure exists for HIV. Similarly, until penicillin was introduced, doctors relied on mercurial and arsenical treatments which might render a patient non-infectious but left syphilis in a latent form.

A comparison with the spread of syphilis in SA over the past 120 years shows migrants were vulnerable to contracting STDs. Landlessness, poverty, migrancy, urbanisation and disruption of family relationships moulded susceptibility to STDs.

From the earliest days of white settlement, and as British administrators replaced the Dutch, prostitution and venereal disease were a feature of coastal, port and garrison towns. But the disease did not seem to exist among Africans. A Natal district surgeon reported in 1899 that "syphilis was unknown among na-

tives prior to arrival of Europeans". The discovery of diamonds in 1869 and of gold in 1886 began transforming the country from a rural backwater to an industrial economy shaped by the mining industry and its dependence on cheap migrant labour.

Initially Africans worked voluntarily on the mines for short periods. These young men would have had their sights set firmly on quickly acquiring guns, agricultural implements or cattle for bride wealth.

But British invasion and destruction of African kingdoms in the 1870s and 1880s, the introduction of taxes and a series of natural disasters undermined agricultural production and forced men into migrancy. The migrant labour system was based on the principle of a single male migrant returning to his rural home after completing his contract.

In the 1890s, cases of syphilis in Natal were still very rare. But in almost every case district surgeons associated the disease with migrancy and contact with the towns.

The Zulu names for syphilis, *istho sabelngi* or *isifo sedelopi*, meaning

"disease of white men" or "disease of the town", similarly captured the connection between colonisation, migrant labour and disease.

The district surgeon of Nguni stated in 1899 that syphilis was spreading as travel to the towns increased. "According to my personal knowledge I have treated very few cases, and in those cases I treated the disease (was) from either Johannesburg or Natal." Migrant men infected their wives and women gave birth to infants with congenital syphilis or had stillbirths.

By 1936 70% of males aged between 18 and 44 in the Transkei and 66% in the Ciskei were absent from their homes at any one time. In the 1940s SA was a fast growing industrial state whose economy was caught between the needs of the mining and newer manufacturing industries. The economy depended on a migrant labour force, although a small settled urban African population was emerging.

Many migrants remained celibate as they worked out their contracts. Migrant associations attempted to control migrants' sexual activities in the towns. The associations provided protection and comfort and also emphasised rural ties and values, warning young men that locations were dangerous and disease-ridden and

that their prime responsibility lay in the countryside to their parents and their wives. Men who became involved in the locations were shunned by other members.

But as migrant men spent longer periods on contract and shorter periods at home, they gradually lost contact with their rural homes. Growing numbers began to abandon their rural homes and settle in urban areas with "town women" while other migrants brought their families with them. This rapid social dislocation was reflected in the spread of STDs in urban and rural areas.

High STD rates in urban areas reflected the instability of urban sexual relationships. By the late 1930s the number of rural cases of venereal syphilis had multiplied, so that unlike at the turn of the century, STDs in rural areas were now a serious cause of ill-health.

A study by Dr Sidney Kark in 1949 traced the sources of venereal infection in Polela in Natal. It showed that most married and single women were infected at home by their husbands or lovers who had recently returned from work in a town. Only two out of 20 male patients were infected by their wives.

The socio-economic determinants of STDs, rather than any innate immorality, were recognised by health officials in the 1940s. Secretary for health, Dr Galo, said "The general effect of the migratory system upon the health of the individual and his family is detrimental, particularly in regard to the spread of venereal disease... the migratory system favours (its) uncontrolled spread... I would say that the migratory system, while of undoubted immediate economic advantage to the mines themselves, reacts detrimentally on the health of the migratory labourers and their families, and reacts detrimentally on the general economy of the Reserves. There is piling up an enormous debt of physical and economic ill-health".

It is this debt of ill-health that we are reaping today.

Jochelson is a doctoral student at St Antony's College, Oxford and is writing a thesis on the history of sexually transmitted disease in SA.

INTERNATIONAL

The Third World ⁽⁹²⁾ bears ^{ARG 25/11/91} brunt of Aids cases

LONDON. — Third World countries, already blighted by poverty, debt or civil strife, face fresh misery.

Ninety percent of all Aids cases in the 1990s are likely to be in the developing world.

The message to come out of an international conference on Aids last week in Florence, Italy, is that the Third World is bearing the brunt of the epidemic, and little is being done to help.

The World Health Organisation (WHO) estimates that, of the 40 million people likely to be infected with the Aids virus by the year 2 000, nine out of 10 will be in Africa and Asia.

Sub-Sahara Africa, where the disease is thought to have started, already has some six million cases of Aids infection, compared with 1,5 million in Europe, the United States and Australia combined.

"We are facing a growing devastation of national aspirations," warned Ugandan President Yoweri Museveni.

But the catastrophic impact of Aids on the Third World is drawing scant attention from researchers and activists in the developed world.

"Ninety percent of all Aids cases are in the Third World and 90 percent of the sessions at this conference are about the United States," said one delegate from the Save the Children Fund at the Seventh International Aids conference.

The United Nations Food and Agriculture Organisation estimated that up to one in four farming families in parts of Africa would suffer extreme labour shortages during the next decade as family members died from Aids. — Sapa-Reuter.

Compulsory Aids tests on the cards for life insurance

92 ARCTUS 25/6/91

The Argus Correspondent

JOHANNESBURG. — Compulsory Aids testing for life insurance policies could become a prerequisite in the future, according to the Life Officers Association.

Most insurance companies recently started "requesting"

their clients to undergo Aids tests for life policies worth over R50 000. IGI requests testing for over R180 000.

If the client refuses to undergo the test, he would not be refused insurance, but the policy would have an exemption clause waiving the right to claim if the client dies of Aids

or Aids related diseases.

But death certificates are almost always vague and do not state whether the patient has died of a disease related to Aids.

To establish whether the disease was linked to Aids, further medical evidence would be have to be required from medi-

cal personnel who treated the client at the time of death, according to Metropolitan's senior claims assessor, Mr J Miller.

Mr R Geary-Cooke, executive director of the Life Officers Association believes the Aids exemption clause would be ineffective.

Fresh misery for developing nations ⁽⁹²⁾

Star 25/11/91
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Sub-Sahara Africa already has about six million cases of AIDS infection, compared with 1.5 million in Europe, the United States and Australia combined.

At the moment, Asia has only a million Aids cases, but in five years, Asia is expected to have five million cases.

"We are facing a growing devastation of national aspirations,"

warned Ugandan President Yoweri Museveni.

But the catastrophic impact of AIDS on the Third World is drawing scant attention from researchers and activists in the developed world.

"Ninety percent of all AIDS cases are in the Third World and 90 percent of the sessions at this conference are about the United States," said one delegate from the Save the Children Fund.

Acquired Immune Deficiency Syndrome attacks the body's immune system, leaving its victim defenceless against deadly diseases. There is no cure and only one treatment so far, the drug AZT, slows the progress of AIDS.

The disease first hit homosexuals hardest but almost all new cases around the world are the result of vaginal sex between men and women, WHO said.

Medical treatments that might hold promise in the West are out of reach for poor nations.

Optimists predict an effective vaccine could be ready in just five years from now — but

only for the West.

Almost all research is based on HIV strains found only in the United States and Europe. They vary greatly from African and Asian strains.

Reseachers said there was less incentive for drug companies to pour money into a Third World vaccine when it was unlikely anyone would be able to afford it.

The vaccines under development now will also require refrigerated storage and booster shots.

Prevention would seem to be the only solution, but speakers said preventive measures had made little headway in Africa, where condom usage was low and there was scant opportunity to sterilise needles or test blood supplies for infection.

There was also a lack of official commitment.

Uganda's Museveni, despite his dire view of the epidemic's impact, does not support "this idea of condoms". Instead, he advocates self control. — Sapa-Reuter.

Anti-AIDS plans need new focus

By Day 24/6/91 LINDA ENSOR

(92)

CAPE TOWN — Current AIDS programmes concentrate too much on individual behaviour without addressing the factors which make it difficult for people to change their sexual lifestyles, say two medical experts on the subject.

In the latest Planned Parenthood Association publication AIDS Scan, Dr Nicky Padayachee and Dr Clive Evian of Wits University's Community Health Department say a wider approach should be adopted.

They say the disregard for social, economic and political factors which make it difficult for people to change their sexual lifestyles "is probably the most important reason for the slow progress in AIDS prevention".

"The changes required are enormous and unobtainable immediately or even in the short term. It is essential, therefore, fully to engage the groups most at risk in designing interventive strategies."

"The next decade of AIDS prevention programmes will have to see AIDS prevention as part of a broader strategy of securing a better quality of life in general, improvements in literacy, the status of women and children, improved housing and environmental conditions, and empowerment of families and communities towards self-reliance."

Community involvement

In addition, the doctors believe that many AIDS prevention programmes are focussing exclusively on AIDS, with little attention being paid to sexuality and sexually-transmitted diseases in general. Also, AIDS prevention programmes are largely separated from treatment and care programmes.

The doctors note that the AIDS epidemic has shifted significantly from the homosexual to the heterosexual sector of the population and in future will affect predominantly those in the lower socio-economic groups with a major impact expected on women and children.

They say that it will be necessary to move away from the confines of a purely vertical educational approach. At present educational efforts are largely a top-down process with little grassroots community involvement.

Padayachee and Evian call for a national strategy on AIDS, decentralised programmes, the incorporation of AIDS prevention and treatment programmes into overall primary health care services of the country and closer cooperation between state and non-governmental organisations.

Bara accepts Aids patients, says surgeon

A senior surgeon and lecturer at the Baragwanath Hospital in Soweto, Bernard Rabinowitz, says the hospital treats and operates on all patients, including those suffering from Aids.

He was commenting on a newspaper report alleging that the surgery department no longer operated on Aids patients. *Star 25/6/91*

Mr Rabinowitz said the Transvaal Provincial Administration did not offer enough protection to surgeons who had to operate on Aids patients.

— Sapa.

Cape Times, Monday, Ju

Third World Aids threat

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Asia has only one million cases. But in five years the number could reach five million. "We are facing a growing devastation of national aspirations," warned Ugandan President Yoweri Museveni.

But the impact of Aids on the Third World is drawing scant attention from researchers and activists in the developed world. — Sapa-Reuter

CIT 24/6/91

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AMID the despair suffered by thousands of AIDS victims in South Africa, one man has triumphed over the disease.

He is South Africa's longest surviving person with full-blown AIDS — and in the eight years that he has battled against the killer virus, he has learnt the value of life.

The man — in his mid-30s — runs a flourishing printing business in Braamfontein, Johannesburg. Fit and healthy, he shares his life with a devoted lover and has a circle of caring friends.

Before he discovered he had AIDS, he was content to let his life drift along aimlessly.

Then in 1983, he came face-to-face with death. He was found to have rare pneumonia associated with AIDS and was given a maximum life expectancy of two years.

Six years after medical experts expected him to die, he is a man transformed.

His medical counsellor, Mr David Stone, said: "He lives a life more full

The man who beat

EXCLUSIVE by CHARIS PERKINS

and urgent than most people. He has become focused and in charge and lives every moment to its fullest."

The survivor's immediate reaction to the news that he had AIDS was anger and denial. He sought refuge in his work, threw himself into his printing business, dumped his lover and cut himself off from his friends.

When the initial shock wore off, he set about finding a way to conquer his disease.

He found the answer in a stress-free lifestyle and a healthy regimen.

Rejecting the depression and frenetic hunt for miracle cures that characterise the lives of many AIDS victims, he began rooting out everything in his

life that could be detrimental to his health, including established attitudes.

He rid his diet of tobacco, alcohol, drugs, tea and coffee.

He started eating wholesome and balanced meals, taking vitamin supplements and working out regularly at a gym.

Angry

Caring for his sick body taught him to appreciate it. His shortened life expectancy made him value time. Learning to forgive himself for getting AIDS has made him value relationships.

Eight years after the diagnosis — with fellow AIDS victims long dead — the printer is more toned and fit than at any other time in his life.

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His days are thoroughly organised. When he gets up each morning, he examines his diary and plans his day in detail. If there are appointments he does not want to keep that day, he cancels them. He believes there is no time to waste on matters that don't match his mood of the day.

Time has become vital. He has learnt to value every moment.

Said Mr Stone: "He gets angry if he is kept waiting a few minutes for an appointment.

"But he has also trained himself to confront those hostile feelings and deal with them immediately.

"At first he found it hard to relate to anyone. He thought people could see he had AIDS. People with AIDS often feel marked and dirty.

"Gym finally gave him the confi-

Said Mr Stone, "I have tremendous admiration for him. He took charge of his own cure."

Doctors and AIDS counsellors agree that stress can accelerate the disease. Said Dr Pudifin: "Stress and depression throw the immune system into disorder."

Mr Stone said: "The printer has eliminated stress from his life. He knows he is sometimes going to be ill and tired. But then everyone gets sick. "What is important to him is now. He deals with illness as and when it comes.

"Sometimes he feels great sadness. But more often, his life is filled with great joy. He has terrible courage and has inspired me in helping others to cope with AIDS."

But the one thing the survivor will not do is talk about his situation.

"It is an intrinsic part of his philosophy not to relive the experience. Once he has fought and won a battle, he will not do so again," said Mr Stone.

AIDS

The printer is the sole survivor of those early statistics.

Natal University professor of medicine Dr Dennis Pudifin said: "In those days, if you developed an AIDS-related disease your chances of surviving were about five percent.

Courage

"The survival rate has improved considerably since then, thanks to research and the development of medication, but the printer remains pretty remarkable," he said.

The survivor's struggle against AIDS has been a long one. At times he has been crippled by illness.

He has had pneumonia twice, hepatitis, oral thrush and long bouts of diarrhoea and nausea.

dence to start going out again," he said.

Six years ago, the printer met a man who loved him even though he had AIDS — and they are still together.

The AIDS victim refuses to waste energy on people who do not have his best interests at heart. A bitchy, gay gossip before the AIDS watershed, he now refuses to indulge in disparaging chit-chat.

Nor has he time for dishonesty or resentment. He believes anger and bitterness must not be left to fester. Once again, time is too precious — and the stress created, too destructive.

The first two AIDS cases in South Africa were diagnosed in 1982. Four were diagnosed the next year. In 1984 and 1985, 16 more people were found to have the disease.

AIDS pay-outs under attack

92

SURGEONS at Soweto's Baragwanath Hospital are to ask the Transvaal Provincial Administration for greater compensation in the event of their contracting AIDS.

Dr Bernard Rabinowitz, the hospital's senior surgeon, said: "All we have are the normal benefits of the Workmen's Compensation Act which are insufficient."

Baragwanath tests all patients it suspects may be HIV-positive before they undergo surgery.

"Between one and five percent of those doubtful patients we test turn out to be HIV-positive," said Dr Rabinowitz.

He said that if a surgeon pricked himself with a needle while operating on an HIV-positive patient he increased his chances of contracting AIDS.

Times 23/6/91

THE mayor of Johannesburg led a 200-strong AIDS-awareness march through the city's flatland yesterday.

But the procession to launch Hillbrow's AIDS Week was marred by a number of frightened and angry residents.

Three women were seen running away from the campaigners and one pamphlet-bearing man was threatened with violence.

While many motorists

By PETA KROST

Times 23/6/91
eagerly grabbed the information pamphlets and free condoms, others hurriedly shut their windows, shouting obscenities. (92)

But organisers said there were no more than 20 people in the procession who carried the AIDS virus.

A carnival atmosphere dominated the procession with clowns and people in

fancy dress singing songs and shouting slogans.

Inflated condoms rained down on confused shoppers and residents while more condoms were used as balloons to decorate the 10 floats.

To the amazement of passers-by, safe sex was promoted over loudhailers.

"We can't avoid talking sex any more. AIDS is a sexually transmitted disease, so use condoms and enjoy safe sex. It takes two to get HIV-positive, so be responsible in your love-making," was shouted out for all to hear.

Mayor Elliot Kretzmer said: "It is essential for people to become aware of this horrific disease. I am totally behind the campaign to prevent AIDS and increase the awareness of the killer virus."

The procession, organised by the Community Aids Information and Support Centre and Outreach, was supported by gay organisations, AIDS groups and religious movements.

Aids vaccine breakthrough

ARGUS 21/6/91

FLORENCE. — Scientists say they have developed an Aids vaccine now being tested on humans which may give long-term protection against the deadly disease.

Dr Josef Manhalter, a researcher for the Swiss-based Immuno International AG group of companies, told the International Conference on Aids here that chimpanzees given the vaccine resisted infection for over 30 months from the HIV virus which causes Aids.

"This is the longest-lasting immunity known to date," said Dr Manhalter, presenting the results of his research at the seventh international Aids conference.

He said clinical trials on 60 human volunteers were already under way and results were expected in a few months.

But Dr Manhalter said the vaccine still faced a rigorous testing programme and even if it fulfilled its early promise, a commercially available vaccine was still several years away.

Chimpanzees exposed to 100 times the minimum dose needed to infect them with Aids remained free from the virus for

more than two-and-a-half years after being inoculated with the vaccine, called RGP160.

● The British government has given a research grant of almost £8 million (R40 million) to a company which has developed a prototype Aids vaccine to undergo trials.

Scientists employed by the firm British Biotechnology, working with colleagues at Oxford University, have produced particles which have been shown to stimulate the human immune system by mimicking the HIV viruses. This tricks the body into making antibodies which fight infections which affect people infected by the HIV viruses.

● A type of white blood cell that is found on the linings of the mouth and female genitals is "supersusceptible" to infections by the Aids virus and may play a key role in sexual transmission of the virus, scientists have discovered.

● Children born with the Aids virus often show no symptoms of the disease before they are of school age, according to a new Harvard University study.

Presenting the results of a study at the conference, Har-

vard's Dr Samantha MacWhinney said only half of the infected children developed Aids before they were seven years old.

● Only one drug has won US approval to treat Aids since the disease struck 10 years ago, but two more are ready for screening and a "new generation" of drugs shows promise.

Pharmaceutical industry analysts caution, however, that the new generation anti-viral drugs are still in the test tube phase.

In the shorter term, two new drugs are expected to be approved this year. They are similar to the only approved treatment, AZT, which though life-prolonging is highly toxic.

● Swaziland's best-known traditional healer has claimed that he has treated 12 youths who said they were seduced by a white South African woman who later told them she had Aids.

Mr Nhlavana Maseko, who is also president of Swaziland's traditional healers' organisation, said he knew the woman, who sometimes visited the southern end of Siteki, where his organisation has its headquarters. — Sapa-AP-Reuter, The Argus Foreign Service, Argus Africa News Service.

Dramatic spread of Aids virus in Africa and Asia

w/Man 21/6-27/6/91
By ROBERT STEINBROOK: Florence

THE staggering dimensions of the Aids epidemic in Asia and Africa became clear this week as a top World Health Organisation official presented the latest statistics on the global spread of the deadly virus.

New data on human immunodeficiency virus infections in Thailand and India were so compelling that the WHO last week revised its estimate of the current number of HIV-infected Asians yet again, from 500 000 to greater than one million. By the mid-1990s, three million HIV infections are projected for Asia. Just a few years ago, the Aids virus was virtually unheard of in Asia.

"Unfortunately, most of our estimates will not be revised downward," said Dr James Chin, the head of surveillance and forecasting for the WHO's Global Program on Aids. "When we have more data, (the forecasts) will have to be revised probably upward."

In Africa, the number of HIV individuals was projected to increase from six million to 10-million over the next several years, leading to precipitous increases in mortality and sharp decreases in life expectancy. Sub-Saharan Africa remained the area of the world hardest hit by Aids; soon one of every 40 adults will be HIV infected, researchers said.

In the United States and all other Western nations combined, it was estimated that fewer than two million people are infected with the Aids virus.

Presentations at the Seventh International Conference on Aids emphasised how the disease had shifted from an epidemic that primarily involved homosexual men and intravenous drug users in industrialised nations to epidemics primarily affecting heterosexual men and women in developing nations. By the year 2000, about 90 percent of all HIV infections will be in heterosexuals in developing countries, Chin said.

A key reason is that Aids education and prevention programmes in industrialised nations have been far more extensive, and therefore more effective, in triggering behaviour changes to minimise the risk of infection. As a result, the annual number of new Aids cases is likely to peak in the United States and Western Europe within the next several years, Chin said. This peak, however, would represent more than the current level of Aids cases each year. In addition, tens of thousands of new HIV infections will continue to occur each year.

Other researchers reported that intensive educational programmes, such as those for intravenous drug users in Bangkok, Thailand, and for prostitutes in Kinshasha, Zaire, have significantly lowered the number of new HIV infections.

Saliva, tissue could pass on Aids

FLORENCE (Italy) — US scientists said yesterday they had found the first evidence that the Aids virus could be passed on by saliva or vaginal and anal tissue, and not only by blood.

But the researchers from Harvard University's Dana-Farber Cancer Institute cautioned that the evidence was still theoretical. All studies so far show that the virus is passed only through contaminated blood.

The theory would mean the virus could be spread through oral sex or any exchange of body fluids, without the need to break through tissue

and cause blood contact.

A study by Dr William Haseltine's team, presented at the seventh International Aids Conference in Florence, said a rare type of cell allowed the Aids virus to reproduce inside it.

Team member Erik Langhoff said the virus easily infected the cell immediately below surface layers covering internal organs — mucous tissue in the mouth, the vagina and the rectum.

These immune cells, called dendritic cells, allow the Aids virus to reproduce and to spread through the tissue, without breaking it.

Simon Fleming of St George's Medical School, London, said that, using a test tube, he had succeeded in infecting the mucous membrane of the bowel with the Aids virus. He showed that the immune cells immediately underneath the membranes were the target of the virus.

● A researcher said a study had shown that the more teenagers in America's poorest cities knew about Aids, the more likely they were to engage in high-risk behaviour. Arlene Stiffman apparently blamed the stress of life in the inner cities for the paradox. — Sapa-Reuter.

Ray of hope for Aids patients

20/6/91

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FLORENCE - A new vaccine developed by a French researcher has given victims of the Aids virus a glimmer of hope.

But forecasts of the spread of the disease presented this week at the seventh international Aids conference made grim reading for the developing world.

Paris scientists Daniel Zagury said initial tests showed his vaccine restored part of the body's ability to fight off Aids.

However, his study involved only six HIV-infected patients, an extremely small sample.

Scientists worldwide are seeking a treatment to restore the body's immune system destroyed by the HIV virus that causes Aids.

"This (vaccine) has many advantages. It restores, at least partially, specific immune reaction," said Zagury, of the Pierre and Marie Curie University in Paris.

He stressed the results were only preliminary and more experiments were needed. He did not name the vaccine.

Researchers are increasingly convinced that any Aids vaccine will prove more effective in slowing the disease's spread in the body after infection than in preventing infection.

Aids (Acquired Immune Deficiency Syndrome) destroys the body's immune system, leaving patients helpless in fighting a host of diseases from pneumonia to extremely rare cancers.

The one approved Aids treatment is a drug called AZT, which is not a vaccine. It treats symptoms but does not eliminate the virus.

Outside the 16th Century fortress where the conference is taking place, film star Elizabeth Taylor made an emotional outburst against a US ban on foreigners infected with HIV.

"If you start stamping people's passports you hark back to Nazi Germany," Taylor told a news conference at a luxury hotel. She was presenting an American Aids fundraising initiative. - Sapa-Reuter.

Aids problem 'not taken seriously enough'

By AUDDREY D'ANGELO
Business Editor

AIDS is the biggest problem facing SA — and politicians and church leaders are not taking it seriously enough, says Bill Jack, MD of African Life.

Interviewed on a visit to Cape Town yesterday Jack said: "Aids is a manageable problem if we do something about it — but we are running out of time.

"Aids is already a significant event in this country and the only answer to it is education.

"I am very critical of the authorities for not doing more at this stage to prevent the spread of Aids.

"Politicians, and church leaders too, are playing ducks and drakes by putting their own inter-

ests first and not facing up to one of this country's most important problems.

"Some of them have even suggested the Aids scare is a hoax — or a white problem.

"Some whites think it is confined to the black community and some blacks think it is among whites, but in fact it is in both."

African Life has already increased its underlying mortality charge for clients under the age of 50.

But Jack pointed out that if Aids cases in SA reached the proportions they had done in some neighbouring countries, such as Malawi, other sectors of the economy would be affected before the

of 1989

of 1989

life insurance companies.

"People ask how millions of deaths would affect the life insurance industry, but they ask that as though we, alone, would be affected and everything else would be the same.

"But what would happen to the investment scene? How would the value of industrial shares be affected?"

"I think we would feel the effects of an Aids epidemic on our asset side long before our liability side."

Jack said African Life's investment policy was not yet affected by the Aids risk.

But it was necessary to stay alert, and to become more liquid

at the first signs that an Aids epidemic would affect the investment scene.

Apart from this, Scots-born Jack said, he was optimistic about the future of SA. "I would never think of leaving and going back to Britain — it is far too interesting and exciting here.

"But we must not sit on our hands and wait for things to happen. Everyone can do something to influence the future.

"This country has such tremendous potential, particularly for tourism. Europe and the US have ageing populations who have provided for their retirement and want to enjoy themselves by travelling. We must make sure they come here."

For success on the export scene,

Jack said: "It is vital to have real competition between companies here. If you look at the countries most successful in the export market — they all have companies which compete hard against each other at home."

Discussing the outlook for the life insurance industry, Jack said increasing black urbanisation meant many more clients.

"In the rural areas people still live in extended families who look after them. But when they become urbanised and break up into small family units of parents and children they need insurance."

African Life, which deals mainly with the black consumer market, specialises in high volumes of business with low premiums. It has more than 135 000 policyholders, many of whom pay premiums of as little as R30 a month.

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07/19/87

US on verge of approving Aids drug

FLORENCE, Italy. — The US is considering approving two drugs designed to slow the spread of Aids in victims' bodies but wants more tests done before giving the go-ahead, a US official said yesterday.

Aids activists, who say Washington is dragging its feet while people die, have been lobbying the US Food and Drug Administration (FDA) to approve the medicines — DDI and DDC.

"Within the next month or so a

decision will be made," said Mr Anthony Fauci, head of the Aids research arm of the US National Institutes of Health.

But he said the two drugs had been tested so far only for safety rather than effectiveness.

Both medicines are designed to slow the progress of the disease in the body, as does AZT, the only approved Aids drug.

Mr Fauci, in an interview at the seventh International Aids Conference, could not say whether

there was enough data from studies to determine whether the drugs offer a long-term benefit to patients suffering from Acquired Immune Deficiency Syndrome.

Governments should look into Chinese herbs, acupuncture and hypnosis as possible keys to curing Aids and not just fund conventional research, Aids patient and activist Mr Jo Greenberg said at the conference. — Sapa-Reuter

● Aids SA's biggest problem — Page 13

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down

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UWC students 'need to be educated about condoms'

By HANS-PETER BAKKER
Education Reporter **ARGUS** 19/16/91
UNIVERSITY of the Western Cape
students are not sufficiently aware of
Aids to make them change their sexual
behaviour.

Two psychology department lecturers have completed a study into UWC students' attitudes to and knowledge of the disease and recommend an Aids working group be established "immediately".

Ms Anna Strebels and Mr Adrian Perkel said decisions would have to be made soon about testing, counselling and care of students and staff.

The researchers found that although students had an adequate knowledge of Aids, they were not sufficiently aware of the dangers.

In their recommendations they said that "much has to be done to change students' perceptions about condoms".

Condoms needed to be freely available on the campus and discussions about their use were needed to allay "unnecessary" fears.

The university also needed to provide for the education and treatment of students with sexually transmitted diseases since a reduction in such diseases would "contribute substantially to reducing the risk of Aids infection".

The survey found that a "disconcertingly high 18 percent" of the subjects surveyed had had sexually transmitted diseases in the nine months before the study.

Most of the students surveyed (81 percent) felt that testing for Aids at UWC should be mandatory.

Insurance could hinge on Aids test

By Shareen Singh 58 92

Compulsory Aids testing for life insurance policies could become a prerequisite in the future, according to the Life Officers Association.

Most insurance companies recently started "requesting" their clients to undergo Aids tests for life policies worth more than R50 000. IGI requests testing for over R180 000.

If the client refuses to undergo the test, he would not be refused insurance, but the policy would have a clause waiving the right to claim if the client died of Aids or Aids-related diseases.

But death certificates are almost always vague and do not state whether the patient has died of a disease related to Aids.

To establish whether the disease was linked to Aids, further medical evidence would have to be required from medical personnel who treated the client at the time of death, according to Metropolitan's senior claims assessor J Miller.

Ineffective

R Geary-Cooke, executive director of the Life Officers Association, believes the Aids exemption clause is ineffective.

It would be extremely difficult to prove that the client had died of Aids-related diseases without medical tests, and claims usually arrived after the client had been buried, he pointed out.

Insurance companies had to depend on medical personnel to supply this information, which might not be correct.

Doctors might not want to divulge that the patient had died of pneumonia as a result of Aids for reasons of not wanting to upset the family of the deceased or other such reasons, Mr Geary-Cooke said.

Insurance companies would in time realise that the Aids exemption clause did not work and they would be left with two options for their clients — compulsory Aids testing or no insurance, he said.

He added that it was an advantage to the client to undergo an Aids test.

If the test proved negative and the client contacted Aids at a later stage, the insurance company would be liable to pay the claim.

However, most potential clients objected to Aids testing because most insurance companies did not insure those who were HIV-positive.

ANC steps up Aids ⁽⁹²⁾ campaign

CT 17/6/91

By ANTHONY JOHNSON
Political Correspondent

THE ANC regards Aids as an "extremely serious" problem in South Africa and the organisation plans to step up its countrywide efforts to counter the killer disease in coming months.

ANC economist Mr Khetso Gordon told a briefing of political journalists at the weekend that the government did not appear to be taking the Aids problem seriously, as was demonstrated by the minuscule amount it budgeted to help slow down the spread of the disease.

Only R1 million was allocated to the fight against Aids in 1987 and R5 million for the 1991-92 financial year.

Mr Gordon said the ANC took the problem extremely seriously because of its implications regarding both health and economic policy.

He noted that some experts predicted that up to 35% of the entire South African workforce could have died as a result of Aids by early next century.

Members of the ANC's health department will meet officials of the World Health Organisation this week to discuss a number of issues, including the dangers posed by the scourge of Aids.

Mr Mohammed Valli, who is one of the main organisers for the ANC's election congress next month, noted that the ANC's December conference had decided to launch five national campaigns, one of these dealing with efforts to counter the spread of Aids.

"So it is extremely high up on our list of priorities."

The ANC had already produced a video on Aids, was engaged in poster and educational campaigns through primary health care structures and was planning further actions in the coming months.

No TB control 'could cause SA Aids disaster'

CF 15/6/91
JOHANNESBURG. — South Africa faces a major Aids disaster unless it brings tuberculosis (TB) under control.

Specialists attending a symposium of the Community Health Association of Southern Africa in Kempton Park yesterday said Aids could trigger latent TB infections, and the deadly virus increased the incidence of active TB by as many as 10 times.

A study at a South African TB hospital showed that in 1989 to 1990, 1.8% of TB patients also had Aids.

Specialists said TB had reached epidemic proportions in the Western Cape. — Sapa

By JENNIFER POGROUND
 "AIDS on wheels" — that's the hazard facing South Africa's long-distance truck drivers, who spend weeks or months away from home, often travelling through deepest, darkest, disease-infected Africa.

Aids another hazard for drivers

W/Mail 14/6 - 20/6/91

There is a general perception among employers and management that truck drivers are responsible for the importation of Aids into South Africa," says Bafana Seripe, Aids education officer for the Transport and General Workers' Union (TGWU).

"They argue that Aids has been spread along transport routes to and from Zimbabwe, Malawi, Zambia and Zaire.

"But our belief is that nobody has done a study to prove that, and this represents a way of discriminating against truck drivers as a group, of identifying and labelling them, and blaming them. You can look at a lot of

people and say they are responsible. But it doesn't help matters."

The progressive attitude, says Seripe, is for the union to educate its membership, "to discuss what the issue is, what the dangers are, and how they can take precautions".

To this end TGWU has started a pilot Aids educational programme aimed at truck drivers.

Some alarm was caused by an industry-initiated survey conducted over two years ago, that found 13 out of 26 drivers who were tested were infected with the HIV virus.

The survey was never published, and has been widely discounted as not being representative or statistically relevant. "The survey tested specific drivers from tropical areas," said an

industry source.

"But it gave an indication that truck drivers are vulnerable to HIV."

The union acknowledges that there are problems — truck drivers are away from home for long stretches of time, and at the stop-overs there are women selling sex, "but also to alleviate the loneliness of the middle of the night in the middle of nowhere", says Seripe.

Often drivers are forced to sleep in their trucks, as it is their on the road responsibility to look after the trucks at the stop-overs.

To counteract this, the union is negotiating that drivers spend more time at home — either a day a week, or a weekend a month. And that when they are on the road, they are provided with

sleeping facilities, such as hotel accommodation.

But the issues of changing behaviour and attitudes are loaded. "Workers are suspicious of management's attempts to control the spread of the virus. There has been testing, and examples of workers being dismissed for being HIV positive."

Currently there is negotiation between the union and a Durban-based freight company, where a worker was tested, found to be HIV positive and fired. He has now been re-instated, but is not allowed to drive.

"We feel that management's interest in Aids is because they want to protect their profits. Their preoccupation is about not giving out benefits, such as housing and medical aid, or investing

skills in people or training them when they might fall ill or die," says Seripe.

The union feels strongly that its education programme should be developed in consultation with its members, and not imposed from above.

The issue is a highly sensitive one, says Seripe, and there is denial and resistance from the workforce. "People see Aids as a political plot from the state and from management, or as a white or homosexual disease, or as a result of sex across the colour bar. These prejudices need to be addressed."

Employers will be addressing Aids issues in an industry-wide seminar to be held next week. Pre-employment testing and legal considerations are high on the agenda, said a representative for the umbrella Road Freight Association, which considers dealing with the Aids crisis a priority.



WASHINGTON. — Aids researchers have genetically engineered a vaccine which appears to halt at least temporarily the Aids virus. The vaccine restores some lost immunity to people infected with HIV, the Aids virus.

The new vaccine, RGP160, described in a report published in today's New England Journal of Medicine, is intended for people already infected with HIV. It appears to work by prompting their bodies to create new weapons against the virus.

The vaccine restored some immunity in most of the 30 men and women with early HIV infection who were tested, according to re-

New vaccine temporarily halts Aids

searchers at the Walter Reed Army Medical Centre in Rockville, Maryland.

Levels of the white blood cells, known as T cells, that ordinarily are killed by the virus, have remained stable during more than two years of treatment in some people receiving the experimen-

tal vaccine.

"It obviously gains in intrigue because not only is it safe, but it appears to be associated with the short-term stabilisation of T cells," said Dr Robert Redfield, one of the researchers.

If it actually helps people live longer the vaccine will represent an entirely new way of fighting chronic infections.

Until now, vaccines have been used exclusively to help people ward off infections. But in this new approach doctors are using the vaccine to beef up the body's virus-fighting powers after an infection has already been established. — Sapa-Reuter-AP

AIDS a threat⁹² to top people

STimes (Burr Times)

By TERRY BETTY

SKILLED and educated people in the most productive stages of their lives stand the highest risk of contracting AIDS, according to two authorities aired at the National Occupational Safety Association conference at Sun City this week.

Natal University senior researcher Alan Whiteside says such individuals show higher AIDS risk behaviour than poor and unemployed people. The result will be a large drop in skilled labour after the year 2000.

Mr Whiteside says his findings agree with those of Metropolitan Life actuary Peter Doyle, who claims that 90% of adults infected are aged between 20 and 49 and that AIDS spreads first in urban populations.

Affluent

This appears to be the trend in other African countries as well. Mr Doyle found that in Zaire there is a higher incidence of AIDS among managerial staff than workers. It is also higher among bank employees than less-educated factory workers.

Mr Whiteside says the cost of treating AIDS in South Africa to date is about R5-million and could reach R500-million by 2000. The estimate is based on Zimbabwean data, showing the cost of AIDS to medical-aid societies is about R9 000 an adult and R1 000 a child.

Treatment costs in SA have been higher at R15 000 a patient because the population is on the whole affluent. Drugs alone come to about R1 500 a patient monthly.

Mr Whiteside says this is only 20% of the total cost of AIDS. The balance comprises training new workers, the cost of medical and life cover benefits, time lost to sick leave and years wasted by premature deaths.

34 000 burials a day in SA from Aids by 2002?

ster 8/6/91

THE calls I have received this week about Aids have supported my belief that the disease, within a decade, will begin to depopulate Africa.

The medical officer of a large company said to me: "There's nothing anybody can do about it. It is too late. Africa north of South Africa will become one big game reserve."

Another caller faxed me some figures to show that HIV in South Africa — the virus which causes Aids — may be spreading even faster than I had assumed.

The figures revealed that one in 2 130 pregnant black woman tested in Johannesburg had Aids in May 1987. By May 1988 the ratio was 1/540. The incidence quadrupled in one year.

Indian and white women registered no cases.

And now? Officially the ratio is one in 12 in Johannesburg!

That's for all races. (Race details are no longer revealed.)

Bear in mind these are pregnant women visiting clinics and therefore a high risk group.

Family planning clinics — which would attract more conservative women — register one case in 40. That's still high.

My rough estimates last year that 10 to 14 million South Africans could die of Aids within 10 to 12 years have support.

Alan Whiteside of the University

Greenpiece

(92)

JAMES
CLARKE



of Natal believes between 4.4 million and 12.7 million people will be HIV positive by 2000. The majority would die within two years.

We could be looking at 34 000 burials every day of the week in 10 or 11 years time.

We have to look beyond Aids. What will South Africa be like after the pandemic subsides?

The sexually promiscuous will be practically wiped out. So will millions of innocents. Unemployment may no longer be a problem.

I have been sent a leaflet, purportedly put out by the "Black Youths' Liberations Movement", headed "The White Man's Plot".

It read "The Department of National Health and Population Development wants blacks to use condoms for sex. Why?? To reduce our population!!! We call on our comrades to boycott this evil campaign run by imperialists. Aids is a white man's invention!!! Amandla!"

I believe the pamphlet is a fake calculated to accelerate Aids among black youth.

Aids is indeed a diabolical disease.

APARTHEID BAROMET

human-resources manager, Gary Taylor, in a report published by the South African Institute of Race Relations, *Social and Economic Update: Special Issue on Aids*. (92)

However, University of Natal economist Alan Whiteside predicts that the medical cost of Aids by 2 000 will be between R6,53-billion and R15,65-billion, depending on doubling times — the time in which HIV-infected people doubles.

Whiteside estimates that between 1.3-million and seven million people will die of Aids by 2 000, and that the number of HIV-positive cases could be between 4,4-million and about 12,7-million, again depending on doubling times.

AIDS BILL *mail 7/6-13/6/91*
THE government may need R75-billion — 10 times its present health bill — to pay for the treatment of Aids patients by the year 2 000. This prediction is made by Medscheme's

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**KwaZulu: Im
Aids deaths?**

ULUNDI. — The number of deaths due to Aids in Natal and KwaZulu could be one million within the next five years and almost three million by the year 2000. In addition, by the end of the century, up to 500 000 of those deaths could be those of infants. These statistics were released yesterday in Ulundi by the KwaZulu Minister of Health, Dr B S Ngubane, in a policy speech. — Sapa

By Carmel Grange
Medical Reporter

'Treatment of Aids patients will cost R75-m by 2000'

The Government would need R75 billion — 10 times its present health bill — to pay for the treatment of Aids patients by the year 2000, says Medscheme human resources manager Jary Taylor.

To make up for paying the full costs of one person with Aids, 7,3 families would have to contribute to the medical aid

scheme without claiming anything from it, he calculates. Mr Taylor is quoted in Social and Economic Update: Special Issue on Aids, by research officer Robin Hamilton of the SA Institute of Race Relations. Economist Alan Whiteside of the University of Natal, however, predicts the medical cost

of Aids by 2000 will be between R6,53 billion and R15,65 billion (with doubling times of 15 and eight months respectively). Doubling time is the time in which the number of people who are HIV-infected doubles. Mr Hamilton points out, however, that the World Bank had indicated the direct cost of Aids

was only 20 percent of the true cost, which meant the cost to the economy could be between R32 billion and R78 billion. The summary of Mr Hamilton's research says although Aids is not expected to lead to a drastic decline in population numbers, it may reduce population growth, and the population

would be skewed towards the young and old, which would be a greater financial burden for the economically active. The summary says Aids may constitute a major threat to economic growth and political stability in South Africa by the turn of the century. Mr Whiteside says the num-

ber of HIV-positive cases by 2000 could be between 4,4 million and about 12,7 million, depending on doubling times ranging from six to 15 months, while between 1,3 million and 7 million people would have died of Aids — most of these being economically active adults. The summary says a large

numbers of urban workers are likely to die, leading to shortages of skilled and semi-skilled manpower. In his conclusion on the work of experts countrywide, Mr Hamilton says: "It seems apparent that Aids will affect every sector of the economy, and if it proves to be a constraint on economic growth, it may in turn retard or reverse efforts to redress the socio-economic inequalities in SA."

Business urged to face up to Aids

By Des Parker

DURBAN — Medical aid societies are starting to bear the cost of Aids-related illness — a trend with "frightening" cost implications, a well-known insurance executive believes.

Graeme Kerrigan, joint managing director of insurance, actuaries and consultants Alexander Forbes, said in Durban yesterday that there was "no chance" that medical aid societies would be able to reduce their exposure to the disease until it became a notifiable one.

"This is frightening from a cost point of view."

However, he believed that while the Government's reaction to Aids had been "quite pathetic", there was little doubt that

the condition would be made notifiable, thus making it easier for employers, their insurers and others to deal with.

Speaking at the Natal Chamber of Industries annual labour affairs seminar Mr Kerrigan advised employers to make contingency plans in the event of Aids reaching epidemic proportions within 10 years.

An epidemic would mean about one million Aids sufferers and 10 million people diagnosed HIV positive — meaning they would contract full-blown Aids and die — by the year 2000.

Health care costs would be 20 times what they were now, with business incurring steep increases in costs in the areas of employee benefits, lost production, Aids-education, retraining and taxation by Government to provide related health and family care.

Employee death and disability benefits were liable to treble in an Aids epidemic, from an average of 2,5 percent of salary bills to about 7,5 percent.

Mr Kerrigan said the insurance industry had reacted faster than just about any other sector to the threat of Aids.

"Rates are likely to increase even further and I foresee that at some time, the insurance market will attempt to exclude employees dying from Aids-related causes from death benefits," he said.

"I think that insurance companies will start to withdraw from the group insurance market, which will impose a great burden on companies who will still be obliged to provide these benefits."

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THE environment, Aids and child abuse will come under the spotlight during the health session of the Nation Building seminar at Mamelodi YMCA on Saturday.

Health personnel and a speaker from the Environmental Development Association will discuss relevant subjects and provide the audience with names of those who are available to help.

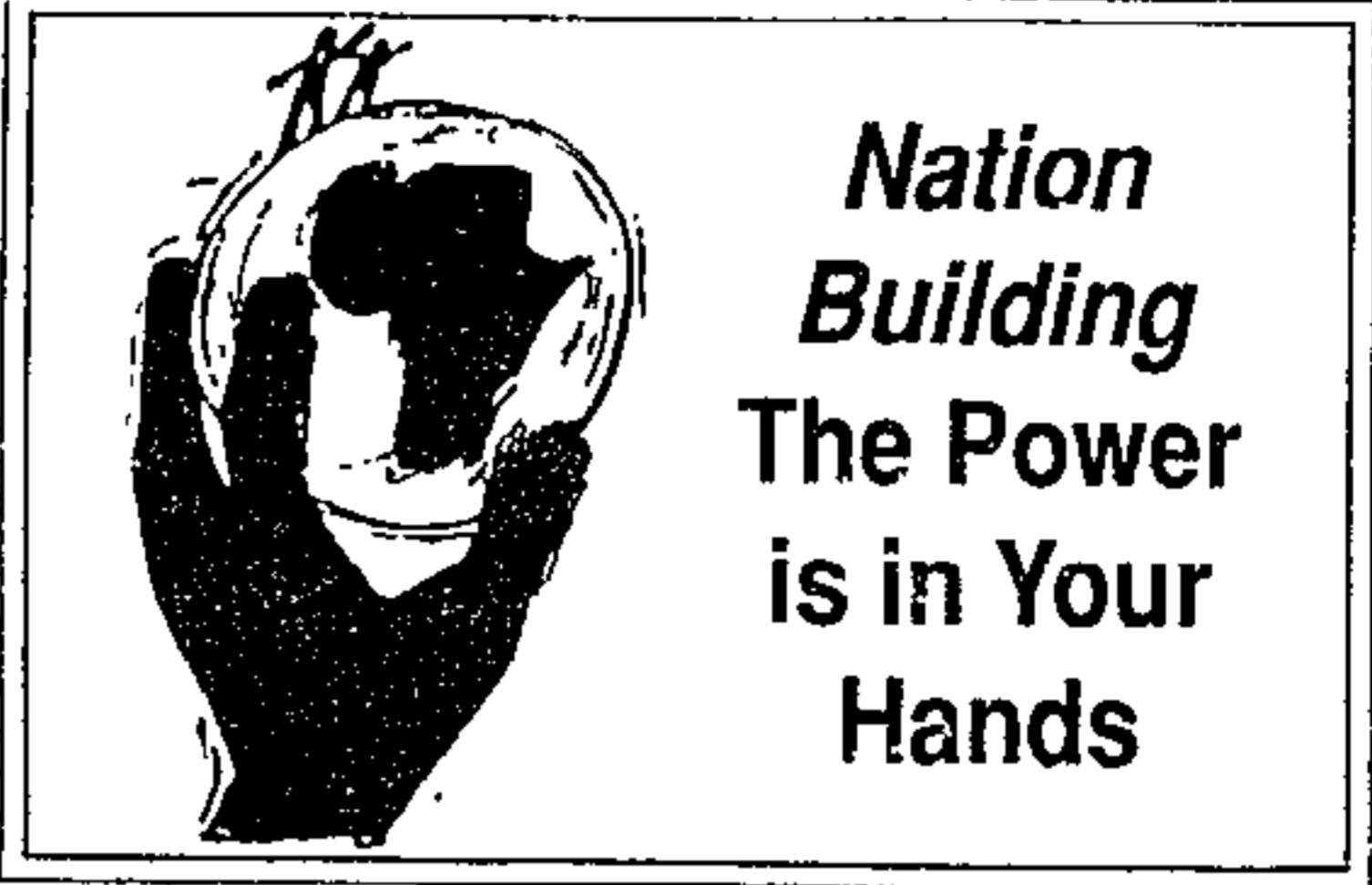
EDA's Mr Danny Ntsala and Mrs Mapule Khanyo of the Alexandra Clinic will speak on "How the environment can have an impact on your health".

Dr Garth Japhet, also from the clinic, will speak on Aids and will share the child abuse session with Khanyo.

"Our focus on child abuse will be to dispel the myth that it is confined to sexual abuse. There are other aspects like a childminder who takes more children than she can manage."

Everyone is welcome to attend the seminar which starts at 10.30am. Lunch will be served.

Kanye and clinical psychologist Mrs Gloria Masetle will be on the *Radio Metro* 10am Talkshow today. They will inform listeners about the topics to be covered at



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the seminar.

Masetle will speak on the importance of successful parenting in building a strong family unit.

Masetle will also feature on the TV3's *Ntome Tsebe* programme at 8pm today where she will talk about the workshop.