

Loose talk about Aids causes more deaths

Aids was a topic this week on SAfm's morning talk show, hosted by Tim Modise. Donald G McNeil Jr responds to some of the issues raised

DEAR TIM MODISE,

I am the *New York Times* reporter who wrote the story about chimpanzees that are the source of the Aids virus being shot for the pot in central Africa that was on the cover of the *Mail & Guardian* three weeks ago.

I've also written parts of a serious, unsensational *New York Times* series about Aids in Africa, its effects on economies, the huge numbers of orphans it's created, the way the flood of deaths has changed the culture of funerals, the dilemmas faced by medical researchers working on an impoverished continent, and so on.

I tried to call your show on Monday because I was bothered by what was being said over the air. Now I am writing largely to beg you — not only as a fellow journalist, a fellow sensible soul and as someone who, believe it or not, despite being an American, cares deeply about the future of your terrific country — to beg you not to invite on to your show a lot of American Aids nuts spreading dangerous disinformation.

If I spoke on your show, it would mean nothing — as soon as my accent was heard, many black South Africans would instinctively distrust me because I'm white, many white ones would instinctively dislike me because I'm another arrogant American. My feelings aren't hurt — as a general rule, those are probably sensible prejudices. But you're different — because you're a believable guy, you have a higher moral responsibility to get accurate news about Aids out.

South Africa already has huge amounts of misinformation about Aids flowing around. There's bad information in drunken shebeen chat, bad information coming from some sangomas, and sometimes even bad information coming out of the Department of Health. If you start putting nuts on your show who say Aids doesn't exist, who say HIV isn't the cause of Aids, or AZT is purely evil stuff, or Virodene is a miracle cure, or Aids is germ warfare against blacks dreamed up in a United States army lab, you will be doing the South African people a tremendous disservice.

or it can't affect black people, to justify not using condoms, to swallow quack cures, and the like.

The US and its news media have been dealing with the Aids epidemic for nearly 20 years now. For the most part, responsible newspapers, television networks and magazines in the US have realised these nuts for what they are and ignore them. They don't get invited on to talk shows, they don't get quoted in the paper, and so forth. (The Internet is full of them, of course.)

They are just dying of frustration and desperate to find new forums for their ideas — and South Africa would be the perfect place. It's got the fastest-growing Aids epidemic in the world, its people are scared, and many of its journalists are relatively gullible because they've dealt seriously with the epidemic for less than a year and the history of accurate information about Aids is short.

When I listened to your show on Monday, I was horrified at much of what was said — and then you said you wanted to invite on some American university professor who preaches that Aids doesn't exist. I didn't recognise the name, but it doesn't matter: you can always find someone to preach this stuff.

Look, there's a tendency to believe that just because someone has a degree from a prestigious American university like Harvard or Berkeley, he's not a nut. That's not necessarily the case. In most cases, it's an indicator that they're talented in their field, but it's no guarantee. I graduated from Berkeley in the 1970s, and the place was chock-full of nuts — not on Aids, of course, because the disease wasn't known then. My brother-in-law is a professor there now; I used to teach journalism at Columbia. I don't think either of us are cranks, but believe me, we know a few.

Every epidemic has crazy myths around it. There was a time, six centuries ago, that people believed disease was caused by bathing. Two centuries ago, reasonable people believed malaria was caused by swamp gas. They had figured out that people who lived near swamps got it — they just hadn't figured out the mosquito connection.



Many lives wasted: A mysterious disease in Africa called 'slim' turned out to be Aids. PHOTOGRAPH: MIKE GOLDWATER

If you go there, you will see they are already dying. Bodies in the morgues are stacked 10 deep on shelves meant for three. The main cemeteries in Harare and Lusaka are full up, and new ones are being opened. I've seen this too with my own eyes — healthy young men lying in coffins, wasted away to skeletons.

Many South Africans still don't believe in Aids because they haven't seen enough bodies yet. But they will. It's going to change this country in ways no one is able to predict.

The woman who said that the disease

flu, and yet we don't have any trouble believing in colds and flu. If you inject someone with flu virus, he gets flu; if you inject someone with HIV, he gets Aids.

And it's also true that Aids tests don't actually test for HIV. They test for antibodies to it. Most medical tests do that. Viruses are tiny and elusive; antibodies have the helpful habit of seeking out and clumping on to things that activate them, which makes them into large blobs that are easier to detect. The virus exists. People who don't have it in their blood don't get Aids. When they get it in their blood,

Yes, Africans who are dying of Aids are often sick with a lot of other things. That makes it that much sadder — it's one of the reasons Africans can afford powerful antibiotics, stronger anti-tuberculosis measures, drugs that kill worms and amoebas and other things that live in dirty drinking water. But just because you have other diseases doesn't mean you don't have Aids. Aids itself isn't a disease — it's a syndrome that weakens you so that other diseases kill you.

One of the reasons doctors realised in

Essentially, they were anti-gay and this was the "God's revenge on queers" argument in scientific drag. They were frequently on the radio and TV making their case. Then, when it turned out that there were hundreds of thousands of Aids cases in Africa, they had to scramble to make their silly theory fit a new set of facts. This wasn't easy — I can't name a single country in Africa where the rural population spends most of its nights in discos, snorts Rush and cocaine and holds wild anal sex orgies. Can you?

Even *National Geographic* staves away

ed in carefully measured doses so they don't kill all the cells. Unfortunately they also kill other fast-growing cells — your hair cells, your new blood cells.

It's not the cancer that makes a chemotherapy patient's hair fall out — you can die from lung cancer with a nice thick head of hair. It's the poisonous chemotherapy. If the chemo works, the patient lives, the cancer is killed, and the hair eventually grows back.

AZT is poisonous, but it works against HIV. All the other anti-Aids drugs — DDI, 3TC, Crivaxan, and so forth — are poisonous too. That's not a reason not to use them: it's a reason to be careful with doses.

(The deputy minister of health who appeared on your programme was more right than most of your callers, thank God. But she was wrong about a couple of things. For example:

● There is not a lot of vagueness about the causes of Aids. Not among legitimate scientists and doctors, anyway. It's a mutation of a virus that has existed in monkeys and apes, probably for decades, if not centuries. It is not a disease in itself; it attacks the T-cells, which are the triggers for the immune system — white blood cells, antibodies and such. When the immune system fails to function, any disease can overwhelm it: that is the "immune deficiency syndrome".

The virus jumped from apes and monkeys into humans in the jungles of Central Africa, probably several times. It has been spreading in Central Africa since the 1950s, but very slowly in the first decades because there wasn't a lot of population mobility and not a lot of doctors.

Somehow, it got out — probably via Kinshasa or another Central African capital. Maybe with the many Haitians working as bureaucrats in Mobutu Sese Seko's government, maybe with Cuban soldiers in Angola, maybe even with American Peace Corps volunteers — no one knows.

It wasn't diagnosed until the early 1980s because somehow it got into a very different population: white American homosexuals. Those gay men were, by their own admission, extremely promiscuous. The minute tissue-tearing involved in anal sex increases the chances of sperm-to-blood contact. They were also well-educated, politically active and served very well by doctors.

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You wouldn't invite a sangoma or a rapist on to your show to propagate the destructive myth that sex with a five-year-old virgin cures Aids — you would quite rightly be accused of endorsing child rape.

If this were only bad information about South African politics or US/Africa policy or something like that, I wouldn't care. The world is full of stupid people saying stupid things; that's why there are barber shops and bars — they need somewhere to let off steam. To some extent, that's why there is talk radio. But this is different: misinformation in this case kills people. And it doesn't just kill grown-up men who ought to know better but are stubborn. It kills babies before they reach three years old; it kills teenage girls who never get a chance to learn how to protect themselves; it kills teenage boys the same way; it kills faithful wives; it kills rape victims; it snatches mothers away from their children. It is well on its way to killing one-quarter of the black population of South Africa.

There is a whole circle of quasi-scientific nuts in the US who make it their business to "debunk myths about Aids". Some are connected with universities; most aren't. In doing so, they are spreading many dangerous rumors. They're convincing people to think the disease doesn't exist, to believe it can't affect white people,

BERNET IS FULL OF WORTH, OR COME SE.

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What alarmed me about your show was that everyone on it had some grain of truth in what they said — it was just warped by rumours or prejudice into something terribly wrong.

The woman who said that Aids was going to mean a return of white government to this country wasn't entirely crazy. It won't, of course. But if one-quarter of the black population of this country is dead in 10 years — and that's what South Africa is headed for — there are going to be substantial changes in voting patterns. There will still be far more black voters than white ones, enough to keep the African National Congress in power if other things remain the same. (In fact, since UNAids says the infection rates are highest in rural KwaZulu-Natal, as high as 30% in some places, the party hit hardest is going to be you-know-who.) This is something that South Africans have to face up to.

One-quarter of the populations of Zambia and Zimbabwe are already infected. There's no cure, and the treatment that slows Aids down but doesn't kill it costs \$15,000 a year. With enough pressure on the international drug companies, it will no doubt get cheaper, but it's not going to come down to \$6 a year, which is the per capita health budget in those countries. Those people are going to die.



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The woman who said that the disease is due to black promiscuity is partially just an old-fashioned racist nut and partially right. Promiscuity is a problem — Aids is spread by male-female sex. It's also spread by homosexual sex, by blood transfusions and by sharing bloody needles, but these aren't important factors in Africa. She took the Aids rate among Africans and turned it into a racist screed about promiscuity. This is not a helpful twist — promiscuity crosses racial lines rather nicely.

There are other factors — many black men and women who don't see doctors, for whatever reason, have untreated venereal disease — those sores are literally tunnels that let the virus get through the skin of the penis or vagina.

Generally, a condom will protect against these dangers. Condoms are controversial, though it is relatively hard to see why Seat-belts in cars, lifejackets in boats, even guns in the home are all openly discussed as "life-saving devices" without people getting giggly, squeamish or religious about them.

The woman who said that it's not even proved that HIV causes Aids is technically correct, but arrives at a foolish conclusion. Viruses are minuscule, even smaller than bacteria, and you can't photograph them at work inside the body.

Nobody's ever "proved" that the cold virus causes colds or the flu virus causes

flu, and yet we don't have any trouble believing in colds and flu. If you inject someone with flu virus, he gets flu; if you inject someone with HIV, he gets Aids.

And it's also true that Aids tests don't actually test for HIV. They test for antibodies to it. Most medical tests do that. Viruses are tiny and elusive; antibodies have the helpful habit of seeking out and clumping on to things that activate them, which makes them into large blobs that are easier to detect. The virus exists. People who don't have it in their blood don't get Aids. When they get it in their blood, sooner or later, they get Aids. That's that.

The woman who called to say that AZT shouldn't be given to pregnant women be-

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lieve, Africans who are dying of Aids are often sick with a lot of other things. That makes it that much sadder — it's one of the reasons Africans often die faster than Americans who can afford powerful antibiotics, stronger anti-tuberculosis measures, drugs that kill worms and amoebae and other things that live in dirty drinking water. But just because you have other diseases doesn't mean you don't have Aids. Aids itself isn't a disease — it's a syndrome that weakens you so that other diseases kill you.

One of the reasons doctors realised in the early 1980s that Aids existed in Africa was that wealthy Zaireans were flying to clinics in Belgium and France and then dying from diseases that no one ever saw except in white homosexuals in San Francisco and New York, half a world away: diseases like Kaposi's sarcoma (the so-called "gay cancer"), *pneumocystis carinii* pneumonia and cytomegalovirus, which eats away the brain. These are diseases you get in late stages of Aids if you haven't died of TB or malaria first.

When large numbers of people in Uganda began dying of a mysterious disease called "slim" in the mid-1980s, doctors flew in from Europe and the US with the newly invented test kits for HIV-1. The number of people with "slim" who were HIV-positive? Virtually 100%. They had Aids.

Let me explain: In the early days of Aids in the US, right after the HIV virus was discovered, there was a clique of quasi-academic nuts who insisted that the virus wasn't the cause. One was a Berkeley professor, though his degree wasn't medical. They argued that Aids was caused by the "gay lifestyle" — poppers, amphetamines, all-night dancing and infections picked up from anal sex with multiple partners.

Essentially, they were anti-gay and this was the "God's revenge on queers" argument in scientific drag. They were frequently on the radio and TV making their case. Then, when it turned out that there were hundreds of thousands of Aids cases in Africa, they had to scramble to make their silly theory fit a new set of facts. This wasn't easy — I can't name a single country in Africa where the rural population spends most of its nights in discos, snorts Rush and cocaine and holds wild anal sex orgies. Can you?

Even *National Geographic* stays away from that one. But this is where the "Aids doesn't exist, it's just a mix of malaria, parasites and other central African diseases" theories came from — an attempt to say that the lifestyle of rural Africans is substantially identical to that of white homosexuals in San Francisco. (San Francisco is my home town, by the way. They're wrong.)

You can lead any lifestyle you want. You can be a Catholic nursing sister jabbed with a hospital needle and spend the rest of your life in church. If that needle had Aids-tainted blood on it, you're infected.

The woman who said that AZT is a poison is absolutely right. It is a dangerous toxic drug. An overdose can definitely kill you. But it is a poison that seems to prevent the virus from replicating. In combination with other extremely expensive drugs, it may keep it at such low levels that it can't be detected.

This is exactly how chemotherapy works. Cancer tumours aren't "bad" — they're normal cells that just grow way too fast. In a baby, fast-growing cells are normal; it's called "growth". In adults, when one lump of cells grows super-fast — a tumour — it gets so big that it chokes off a blood vessel or crushes your brain or your lung. Chemotherapy is giving your body poisonous drugs that kill fast-growing cells better than they kill mature ones. The poisons have to be inject-

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When they started to die in alarming numbers of a disease no one could identify, they raised an enormous ruckus. Millions of dollars in federal aid became available; dozens of medical detectives went to work. Eventually, the causative virus was isolated, both in France and in the US. Eventually, drugs that suppressed it, even if they didn't cure it, were found. The disease is now at bay in the US.

There is not a lot of controversy around the world over whether AZT is cost-effective at preventing transmission. AZT is only one drug in the anti-Aids arsenal. It is the oldest and therefore the cheapest. It costs \$80 or less to give a pregnant woman or a rape victim a short course of AZT; it isn't foolproof, but it's somewhere between 50% and 80% effective. It costs infinitely more than that to hospitalise a dying child or a dying rape victim for days or months.

When the deputy minister says the department is "taking decisions in a broader context" and has to balance this against other expenditures, she clearly does not understand the meaning of a false economy. If this were polio, no one would be so obtuse about this; it obviously costs far less to give children a few drops of pink vaccine than to buy them crutches and wheel chairs or watch them die slowly.

Please invite on to your show people who really understand Aids. Don't repeat the mistakes it took the US decades to straighten out.

Aw, c'mon, you don't

Myths, quasi-myths and questions about Aids abound. Donald McNeil Jnr attempts to demystify the epidemic in Southern Africa

Donald G McNeil Jnr

Despite its size, South Africa is number one in the world in several fields: rugby, cricket, tuberculosis and Aids. One hears too little about the last two.

In 1990, a *New York Times* colleague of mine stationed here, Chris Wren, wrote a story that, in hind sight, is remarkably prescient.

It begins with Dr Nihato Motlana, then better known as an activist physician than a tycoon, describing a sick young man he had suggested an Aids test to.

"That's white man's propaganda," the man replied angrily. "I'm not homosexual."

Here was the first wave of Aids myths breaking over South Africa. The young man could be forgiven. The first 215 people to die of Aids in this country, the article said, were almost all gay white males; 26 were flight attendants. What he didn't know was that up to 60 000 black South Africans were already infected, probably including him, and the number was doubling every eight months.

Poking around the office files, I found some sad and scary things. One was a speech given in 1990 at an Aids conference — by Chris Hani.

It contains these words: "Those of us in exile are especially in the unfortunate situation of being in the areas where the incidence of this disease is high."

"We cannot afford to allow the Aids epidemic to ruin the realisation of our dreams."

"Existing statistics indicate that we are still at the beginning of the Aids epidemic in our country. Untended, however, this will result in untold damage and suffering by the end of the century."

An African National Congress health desk document, released the same day by Alfred Nzo, acknowledged that there might be 60 000 infections.

It suggested abstinence, condom use, an end to ostracism of the infected and an end to African taboos about discussing sexuality.

There are now three million South Africans infected with Aids, almost all of them black. Someone messed up.

I also found a clip from the *Sowetan* of May 30 1990. The headline is: "Condoms are out. Jo'burg women want 'sperms not rubber'."

The reporter, Ali Mphahlele, interviews women in Soweto and begins: "Despite worldwide efforts to combat Aids, many women give the thumbs down to the use of condoms. Many contend the condom deprives them of the joy of sex and some even

say it should be abolished."

One — a teacher, for God's sake — says: "I want sperms not rubber. If my boyfriend loves me, he should know that love begins in bed. I would fire him if he wanted to used the damn thing."

Another says she never met a man who suggested one, but if she did, "I will tell him not to come and waste my time. Just imagine the whole night with rubber in you. It just does not work."

Another woman says "Sperms have proteins and I need those proteins." Another says "I only use plastic when it is raining." And another: "It should be flesh to flesh."

The men he interviewed, he said, "dismissed the Aids scare as hogwash" and said "only after seeing an

Aids patient would they resort to condoms". One assumes they have now seen an Aids patient. One hopes the same survey today would get very different answers. One hopes the attractive women whose photos accompany the article are still alive.

I got here in 1996. I was mystified then by the relative silence about Aids, especially from the top. Endless talk about housing, none about all those soon to be vacant homes. Where was President Nelson Mandela on this?

I thought it was because a man who could barely bring himself to discuss dating with a young whippersnapper like Alister Sparks wouldn't touch such a tender subject, but I was recently set straight by an American UNAids officer who lived here back then. Mandela talked briefly then about Aids and even condoms. The officer assumed he stopped on becoming president because it was undignified. But last month, Mandela said he stopped because it upset people.

In 1991, when he endorsed safe sex to some Mpumalanga parents, he said, "I could see they thought I was saying something revolting. After, they came to me and said, 'How can you talk about this? You want to encourage prostitution among our children?'" So he quit.

What a pity. The failure to counter myths can be fatal. The conviction, for instance, that the old government's condom campaign was a sneaky effort to cut the black birth rate was understandable — but ultimately cost many black lives.

Here are some myths, quasi-myths and big questions that I've already heard making the rounds in the country or that, given the history of the disease in the United States, will be here soon.

■ Quasi-myth: Not everyone infected gets Aids.

It is certainly true that not every-

one who has unprotected sex with an HIV positive person gets infected. Pardon my graphic language — but an intact, wet, un-venerole-disease-infected vagina is a pretty good barrier against infection. Nonetheless, it's still a dangerous crapshoot.

Then among the infected there are a few people known as "slow progressors". For some reason, the virus doesn't attack them as virulently and they don't get very sick. No one yet knows why. They're being intensively studied, of course. It may just be luck.

Some people survived bubonic plague in the 14th century, too. But the odds were poor — it killed a quarter of Europeans in three years. With Aids, if you are a black person from Southern Africa, the odds against you seem to be particularly bad — see below.

■ Quasi-myth: Aids comes from grey monkeys.

I don't know how this weird one got started here, but it's actually partially correct.

There are three strains of HIV. HIV-1, the most common here, comes from a strain of SIV (simian immunodeficiency virus) found in the *Pan troglodytes troglodytes* chimpanzee that some Central Africans eat and use for muti. (Sounds crazy but I've seen it with my own eyes and talked with a Cameroonian sangoma about it.)

But HIV-2, the biggest killer in far West Africa, comes from an SIV in sooty mangabays, which are eaten there. A sooty mangabey is, literally, a grey monkey.

Forget monkeys. Your Aids risk is from sex.

■ Myth: There's a miracle cure.

Nope — not Virodene, not Pearl Omega in Kenya, not oxytherapy not Kemron, not the African potato, not the swill brewed by Billy Chisape in Malawi, not dozens of other "cures" sold the world over.

Not AZT either. Some drugs in combination with AZT seem to hold down the virus level. That's "suppress" not "cure".

They also seem to be able to prevent — sometimes — transmission from mother to child.

Many things, including plain old vitamin C, "boost the immune system". But saying something that does that can stop Aids is like selling silk shirts labelled "bulletproof vest". Buy one if you like the colour; don't test it.

Drug companies test hundreds of compounds, many of them poisonous. A few always show early promise. But some don't work for long, some help only some people, some kill the patient.

Weeding out the winners takes lengthy testing, overseen by good scientists who — and this is crucial — are not in line to make money from the results. Virodene isn't there yet.

■ Myth: Organic food and/or vitamins will shield or cure you.

Irresponsible celery suckers in the vegetarian/vegan/homeopathic/organic/mega-vitamin/macrobiotic lobby push many variations of this one.

Look, there are excellent reasons for eating pesticide-free fruits and vegetables, avoiding meat and alcohol, quitting smoking, taking vitamins and getting exercise.



'We cannot afford to allow the Aids epidemic to ruin the realisation of our dreams'

really believe those Aids myths?

It will cut your chances of dying prematurely of heart disease and cancer.

If you are HIV-infected, you may survive longer by living healthier. But it won't save you from eventually dying of Aids any more than it will save you from drowning.

Dodging new infections — avoiding unsafe sex, avoiding people with colds — may be as important to longevity as what you eat.

■ **Myth:** HIV brewed itself when live polio vaccine was grown in the kidney cells of African monkeys in US labs in the 1960s; monkey virus must have mutated into human virus and been injected back into African humans during anti-polio campaigns in Zaire.

This had real currency for a while because it sounded so plausible. But HIV has been found in the frozen blood of people infected before polio vaccine was invented.

■ **Myth:** Aids was invented by the CIA in a US Army biological warfare lab in Maryland to kill black people. I have read that this started as a piece of Soviet disinformation in the 1980s, appearing first in a Moscow magazine citing a report from a magazine in India.

Actually, say people who researched it, the Indian magazine had nothing. The Moscow article had details that made it sound real: the US Army does have a germ warfare lab in Fort Dietrick, Maryland. It's not a secret.

But there are all sorts of common-sense reasons the US Army or CIA couldn't have "invented" Aids to kill black people.

Firstly, no one, including nature, has yet invented a disease, from colds to cancer to smallpox to leprosy; that only kills one race.

Human DNA is 99.9% the same; skin colour is an utterly unimportant genetic difference. Only human stupidity makes much of it, as it does of religious differences.

Does anyone think black albinos don't get the diseases other blacks do? That blacks don't catch the Hong Kong or Sydney flu? That white and



Small unanswered question: President-elect Thabo Mbeki wore a red Aids ribbon during his victory speech, but why didn't he mention Aids? PHOTOGRAPH: RUTH MOTAU

The dumbest Western invention in history is the necktie, a portable noose. It's about as African as a moon shot, and yet the "African renaissance" men here wear it as a uniform. Only Mandela, in his shirts, is a lone Adam's apple crying in the wilderness — the long gulp to free-

gument is also popular among some young black Americans, even those whose closest connection to the motherland is having seen *Amistad* three times.

I find this funny. It's only three generations since my McNeil ancestors shucked their kilts and left the

Aw, c'mon again. If white American men were really that evilly brilliant, wouldn't we have figured out the logical flaw there? Either we do want to trick black men into wearing condoms so they won't make more black babies, or we don't want black men to wear condoms so they'll

This is a myth, but it's one that I, to my great frustration, am partially responsible for.

Last December, I wrote a 2 000-word article for my faraway paper saying that for years South Africa had been a dumping ground for sub-standard condoms.

That's true — but I also made it clear that the vast majority of condoms here are perfectly safe, and that the government has since improved the way it buys them.

When *Business Day* here ran a ripped-off version of the piece, it was chopped to 400 words and all the explanations dropped, so it started a scare.

But it was true then and is true now that most condoms here are perfectly good. And frankly, even a condom that might tear is better than none.

■ **Small unanswered question:** Thabo Mbeki wore a red Aids ribbon during his victory speech, but why didn't he mention Aids?

■ **Medium unanswered question:** Why was Aids policy in this country so paralysed for so long and why is Minister of Health Nkosazana Zuma at the centre of so many fights?

I don't know; I'm not a psychologist. The Ministry of Health is in a death struggle with the pharmaceutical industry over high prices and monopolistic practices.

Some US Aids activists hate the industry; others see it as their only hope.

The companies are correct in saying that each new drug involves huge research costs that they have to recoup or go bankrupt.

On the other hand, they make big profits. Suspicion over that runs high in the US too — it was, after all, the country that wrote the world's toughest anti-monopoly laws.

In South Africa, children and rape victims are the chief pawns in this fight.

One of the world's premier Aids conferences is to be held in Durban this year. Some researchers are so offended by Zuma's policies that they are lobbying to get her disinvented as

This had real currency for a while because it sounded so plausible. But HIV has been found in the frozen blood of people infected before polio vaccine was invented.

■ Myth: Aids was invented by the CIA in a US Army biological warfare lab in Maryland to kill black people. I have read that this started as a piece of Soviet disinformation in the 1980s, appearing first in a Moscow magazine citing a report from a magazine in India.

Actually, say people who researched it, the Indian magazine had nothing. The Moscow article had details that made it sound real: the US Army does have a germ warfare lab in Fort Dietrick, Maryland. It's not a secret.

But there are all sorts of common-sense reasons the US Army or CIA couldn't have "invented" Aids to kill black people.

Firstly, no one, including nature, has yet invented a disease, from colds to cancer to smallpox to leprosy; that only kills one race.

Human DNA is 99.9% the same; skin colour is an utterly unimportant genetic difference. Only human stupidity makes much of it, as it does of religious differences.

Does anyone think black albinos don't get the diseases other blacks do? That blacks don't catch the Hong Kong or Sydney flu? That white and black people who sleep together can't pass on the Aids virus?

Secondly, lots of the first Americans killed by Aids weren't black — nor homosexuals, nor junkies. They were haemophiliacs, some of them children, and people who had transfusions after surgery or car crashes. If the CIA was targeting black people or homosexuals for extinction, would it test its disease on white children and white moms and dads first?

Thirdly, the first person known to have died of Aids died in Kinshasa, then Leopoldville in the Belgian Congo, in 1959. Some of his blood was kept frozen and tested two years ago. In 1959, that US Army lab didn't exist.

■ Myth: I don't use condoms because:

● They're no fun — they're not no fun, they're slightly less fun. The alternative is death. How fun is that?

● They're un-African — aw, c'mon. If you can use a cellphone, a ballpoint pen or paper money and still be African, you can use a condom.

I like *umqomboti* (traditional home-brewed beer) — up to a point. Be flexible.



Small unanswered question: President-elect Thabo Mbeki wore a red Aids ribbon during his victory speech, but why didn't he mention Aids? PHOTOGRAPH: RUTH MOTAU

The dumbest Western invention in history is the necktie, a portable noose. It's about as African as a moon shot, and yet the "African renaissance" men here wear it as a uniform. Only Mandela, in his shirts, is a lone Adam's apple crying in the wilderness — the long gulp to freedom. But the fashion looks ready to die with him. I do wish people would stop telling Madiba to shut up.

Incidentally, this "un-African" ar-



'The parents came to me and said, 'How can you talk about safe sex? You want to encourage prostitution among our children?'

gument is also popular among some young black Americans, even those whose closest connection to the motherland is having seen *Amistad* three times.

I find this funny. It's only three generations since my McNeil ancestors shucked their kilts and left the Hebrides for Brooklyn — fewer than most African-Americans have been American. But after a few New York winters, we figured out that underpants were a smart move, even though I am reliably informed that they are un-Scottish.

The first condom I ever saw was the old dried-up thing my mother found in the pocket of my father's World War II US Navy *kapok* jacket, along with a clip of .45 ammunition. (Luckily for him, this was in 1965, and they hadn't met until after the war.)

A friend of mine described his father's navy experience in the Philippines: after a big night out, each American boy who hadn't been bright enough to use a condom was handed a rubber bulb by a medic. He had to fill it with iodine solution, stick the thin end in his penis and try to blast the stinging iodine up as far as possible — ideally to his bladder. The screams were said to be hideous.

If that were the medical option nowadays, I imagine many men would decide a condom was a lot more African than the bulb.

● They're a plot by white men to cut down the black birth rate; Aids stands for the "American Invention to Discourage Sex".

Aw, c'mon again. If white American men were really that evilly brilliant, wouldn't we have figured out the logical flaw there? Either we do want to trick black men into wearing condoms so they won't make more black babies, or we *don't* want black men to wear condoms so they'll die slow and painful deaths. We can't have it both ways.

● South African condoms are no good.



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One of the world's premier Aids conferences is to be held in Durban this year. Some researchers are so offended by Zuma's policies that they are lobbying to get her disinvented as a global slap in her face. The struggle should be interesting.

■ Big unanswered question: If the disease started in Congo or Cameroon, why are only about 5% of the adults in those countries infected, compared to 10% of Uganda, 25% of Zimbabwe and Botswana, and 30% of rural KwaZulu-Natal?

Scientists are baffled, and testing all sort of theories. Do people in Southern Africa have more sexual partners? Is migrant labour responsible? Marriage customs?

Do southerners have different habits, like "dry sex" or "wankie," that cause tears in the penis or vagina?

Does non-circumcision, as among Zulus, lead to more venereal-disease sores? Are there fewer clinics treating venereal diseases?

Or is there something genetic? Was there some sort of proto-Aids epidemic, far back in pre-history but after the Bantu began migrating south, that killed many Central Africans but left more resistant survivors?

No one knows — but for some reason, Southern African peoples seem particularly vulnerable. Watch out.

The absurdity of the HIV dissidents

Donald G McNeil Jnr
CROSSFIRE

It's irritating to be accused of stifling debate while debating. "Aids-denial" scientists are like Holocaust-denial historians. Of course they have a constitutional right to be heard — but Holocaust denial didn't get cranked up until the 1990s, when every thinking person had known for 40 years that the Holocaust actually happened.

Here, the government was so timid and inept for nearly a decade about explaining the full scope of the Aids threat that debates often veered off into peripheral issues — Virodene, *Sarafina*, faulty condoms. Sadly, Department of Health doctors with first-hand knowledge of the threat often feel muzzled, having to seek permission from Pretoria to speak about their own fields of expertise, so vigorous Aids-denial buffs were beginning to dominate the debate, which is the reason I piped up.

There are many schools of Aids denial. The "HIV-dissidents" one, which uses *nose-week* as its publicist here, argues that Aids isn't caused by a virus but by a lifestyle.

As characterised in last week's *Mail & Guardian*, a "kamikaze-style approach to drugs and sex" made white San Francisco homosexuals exceptionally vulnerable to disease. Africans became similarly susceptible because of "continuous and repeated exposure to dire tropical diseases, such as malaria, without recourse to health care, together with various other factors that place the body under severe stress such as malnu-

trition and prolonged anxiety, both results of civil war and social disruption".

The theory relies on absurdities. There was never a time, in San Francisco or anywhere else, in which all homosexuals were disco queens who snorted mountains of coke and boffed everyone within reach. Men who were faithful, boring gay stay-at-home spouses died of Aids. Publicly heterosexual men who had wives and children and a few furtive gay encounters died of Aids. Men who never had gay sex at all died of Aids after getting it from blood transfusions.

The African variant is even sillier. It presumes that all Africans live in mud huts, starving, swatting malarial mosquitoes and drinking from pools laced with hippo crap and bilharzia snails. It ignores the tens of thousands of Africans who live in Soweto — or Gaborone, Harare or Lusaka — drink piped water, get enough to eat, have no more malaria risk than the Oppenheims do in Brenthurst, and yet are dying of Aids.

Until recently, Barclay's Bank in Zambia was seeing 2% of its workforce die each year, which is about 10 times the mortality rate for an American bank. The dying employees, 85% of whom died of Aids-related illnesses, the bank said, were overwhelmingly African white-collar workers with matric or university degrees. Their health care, through the Minbank Clinic, was First World level. They weren't "stressed". They were infected.

A well-known 1987 study of HIV infection at pre-natal clinics in Rwanda (at the time, seven years before the 1994 genocide, a tiny, well-organised country with excellent record-keeping) showed a pregnant woman had a 9% chance of infection if her husband was a

farmer, a 22% chance if he was a soldier, a 32% chance if he was a white-collar worker and a 38% chance if he was a government official. (I decline to speculate on the implications of this for the Thabo Mbeki Cabinet.) The study's conclusion was that, in a very poor country like Rwanda, a regular pay-check meant more access to extramarital sex, raising the husband's chances of infection.

In South Africa, miners and other migrant labourers may have even higher risks, but the point is that the subsistence farmer in the mud hut is not the most at-risk guy, and the "poverty lifestyle causes Aids" argument is ridiculous.

By the way, a doctor who specialises in treating Aids and tuberculosis cases in rural KwaZulu-Natal pointed out to me this week that there is another "medical" debate going on here that echoes the Aids one. Fortunately, the consequences are far less serious — just a lifetime of root canal work.

The health department is planning to add fluoride to South Africa's drinking water. The "fluoride-is-poison" lobby opposes it.

I remember this debate from my teenage years in the United States. At the same time as Crest, the first fluoride toothpaste, was getting recognition from the American Dental Association, cities were trying to add fluoride to their drinking water. Many studies had shown that it strengthened children's teeth.

(Water is better than toothpaste. Since the fluorine atom actually joins the tooth structure, it is best to have it there — in tiny amounts all day long — as the tooth grows.)

Interestingly, in the US, the anti-fluoride lobby was led by the John Birch Society and other right wingers. Their argument, as far as I could tell, was that if the US government, which they believed was secretly controlled by communists, was allowed to add one chemical to the water, then it would soon be adding LSD and other drugs to control all our minds.

I can't say whether they were right on that score — you'll have to be the judge as to whether I'm out of my mind. I can tell you that, despite a lifetime of brushing and flossing, I have rotten teeth — straight, relatively white, but riddled with cavities and cracks. And so do many of my friends my age (45). Our children, on the other hand, have absolutely fabulous teeth. The difference, says every dentist I've had, and I've had plenty, is that they grew up drinking fluoridated water. (When we moved here, I made my kids take fluoride tablets.)

Pediatric dentistry is now a struggling profession in the US. And good riddance — mine didn't believe in novocaine.

Besides, the John Birch Society was kidding itself — depending on where you live, chemicals are already added to your drinking water: alum to precipitate solids; chlorine to kill germs. And a good thing too — you know what those swimmers in the Vaal Dam are doing under water.

To my knowledge, while there have been plenty of brief bacterial outbreaks in drinking water in some US cities, no one has ever gotten fluoride poisoning from city water.

There are some benefits to being cut off from the world for 20 years. Learn from our mistakes.