Loose talk about AIDS causes more deaths

DEAR TIM MODISE,

I am a New York Times reporter who wrote the story about AIDS that was 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, and the way the flood of deaths has changed the culture of funeral homes, the dhumushu [xhosa funeral] made by medical researchers working on an unprofitable continent, and so on.

I thought I'd try to explain this because I was bothered by what was being said over the air. Now I am writing legally 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 allow even to see about a lot of American AIDS experts spreading dangerous disinformation.

If I spoke on your show, it would mean nothing — as many an 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 findings aren't true — not generally. 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 reserves of misinformation about AIDS flowing around — your best information is seen as bad information coming from some sangomas, and sometimes even bad information coming from the Department of Health. If you start putting nuts on your show, you could be the cause of AIDS, or AIDS is pure evil stuff, or Vodoo 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.

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 being in colds and flu. If you inject someone with flu, he gets flu. If you inject someone with HIV he gets AIDS.

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 sticking out and clamping 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, even Africans who are dying of AIDS — they're often sick with a lot of other things. That makes it that much sadder — it's one of the recurring African AIDS cases.

Essentially, they were anti-gay and this was the "God's revenge on queers" argument in scientific drug. 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 story 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 time in discos, swings, and dance halls and holds wild and sick orgies. Can you?

Even National Geographic saw the evidence in carefully measured doses so they don't kill all the cells. Unfortunately they will 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 nine-inch 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.

AIDS is poisonous, but it works against HIV. All other anti-AIDS drugs — DDI, 3TC, Crizanavir, 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 program was more right than most of your callers, thank God. But she was wrong about a couple of things. For example:

1. 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, an opportunity, 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 seven 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.

Somewhere, it went out — probably via Kinshasa or another Central African capital. Maybe with the firefighters working as missionaries in Mbola, the South African government, maybe with Cuban soldiers in Angola, maybe even with the American Peace Corps volunteers — no one knows.

It wasn't diagnosed until the early 1980s because something got into a very different population: white Americans homosexuals. Those gay men were, by their own admission, extremely promiscuous. The minute transmission involved in anal sex increased and the contact. They were also well-educated, politically active and served very well by doctors. When they started to die, the disease numbers of a disease no one could identify, these raised an awareness worldwide. Millions.
Aids in Africa, its effects on economies, the huge numbers of orphans it creates, and the way the flood of deaths has changed the structure of society. Medical researchers and health workers have been overwhelmed by the scale of the problem and by the speed at which it has spread. The result is a desperate scramble to find new ways of preventing the disease from spreading.

In his report, the author describes the situation in Africa as a "deadly cocktail" of social, economic, and political factors. He notes that the disease is not just a medical problem, but a social and economic one as well. The report calls for a coordinated international effort to combat the disease, and for African countries to take more responsibility for their own health care systems. The author also criticizes the international community for not doing enough to help African countries combat the disease.

In the end, the author calls for a more comprehensive approach to dealing with the HIV/AIDS crisis in Africa. This includes providing more resources for medical research and treatment, as well as addressing the social and economic factors that contribute to the spread of the disease.

The report is a call to action for governments, international organizations, and the private sector to work together to combat the HIV/AIDS crisis in Africa. The author argues that by working together, we can make a real difference in the lives of millions of people.
Aw, c'mon, you don't

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

Donald G McNeil Jnr

Despite its size, South Africa is number one in the world for several fields: rugby, cricket, subscriptions and AIDS. This latter fact, by the way, is probably more significant than it might appear. The country has far more doctors than it needs, a virtual state of emergency is not far behind, and the government's antiretroviral programs are among the most effective in the world.

But the AIDS crisis is not a new one. In fact, it was the first wave of AIDS in Africa, much of which was entirely the result of the international community's failure to respond adequately to the disease. Today's headlines are full of stories about the success of the global AIDS campaign, but the truth is that the epidemic is still far from under control.

We cannot afford to allow the AIDS epidemic to continue. The realization of our dreams is in the balance.

The situation is dire. The number of people infected with HIV is still increasing, and the number of deaths continues to rise. The epidemic is spreading rapidly, and the situation is worsening. We cannot afford to ignore this crisis. We must act now to save the lives of millions of people.

Myths and misconceptions about AIDS abound. The truth is that AIDS is not a death sentence, and there is no cure. However, we can take steps to prevent the spread of the virus and improve the quality of life for those affected.

One myth is that AIDS is only a problem for young people. This is not true. AIDS affects people of all ages, and it is important for everyone to be aware of the risks.

Another myth is that AIDS is only a problem in developing countries. This is not true either. AIDS is a global problem, and it affects people in every country in the world.

We cannot afford to ignore the problems caused by AIDS. The epidemic is not only a medical problem, but also a social and economic one. The cost of treating AIDS is immense, and the economic impact on families and communities is significant.

We must act now to prevent the spread of AIDS. This means investing in research, providing access to antiretroviral drugs, and supporting communities that are affected by the epidemic.

One way to do this is to support organizations that are working to combat the spread of AIDS. These organizations need funding, and it is important for us to support them.

We can make a difference. By working together, we can prevent the spread of AIDS and ensure a better future for everyone.
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 even more than it will save you from drowning.

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

**Myth:** HIV spread itself when live polio vaccine was grown in the kidney cells of African monkeys in US labs in the 1960s, meaning a virus must have mutated into human virus and been injected back into an African human 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 Detrick, 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 in cancer as 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.

Then anyone think black coloquial don’t get the diseases other blacks do? That blacks don’t catch the Hong Kong or Sydney flu? That white and

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 the Minister of Health Shosana 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 costs huge research costs that they have to recoup or go bankrupt.

On the other hand, they make big profits. Saffron 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 threatening not to be distrusted as

The dumbest Western invention in history is the snobke, a portable nose. It’s about as an 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 gap to free-
This had real curvacy 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 ploy 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 magazine had details that made it seem real: the US Army does have a germ warfare lab in Fort Detrick, 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, had yet invented a disease, from 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 does of religious differences.

Does anyone think black albino don't get the diseases other blacks do? That blacks don't catch the Hon 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 extermination, would it test its disease on white children and white noons and dads first?

Thirdly, the first person known to have died of AIDS died in Kinshasa, then Leopoldville in the Belgian Congo, in 1980. Some of his blood was kept frozen and used two years ago. In 1989, 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 umgombotsi (traditional home-brewed beer) — up to a point. Be flexible.

The dumbest Western invention in history is the needle, a portable needle. It's as much 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 goup 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" argument is also popular among some young black Americans, even those whose closest connection to the motherland is having been Amazed three times.

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

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 jacket, along with a clip of .45 ammunition. (Luckily for him, this was in 1963, and they'd met until after the war.)

A friend of mine described his father's early 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 liquid 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 bulk.

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 first 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 do slow and painful deaths. We can't have it both ways.

- South African condoms are no good.

Small unanswered question:

President-elect Thabo Mbeki wore a red AIDS ribbon during his victory speech, but why didn't he mention AIDS?

PHOTOGRAPHY: MUTHOMBA

- Some researchers are so offended by Nkosezana Zuma's policies that they are lobbying to get her disqualified from the Durban Aids conference as a global slap in her face.

Some researchers are so offended by Nkosezana Zuma's policies that they are lobbying to get her disqualified from the Durban Aids conference as a global slap in her face perfectly good. And frankly, even a condom that might work 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 paralyzing for so long and why is Minister of Health Nkosezana 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 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. Suggestion 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 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 disqualified as a global slap in her face. The struggle should be interesting.

**Big unanswered question:** If the disease started in Congo or Cameroou, why are only about 8% of the adults in those countries infected, compared to 16% 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 "wankle," that cause tears in the penis or vagina?

Does non-coitotes or non-vaginal, as among Zulus, lead to more venereal-disease sources? Are there fewer clinics treating venereal diseases?

Or is there something genetic? Was there some sort of proto-Aids epidemic, far back in prehistory 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 defending AIDS denial. Scientists are like Holocaust denial historians. Of course they have a constitutional right to be heard— but Holocaust denial didn't get crushed 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 AIDS that those debates often veered off into peripheral issues— Virodine, Seroxto, faulty condoms. Sadly, Department of Health doctors with first-hand knowledge of the threat often felt 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 jibed up.

There are many schools of AIDS denial. The "HIV-dissidents" one, which uses mail and mail as its publicist here, argues that AIDS wasn't caused by a virus but by a lifestyle. As characterized 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 diarrhoeal tropical diseases, such as malaria, without recourse to health care, together with various other factors that place the body under severe stress such as malnutrition 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 bopped everywhere 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, starved, 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 Swereto— or Gaborone, Harare or Luanda— drink piped water, get enough to eat, have no more malaria risk than the Oppenheims do in Breinshurst, and yet are dying of AIDS.

Until recently, Barclay's Bank in Zambia was using 2% of its workforce. Each year, which is about 30 times the mortality rate for an American bank. The dying employed, 80% of whom are from Aids-related illnesses, the bank said, were overwhelmingly African white-collar workers with matric or university degrees. Their health care, through the Minbarski 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 first well-organized country with excellent record-keeping showed a pregnant woman had a 98% chance of infection if her husband was a farmer, a 2% chance if he was a soldier, a 2% chance if he was a white-collar worker and a 50% chance if he was a government official. I decline to speculate on the implications of this for the Taibho Mheki Cabinet.

The study's conclusion was that, in a very poor country like Swaziland, 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 group 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 Creast, 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 fluoride atoms actually join 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 recessives.

Besides, the John Birch Society was kidding itself— depending on where you live, chemicals are already added to your drinking water: alum to precipitate solidic chlo- rine 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 28 years. Learn from our mistakes.