file: AIDS

Hope for Children with AIDS

May 16

Hi Melanie —

Kate Carr asked me to insure that you received this asap.

Hope all is well.

Best,

Carrie

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ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION

May 8, 2000

First Lady Hillary Rodham Clinton
The White House
BY HAND

Dear Mrs. Clinton:

I'm writing this in my capacity as chairman of the Elizabeth Glaser Pediatric AIDS Foundation. First and foremost, we send our heartfelt appreciation for your tremendous leadership on behalf of children here and around the world. All of us at the Elizabeth Glaser Pediatric AIDS Foundation are deeply appreciative of your unwavering support of our work on behalf of children with HIV/AIDS. We remain deeply grateful for all that you, the President and the entire Clinton administration have done to improve the quality of life for children. In a remarkably short period of time -- we have accomplished much -- but our work is far from over.

As you know, every day 1,800 children are newly infected with HIV around the world. Globally, more than half a million children will die of AIDS this year. It is with good reasons that scientists and doctors describe AIDS as pandemic. The truth of this disease is that we can only slow the advance of HIV, while developing new medicines. As parent to my son Jake, I know only too well that this deadly virus will continue to adapt to new treatments, with little understood about the toxicity and efficacy of these new drugs. Every day, worldwide HIV and AIDS grow in frightening proportions with availability of treatments severely limited to our wealthiest countries.

Prevention remains our best method of eradication. We have made great progress in dramatically reducing mother-to-child transmission of HIV in the United States. When the foundation was formed in 1988, our nation faced a mother-to-child transmission rate of 30 percent. Today, through testing and treatment available to pregnant women, 95 percent of babies in the U.S. are being born free of HIV. Tomorrow, our work hopefully will bring us closer to a vaccine and a cure. Like you, I remain deeply committed to affecting positive change. However, where access to health care is limited, the numbers continue to rise. We have the ability to reverse that trend. We can -- and must -- do more.

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Recent advances have brought renewed hope. Last Fall, in collaboration with Global Strategies For Prevention of HIV, we launched our newest global initiative, the "Call to Action Project." This program will accelerate the implementation of existing treatments in the developing world, including a promising therapy that can reduce perinatal transmission by half -- at a total cost of four U.S. dollars per treatment for both mother and child.

Recently, the Elizabeth Glaser Pediatric AIDS Foundation was awarded a $15 million gift by the Bill and Melinda Gates Foundation in support of our 'Call to Action Project.' This generous grant will help us bring hope to mothers and babies around the world.

With this in mind, we are asking you to consider participating in an event to announce the Bill and Melinda Gates Foundation grant. Your participation will amplify the critical need for broader based private/public partnerships to support our 'Call to Action Project' and others like it. Together, we can help catalyze other private interests to become engaged and help us do more for more children.

The program would include principals representing the Elizabeth Glaser Pediatric AIDS Foundation, the Gates Foundation, Global Strategies for HIV Prevention, Ambassadors to the U.S. from around the world with a focus on developing countries, including the nations of Africa, India, Asia and Eastern Europe. We are also considering bi-partisan Congressional representation. (We also have asked Ambassador Holbrooke to participate.)

While this is very short notice, we believe the announcement would be timely immediately before or immediately after South African President Mbeki's May 22 state visit. Possible venues for a Washington-based announcement include the White House, the National Press Club or the JW Marriot. New York event locations include the Foreign Press Center, Aaron Diamond AIDS Research Center or the United Nations. We are flexible with our first priority to announce the Gates gift before the end of May.

Working together with vision and vigilance, we can do more to improve children's health here and around the world. Please accept our deepest appreciation for your consideration.

Very truly yours,

Paul Glaser
Chairman of the Board

File: AIDS

May [illegible]

THE WHITE HOUSE

Melanne —

Attached please find the very powerful NPR "Fresh Air" transcript from the interview with S. African journalist Charlene Smith.

Ms. Smith is calling for health care reforms to provide pregnant women and rape victims with anti-retroviral drugs.

In light of the President's recent EO (also attached) I hope we can do something to help.

Thanks. — [illegible]

END STORY of Level 1 printed in FULL format.

SHOW: FRESH AIR (12:00 Noon PM ET)

May 11, 2000, Thursday

LENGTH: 5903 words

HEADLINE: CHARLENE SMITH, FREELANCE JOURNALIST, DISCUSSES HER RAPE EXPERIENCE AND THE NEED TO END DISCRIMINATION IN SOUTH AFRICA WHEN DISPENSING AIDS DRUGS

ANCHORS: TERRY GROSS

BODY:
TERRY GROSS, host:

This is FRESH AIR. I'm Terry Gross.

One year ago South African journalist Charlene Smith wrote an article which began like this: 'Every 26 seconds in South Africa, a woman gets raped. It was my turn last Thursday night. Before I began writing this, I took AZT, 3TC and Crixivan. They are antiretroviral drugs. They will hopefully help lessen the potential of my getting AIDS from the rapist, assuming, of course, that he is HIV-positive. In a country where 1,800 people contract HIV every day, it's a gamble I refuse to take.'

Smith's article in the South African paper, the Mail & Guardian, made quite an impact. It helped inspire a movement that she is quite active in to reform how the country's legal and health-care systems treat rape victims. I asked Charlene Smith how aware she was of her risks of being raped and what precautions she took before she was attacked.

Ms. CHARLENE SMITH: I had a friend that I went to school with. He was always frightened that you'd be raped at some stage in your life, but foolishly I thought that I didn't fit the profile of what a woman raped would be like. I'm not entirely certain what I thought that profile was. I thought that I was successful and very independent, very together. I thought, you know, people like me don't get raped. And then on the 1st of April of last year, I found that that was simply untrue.

GROSS: Tell us your story. What happened to you? A man broke into your house. What happened?

Ms. SMITH: I'd gone out to a business meeting and returned home at half past eight in the evening. I'd been out for two hours. Ten days before that, I'd received a phone call from a man who said that his name was Aaron and told me he loved me. I put the phone down. And when I got back from lunch later that afternoon, there was a message from him, saying that, 'If you will not speak

to me, I will F-you.' I phoned the police. They said there was nothing they can do about such messages. However, I was sufficiently concerned that I put a copy of the tape from my answering machine in a box and I noted it down in my diary and told my son about it.

And when I returned home that evening, I did the typical South African thing, looking out for hijackers, checking the gate. I've got three dogs. They weren't reacting at all, and I always thought that they would tell me in some way if someone was in the house, but they were just sitting on the patio. I walked into the house, I locked the door, and locked myself into the house with the rapist. I noticed that there were more lights on than when I had left but thought that my son, who had gone to movies with friends, had possibly come back.

I went into my bathroom, and as I turned around and was flushing the toilet, he appeared in the doorway with the knife. And a million things flash through your head, and I thought, 'Well, my gosh, he's come to rob the house.' And I started screaming. I thought that was the thing to do. And he said, 'If you scream, I will kill you,' and grabbed me and pulled me out of the room, demanded money. I didn't have any money with me.

He then moved me to the middle of room, said, 'Is anyone coming home?' And I realized that if I said someone was coming home soon, he would realize quickly that I was lying and that I had to play for time. So I said, 'Someone will be coming home in an hour or two.' And he said, 'Is it your husband?' And I said, 'Yes,' although I'm not married. He then said, 'Where is your son?' And that worried me because I realized that he knew that I had a son. And I said, 'No, he's not coming home tonight,' which was also untrue. I said, 'He's sleeping at a friend's,' and that helped focus me because I realized my son was coming home at 11, that this thing had to be over regardless of what happened before my child came home.

He then said he was going to tie me up and went to my bedroom cupboard and I thought, 'Well, he's going to use stockings or scarves or something.' But he took thick masking tape out of the cupboard which I usually kept in a cupboard in the kitchen. And I then realized that he'd planned this, that he'd been waiting for me. I still didn't think that I'd be raped. He tied my hands behind my back and he then said, 'And now we're going to have sex.' And I was interested that he didn't use foul language. I'd always assumed that people who rape you would use foul language, but he didn't.

I remember reading a story about two women who were attacked and the one woman said that she had AIDS and they let her alone and they raped her friend, so I said to him, 'I have AIDS.' And he said, 'Well, then I'll use a condom.'

GROSS: Did your rapist use a condom?

Ms. SMITH: No. No. He then undid my clothing, pushed me on to the bed, undid his clothing and began raping me. And that was when I learned first of one of many interesting lessons from being raped. The laws all over the world talk about rape as though it's an assault using the penis as a weapon. However, what I realized with the person who raped me and what I've subsequently realized with many, many women and children that I now deal with is that he was sexually dysfunctional. He had erectile problems. And I think that's the reason why many women get badly beaten up or they use objects in women.

And he started having problems, and I was also very dry. And he started swearing. And I thought, 'Gosh, if he loses his temper, if he feels that I'm judging him in any way, I'm in trouble.' And I was very calm, very calm right the way through the rape, and I said to him, 'It's not your fault. It's not your fault. It's my fault. It's my fault.' I took the blame upon myself. And I think that in some way that that soothed him because after he was finished--he raped, or attempted to rape me three times.

And after he was finished, he set me up on the bed and he said, 'Now I'm going to tie you up some more.' And he started putting masking tape around my eyes. a very thick masking tape, about two inches thick, and then started putting it around my nose. And I said, 'Not my nose. Not my nose,' because I realized that if it went around my nose, I'd be dead in a few minutes. And he listened to me. And I think the only reason he listened to me was that he'd felt that in some way I was cooperating with him, that the really interesting thing about many rapists--not all of them but many of them--is they have this perverted desire for us to like them, for us to accept them and acknowledge them.

And I obviously didn't know that. Maybe instinctively I knew that, but he didn't put it around my nose, put it around my mouth. Put more around my hands, around my ankles, around my knees. Then said that he was going to go the bank and draw money out but that he'd be back in 15 minutes; that if I did anything, when he came back, he would kill me.

GROSS: How did you decide whether you were going to try to escape in that 15-minute interval, or whether you would be the kind of obedient victim and just, like, wait for him, not trying to get out of the bonds that he had tied you with?

Ms. SMITH: I don't know if anyone decides to be obedient victim, and definitely if you decide to be obedient, when you have the opportunity to escape, then you certainly will become a victim in my belief.

I didn't fight at all during the rape, but I was determined to survive. And I'm now very strong about calling myself a rape survivor and other women rape survivors. He, first of all, tried to trick me. He closed the door and he put me in the bathroom. He closed the door, and I was listening very carefully. I hear that he hadn't locked the door. And I thought, 'He's not going. He's not going.' And he came back after a few minutes, and I hadn't moved at all. And then when he finally went, he locked the door. And then I listened carefully and I heard him go out the front door and lock the front door. And then I even waited some more until I thought I heard him go out the gate.

And that's when I started struggling. I realized--I thought, 'Well, I've got 15 minutes and I have to free myself.' And it was unbelievably difficult because at first I started panicking and tried to free all parts of me, and then I thought to myself, 'Calm down. Calm down. Focus. You've got to focus,' and focused on my hands. Couldn't free them at all. And then focused on my feet and managed to free my feet and my knees. So I was standing up, but I couldn't really see which room I was in and my hands were still tied up. And I realized I would never be free unless I could free at least one of my hands, and finally managed to do that, although at one stage, I can remember leaning against the wall and just thinking, 'I don't have the strength for this.' I'm a small woman and I'm not physically strong, and I thought, 'I don't have the strength for

this.'

And then a thought flashed into my head that my child would come home, and he would see blood everywhere, and I would be dead and that this person might still be in the house and might attack my child. And I thought, 'I can't let that happen.'

GROSS: You were finally able to undo the tape that he had placed around your body to keep you bound. Were you able to scream for help? Did any neighbors respond?

Ms. SMITH: Well, finally neighbors did respond. Two of my three neighbors closest to me had gone away for the Easter weekend, and the woman next door, at 10:00 at night, she decided to go out and get her ironing board and do some ironing, which I think was nothing short of miraculous because I don't know of many people who do ironing at 10:00 at night. And she heard me screaming. And I had also picked up an object in the bathroom cupboard. I was only able to get one hand free; the other one was still tied up. And I was breaking glass to try and increase the sound of the noise level. And she heard me and her husband came. She contacted the police, and her husband and another neighbor came and they found me. They got me out of the bathroom.

GROSS: If you're just joining us, my guest is Charlene Smith. She's a South African journalist who was raped a year ago. She reported on her rape and then became an activist in trying to reform the health and legal systems to better help rape victims in South Africa.

Charlene, let's take a short break here and then we'll talk some more about some of the changes that are under way in South Africa. This is FRESH AIR.

(Soundbite of music)

GROSS: My guest is South African journalist Charlene Smith. A year ago she was raped. She reported on her rape in a newspaper article, then became an activist in trying to reform the health and legal systems to better help rape victims in South Africa.

When you were raped, what was the procedure that you went through? Did you call the police first, the hospital first? What was the first thing you did?

Ms. SMITH: Well, fortunately my neighbors had called the police, and the police arrived. I was a very difficult rape survivor in terms of the police and everyone, quite frankly. When my neighbors let me out of the bathroom, the first thing that I did was I apologized that I wasn't properly dressed, and I also said to them--I said, 'I've got to get hold of my doctor. I've got to AZT. I don't want to get AIDS.'

And we couldn't get hold of my doctor; he'd gone away for the Easter weekend. And one of the young police officers, in fact, a police reservist, a part-time weekend police officer, said he would take me to the district surgeon. And I said, 'I don't want to go to the district surgeon. I've got to go to private hospital; government hospitals won't give me the drugs to stop HIV. I've got to go to private hospital.'

And so began a process that was absolutely unbelievably difficult to try and get the drugs to stop me getting HIV. We ended up going to three hospitals that evening. I was treated mostly in an appalling manner, particularly by women that evening, until I got the drugs.

GROSS: Now what made you think about getting AZT?

Ms. SMITH: For some years, I'd been reporting on the AIDS epidemic in South Africa and, in particular, had been reporting on mother-to-child transmission. I think it's a disgrace that we don't give the drugs to stop mother-to-child transmission in this country. We're losing approximately 100,000 babies a year to HIV. And two weeks beforehand, I was at Chris Hinni Baraquanith Hospital(ph) in Soweto where they've got a large program, a trial run by the United Nations looking at mother-to-child transmission. And one of the doctors there said to me--the very last thing that the doctor said to me was, 'You know, Charlene, we need AZT for women who are raped as well.' And I said, 'Gosh.' I said, 'That's interesting. I must do a story about it at some stage.' And that was the last thing that I wrote in my notebook, and two weeks later, I was raped.

GROSS: So you did end up doing a story about it, but you didn't realize it would be your own story.

Ms. SMITH: Yeah.

GROSS: So were you not given the AZT because of financial reasons or what?

Ms. SMITH: Yeah, I didn't have medical insurance and so they wouldn't give me the drugs at the private hospitals. I knew that if I went to a government hospital, because government doesn't give AZT to anyone other than prisoners, I wouldn't get AZT from a government hospital either, so that's why I was going to the private hospitals until finally I had limited medical emergency insurance from a company called Medical Rescue International here. And I finally phoned them and said, 'Look, I've been raped. I need AZT. I need it fast. It's been five and a half hours since I was raped. I need those drugs and I need them fast.' And they said to me, 'We've never had a call like this before.' And I said, 'Darlings, you've got the call now. I need the drug.'

And it was a young black man who took the call and I could hear him consulting with other people, and he said, 'Fine. We can give you the drugs.' They gave it to me for six days. 'This is the hospital you must go to; they'll have the drug there.' But even once I went to that hospital, it was a battle. In fact, the hospital that I went to was a private hospital. And they were giving me problems about getting the drugs, etc., etc. And I said, 'You know, if, by some miracle, I'd managed to injure the person who raped me, he would have been wheeled into this hospital past me. He would have received the best medical treatment in the country at the cost of the government including, if he had HIV or AIDS, he would have received the antiretrovirals. And yet I am raped and I can't get that medication.'

In 1998, the government spent 54 million rand treating prisoners in private, not government, hospitals who had HIV- or AIDS-related illnesses. However, if you are a woman who's raped or if you're a pregnant woman who has HIV, you cannot get that medication from a state hospital.

GROSS: Have many women contracted AIDS because they've been raped by men who had it?

Ms. SMITH: Oh, yes. Many. Many. Many. I deal with many of them. For women who don't get the antiretrovirals in this society, there's approximately a 40 percent zero-conversion rate, which means that approximately 40 percent of women who are raped will get HIV afterwards in this country. However, there's an extremely high incidence of HIV in our population. Approximately 1,800 people get infected each day. Thirty-six percent of pregnant women are HIV-positive. Approximately 40 percent of men aged in the 20 to 29 age bracket--your primary age bracket for people who usually rape--are HIV-positive, so we have a very high incidence in our society.

But the other thing that makes it very dangerous for youth who're rape in this society is that 75 percent of rape in South Africa is gang rape. You are more likely to be raped by anything from 3 to 30 perpetrators than by a single individual. Now if you're raped, for example, by four people, and two of them are HIV-positive, you're getting a double viral load of the virus, so it's almost as though you're being infected twice. And your risk factor shoots right up, and that's what we're finding.

Particularly, there's a myth that if you rape a virgin in this country, you will lose your HIV status. And the children, in my experience, are dying very quickly. On average it takes a child anything from eight months to 18 months to die after being infected; whereas an adult--we've got subtype C in this country, which is the most lethal form of the virus. An adult takes approximately five years to die.

GROSS: How confident are you that taking antiviral drugs will help stop AIDS if you've been raped by somebody who has it?

Ms. SMITH: Since I was raped, a whole lot of research has begun into the relationship between rape, HIV and antiretrovirals. I was basing some of my belief that it would help me on research done by the Center for Disease Control in Atlanta that was done in September 1998, that briefly looked at rape, primarily looking at needle stick injuries but reflected on the fact that, in the instance of rape, they believed that it would be similar success rate if you used antiretrovirals, namely an 81 percent success rate.

The doctors that I'd spoken to at Chris Hinni Baraquanith have extensive experience in dealing with mother-to-child transmission. In fact, some of them have co-authored the World Health Organization guidelines on mother-to-child transmission. And they were extrapolating the use of antiretrovirals for rape. And I think it's a disgrace that there hadn't been any research solely and primarily looking at the relationship between rape and HIV beforehand and the use of antiretrovirals.

At the moment, there are approximately five studies that are going on in South Africa. What they're finding with those studies is for those women who do go on to the antiretrovirals after rape, none so far have sero-converted, or in other words, none so far have become HIV-positive. However, you know, nothing is perfect. And I have no doubt that at some stage some unfortunate woman will probably sero-convert.

GROSS: How available now are antiretroviral drugs to rape victims, and what's preventing them from becoming more available?

Ms. SMITH: It's still basically only the wealthy or people who have access to medical insurance that can have the antiretrovirals after they're raped. And government is still refusing, despite being offered the lowest prices in the world, to give those drugs to stop the virus spreading in women and children who've been raped. And it's a great shame because last year, as an example, the wife of the deputy president was gang raped. Thugs kicked down the door of her home and gang raped her and she was immediately put on the antiretrovirals.

A number of daughters and wives of other top politicians in government for the ruling party have been raped and they immediately put their children, their wives on to those drugs, but they're refusing to give them to the majority of our people, and I think it's scandalous.

GROSS: Charlene Smith is a freelance reporter in South Africa. She'll be back in the second half of the show. I'm Terry Gross and this is FRESH AIR.

(Soundbite of music)

GROSS: This is FRESH AIR. I'm Terry Gross.

Back with South African journalist Charlene Smith. She was raped a year ago. The article she wrote about the attack helped inspire a movement to reform how the country's legal and health-care systems treat rape victims. For example, she wants rape victims who may have been infected with HIV to have access to anti-retroviral drugs as soon as possible after the attack. South Africa has the fastest-growing rate of HIV infection in the world.

The reason why you had such trouble getting anti-viral drugs was that you didn't have health insurance that would cover them. They're very expensive, and that's part of the reason why they're so hard to get in many countries now. I understand that South Africa recently became the first country to have rape insurance. Tell us about how that works and how that's affecting things like access to anti-viral drugs.

Ms. SMITH: I think in approximately June of last year, an insurance company approached me and said that they will waive the fact that it was very difficult to get the anti-retrovirals. They wanted to have an insurance policy around it. I welcomed that and assisted the work on the policy. Initially, they only wanted to give the anti-retrovirals, and I said, 'You know, we have other things that we can't deal with after rape. We need to be touched,' and so they also gave money for alternative therapies, anything from rakei(ph) to aromatherapy to facials to encourage people to know that touch is healing and not dangerous after. But that particular insurance policy I walked away from when they refused to give the insurance to women who were prostitutes, and I said, 'I refuse to support a policy like that.'

However, we now have approximately five insurance policies in this country. I've helped with all of them. And the one policy that I do support not only gives the money for anti-retrovirals, as well as alternative therapies, they also give a certain amount of money for security upgrades around a woman's home or vehicle or her person, depending on what she wants. And it also has a package where if you do seroconvert--and this is very important--and if you do

become HIV-positive, they will put you on an HIV management program. If you get on to one of those programs, if you monitor the HIV, if you change your lifestyle, if you eat properly, you can extend your life expectancy. And I think that's a very, very important clause in that.

I don't know how widely used the insurance policies are. The particular one that I supported cannot, at this stage, be bought by individuals. It's very cheap. I do believe they are apparently going to be bringing it out on the market sometime soon for individuals, but it's mostly sold to medical insurance companies or to big business who want to protect their work force.

GROSS: ow your rapist was apprehended, tried, convicted and sentenced to how many years?

Ms. SMITH: Thirty years, 15 of which were for raping me and the other 15 of which were for stealing a CD player and 10 CDs from my home.

GROSS: Now I understand that the legal system is seldom that effective in apprehending rapists in South Africa.

Ms. SMITH: It's extremely ineffectual, and I think that that's part of the reason why you have such a high, high incidence of rape in this country, because people who rape know that, in very many instances, women do not report or don't want to report. And part of the reason why women don't want to report is if and when they do, in most instances they're not treated very well by police officers, or if they're treated well by them on the night that they are raped, subsequent to that, the level of disinterest and apathy and lies and the loss of dockets--in my own instance, within five days they had managed to lose the entire file with all the evidence collected up to that time, and it was just a continual saga. And my case, I had an article published that I wrote about the rape a week after I was raped, so it very quickly became a high-profile case. But the level of the loss of evidence, of police officers treating me very badly, of the prosecutors treating me badly was quite unbelievable. And here I am, white middle class, I have access to the doors of power. My situation was a whole lot better than the average woman in this country, who is poor, who feels she doesn't have rights anyhow, who's intimidated by the entire system and she gets an absolute raw deal. She is lucky if the docket is opened at all.

GROSS: I think one of the changes under way now in South Africa is this: There have been, I think, about 20 special rape courts that have been created. Were you involved in the creation of those courts?

Ms. SMITH: I sat on some of the committees looking at--setting up those courts and some of the needs for those courts. There's a wonderful woman and a team of four women from the Office of the National Directorate of Public Prosecutions, a woman called Toka Machuquani(ph), who's hitting the establishment of these rape courts. But I wrote in a recent article these rape courts is a little bit like building a house and putting the windows in first without building a foundation or without building walls. They're closing district examiners' offices in this country, which means the very few forensic examinations that take place in rape at the moment will become almost non-existent. And as all of us know, in very many instances, a rape case stands or falls on the forensic examinations and particularly DNA. And the police investigations are appalling now. A prosecutor with the best will in the world can only try a case according to how good the information that has been

produced by the investigating team and the medical examiner is. If that is substandard or not up to speed, there's nothing that the best prosecution in the world can do.

GROSS: Now your rapist was black. Are there a lot of racial issues surrounding rape in South Africa? Are white women, are black women more frequently victimized? Is rape often considered to be a racially involved kind of crime? You know, is it usually people of--do rapists more often rape someone of the same color or not? You know, what are the racial issues surrounding rape in South Africa now?

Ms. SMITH: I don't think that rape in South Africa is an issue around race at all. I think it's strictly according to demographics. Most people raped are black because most people in this country are black. Most rapists are black because most people in this country are black. There are white people who rape. There are white people who rape white women. There are white people who rape black women. I think that rape is a very peculiar creature. I really have serious problems in saying that it's an issue of race. Maybe in some countries it is. Maybe in a very, very few isolated instances it is about race, but I don't think that an individual who's going to rape necessarily looks at the race group of the person that he's going to rape. He's motivated to rape and he, actually, quite frankly, doesn't care, in most instances, what her race group is.

GROSS: If you're just joining us, my guest is Charlene Smith. She's a South African journalist who was raped a year ago. She reported on her rape, then became an activist in trying to reform the health-care and legal systems to better help rape victims. Let's take a short break here, and then we'll talk some more. This is FRESH AIR.

(Soundbite of music)

GROSS: My guest is Charlene Smith. She's a South African journalist who was raped about a year ago. She reported on her rape and then became an activist in trying to reform the health-care and legal systems to better help rape victims in South Africa.

Was your rapist tested for HIV? You were so worried about getting it, understandably.

Ms. SMITH: No. Unfortunately, in this country, the police are using the constitutional right to privacy not to test people who rape, which is exceedingly unfortunate because it means that there's a year in which we could seroconvert, and we never know whether or not he is positive or negative or they are positive or negative, so we live with tremendous fear for a year while we continue going for our tests. And I can't understand the interpretation of the law because a rapist, by raping us, has invaded our privacy. He's also threatened our right to life, our constitutional right to life.

In South Africa, if you are arrested for suspected drunken driving, the police can, without asking your consent, take a blood sample to test whether or not you are, indeed, drunk. And yet, they won't do it with women who are raped. It's quite an extraordinary situation, and it's one that we're campaigning against. We had a 14-year-old child in one of the black townships near Pretoria, as an example, who was raped on New Year's Day in 1998 by three

people. They arrested them not long afterwards. They didn't test her and they didn't test them. And when she started getting flulike symptoms awhile later, nobody tested her for HIV. When she developed tuberculosis, nobody tested her for HIV. By April of last year, they had postponed the case 17 times, and her mother was having to carry her to court on her back because the child was so weak. She died in May of last year, and the three rapists were released because the complainant, who was this child, was dead.

GROSS: You wrote your newspaper article about your own rape just a few days after it happened. You describe in the article that you were taking how many drugs was it at that time?

Ms. SMITH: Oh, I think it was 28.

GROSS: Right. And some of the drugs were, you know, anti-retroviral drugs, some of the drugs were anti-nausea drugs. Plus, you took a morning-after pill to make sure you wouldn't get pregnant.

Ms. SMITH: Antibiotics to prevent sexually transmitted diseases.

GROSS: And you even describe in the article how, in the middle of writing the piece, you had to take a break so you could go the bathroom and throw up.

Ms. SMITH: Yeah.

GROSS: How did you find the strength to write that piece so shortly after the rape happened?

Ms. SMITH: On the night that I was raped, I was treated so badly that I said to the young police officer that I've got to turn this around, that I've got to make something good come out of this; that even if I help or save the life or protect just one woman, then I have to do it, and that all I knew how to do was to write. So I had to write about my experience, and I wanted to be very clear that I broke the silence, so there's nothing that I won't write about or won't talk about. However, I approached my children and I said to them, 'This is what I want to do. I want your permission because it'll have an effect on you. There might be some sympathy for the fact that I was raped. However, there will probably be prejudice around the fact that I might be HIV-positive, and you have to be ready for that.' And I made them go away and think about it, and they both came back to me and they said, 'Mommy, if you think it'll help even just one person, then do it.'

And that's what I did. And I have almost overwhelmingly been treated with love and respect by all South Africans. At first, I really didn't think the story would have the impact that it did and I thought, 'Well, this will just be a seven-day wonder,' and here I am a year later, about 70 percent of what I do is work around rape and HIV. But I think it's important. I think that we have a battle, that we got rid of apartheid. There's no reason why sexual violence should be more difficult.

GROSS: The last time you were tested, you were HIV-negative. Are you convinced that you're in the clear on that?

Ms. SMITH: Well, I have to go for my one-year test. I'm already a month late for my one-year test. I was six weeks late for my six-month test. You don't

get less anxious about becoming positive. You become more anxious about becoming positive. Yeah, I think I probably am. Yes, my doctor, who's an AIDS specialist, he says that there's about a 1 in 10,000 chance that I'll seroconvert. I think that I've already made up my mind that if, by any unfortunate twist of fate that I am positive, then I'll deal with it in a positive way. It's a death sentence, but, you know, everything's a death sentence if you choose it to be; that there are ways to live in a good, positive, healthy way that influences other people in a good way.

GROSS: Why are you six weeks late for the test? Is it that you're afraid to face it or you've been really busy?

Ms. SMITH: I think it's both. No, but I think most of all, I hate these tests. I really, really hate them. And I think that's what everyone underestimates, is that we're convinced we were going to be killed during the rape, and afterwards, we'll do anything to survive. And you're on those anti-retrovirals for 28 days, but your first test is only at six weeks. And I found that after those 28 days were over, I crashed badly, went into profound, profound depression until a friend sent up a herbal immune booster, because I realized my body was on its own, and I couldn't protect my body anymore, and I can remember on that day thinking, 'I've got such a strong mind, but my body is going to do exactly what it chooses to do, and I can't stop that,' and that was terrifying.

GROSS: The person who raped you broke into your house. When you tried to resume your life after the rape, did you change your personal security system or change anything about where you went or how you went there? I guess what I'm wondering is, you know, you've been so effective, I think, in trying to reform the South African court and health systems; what about safety and personal protection?

Ms. SMITH: Certainly, initially, I was very, very worried, if not paranoid, and I think a lot of that is post-rape trauma syndrome where you just fear everyone and everything, and you're constantly checking doors and windows and that sort of thing. I had an alarm installed in my house. I bought a German shepherd to protect me because my other three dogs were very sweet dogs, and I'm afraid the German shepherd's adopted their sweetness, so he'll never protect me. But, you know, you have to be really careful that you don't become so paranoid that you stop living. One of the things about post-rape trauma syndrome is you don't like going out at night afterwards. There's lots of areas in which you'll circumscribe yourself, and I think you can continue doing that and fear everyone and everything, and then you will always be a victim, or you have to make the decision that, OK, this happened to me. It's a terrible thing. It's, hopefully, the worst thing that will ever happen to me. I'm very, very wounded inside, because we all are, but I have to get up, I have to move on. I have to recreate my life. I have to make it a better life.

GROSS: Charlene Smith is a journalist in South Africa. Her story about being raped was published in the South African paper the Mail & Guardian last year. She's now working to reform how South Africa's health and legal systems treat rape victims.

We contacted both the Center for Disease Control and the National Institute of Allergy and Infectious Diseases in the US to find out what their recommendations are on the use of anti-retroviral drugs for rape victims who

may have been exposed to HIV. They directed us to a 1998 Public Health Service study on possible sexual, injecting drug use or other non-occupational exposure to HIV. The study concludes that data have not yet been systematically collected in the US. Therefore, the Public Health Service is unable to definitively recommend for or against the use of anti-retroviral agents for rape victims. The study stresses the need for more research in this area.

In Canada, however, the British Columbia Center for Excellence in HIV/AIDS has published a report on accidental exposure to HIV, which does recommend anti-retroviral agents for rape victims. That study suggests that the anti-retroviral therapy be initiated quickly after exposure.

Coming up, more HIV-related controversies in South Africa. This is FRESH AIR.

LANGUAGE: English

LOAD-DATE: May 12, 2000

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 10, 2000

EXECUTIVE ORDER

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ACCESS TO HIV/AIDS PHARMACEUTICALS
AND MEDICAL TECHNOLOGIES

By the authority vested in me as President by the Constitution and the laws of the United States of America, including sections 141 and chapter 1 of title III of the Trade Act of 1974, as amended (19 U.S.C. 2171, 2411-2420), section 307 of the Public Health Service Act (42 U.S.C. 2421), and section 104 of the Foreign Assistance Act of 1961, as amended (22 U.S.C. 2151b), and in accordance with executive branch policy on health-related intellectual property matters to promote access to essential medicines, it is hereby ordered as follows:

Section 1. Policy. (a) In administering sections 301-310 of the Trade Act of 1974, the United States shall not seek, through negotiation or otherwise, the revocation or revision of any intellectual property law or policy of a beneficiary sub-Saharan African country, as determined by the President, that regulates HIV/AIDS pharmaceuticals or medical technologies if the law or policy of the country:

(1) promotes access to HIV/AIDS pharmaceuticals or medical technologies for affected populations in that country; and

(2) provides adequate and effective intellectual property protection consistent with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) referred to in section 101(d)(15) of the Uruguay Round Agreements Act (19 U.S.C. 3511(d)(15)).

(b) The United States shall encourage all beneficiary sub-Saharan African countries to implement policies designed to address the underlying causes of the HIV/AIDS crisis by, among other things, making efforts to encourage practices that will prevent further transmission and infection and to stimulate development of the infrastructure necessary to deliver adequate health services, and by encouraging policies that provide an incentive for public and private research on, and development of, vaccines and other medical innovations that will combat the HIV/AIDS epidemic in Africa.

Sec. 2. Rationale: (a) This order finds that:

(1) since the onset of the worldwide HIV/AIDS epidemic, approximately 34 million people living in sub-Saharan Africa have been infected with the disease;

(2) of those infected, approximately 11.5 million have died;

(3) the deaths represent 83 percent of the total HIV/AIDS-related deaths worldwide; and

(4) access to effective therapeutics for HIV/AIDS is determined by issues of pri system infrastructure for delivery, and sustainable financing.

(b) In light of these findings, this order recognizes that:

(1) it is in the interest of the United States to take all

reasonable steps to prevent further spread of infectious disease, particularly HIV/AIDS;

(2) there is critical need for effective incentives to develop new pharmaceuticals, vaccines, and therapies to combat the HIV/AIDS crisis, including effective global intellectual property standards designed to foster pharmaceutical and medical innovation;

(3) the overriding priority for responding to the crisis of HIV/AIDS in sub-Saharan Africa should be to improve public education and to encourage practices that will prevent further transmission and infection, and to stimulate development of the infrastructure necessary to deliver adequate health care services;

(4) the United States should work with individual countries in sub-Saharan Africa to assist them in development of effective public education campaigns aimed at the prevention of HIV/AIDS transmission and infection, and to improve their health care infrastructure to promote improved access to quality health care for their citizens in general, and particularly with respect to the HIV/AIDS epidemic;

(5) an effective United States response to the crisis in sub-Saharan Africa must focus in the short term on preventive programs designed to reduce the frequency of new infections and remove the stigma of the disease, and should place a priority on basic health services that can be used to treat opportunistic infections, sexually transmitted infections, and complications associated with HIV/AIDS so as to prolong the duration and improve the quality of life of those with the disease;

(6) an effective United States response to the crisis must also focus on the development of HIV/AIDS vaccines to prevent the spread of the disease;

(7) the innovative capacity of the United States in the commercial and public pharmaceutical research sectors is unmatched in the world, and the participation of both these sectors will be a critical element in any successful program to respond to the HIV/AIDS crisis in sub-Saharan Africa;

(8) the TRIPS Agreement recognizes the importance of promoting effective and adequate protection of intellectual property rights and the right of countries to adopt measures necessary to protect public health;

(9) individual countries should have the ability to take measures to address the HIV/AIDS epidemic, provided that such measures are consistent with their international obligations; and

(10) successful initiatives will require effective partnerships and cooperation among governments, inter-national organizations, nongovernmental organizations, and the private sector, and greater consideration should be given to financial, legal, and other incentives that will promote improved prevention and treatment actions.

Sec. 3. Scope. (a) This order prohibits the United States Government from taking action pursuant to section 301(b) of the Trade Act of 1974 with respect to any law or policy in beneficiary sub-Saharan African countries that promotes access to HIV/AIDS pharmaceuticals or medical technologies and that provides adequate and effective intellectual property protection consistent with the TRIPS Agreement. However, this order does not prohibit United States Government officials from evaluating, determining, or expressing concern about whether such a law or policy promotes access to HIV/AIDS pharmaceuticals or medical technologies or provides adequate and effective intellectual property protection consistent with the TRIPS Agreement. In addition, this order

does not prohibit United States Government officials from consulting with or otherwise discussing with sub-Saharan African governments whether such law or policy meets the conditions set forth in section 1(a) of this order. Moreover, this order does not prohibit the United States Government from invoking the dispute settlement procedures of the World Trade Organization to examine whether any such law or policy is consistent with the Uruguay Round Agreements, referred to in section 101(d) of the Uruguay Round Agreements Act.

(b) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not create, any right or benefit, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
May 10, 2000.

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1ST STORY of Level 1 printed in FULL format.

National Public Radio (NPR)

SHOW: FRESH AIR (12:00 Noon PM ET)

May 11, 2000, Thursday

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HEADLINE: PHILLIP VAN NIEKERK OF THE SOUTH AFRICAN PAPER THE MAIL & GUARDIAN DISCUSSES THE POLITICAL CONTROVERSY SURROUNDING AIDS IN SOUTH AFRICA

ANCHORS: TERRY GROSS

BODY:

TERRY GROSS, host:

One of the reasons it's difficult for rape victims in South Africa to get anti-retroviral drugs relates to a current political controversy surrounding AIDS in South Africa, a controversy that is getting a lot of attention because in July, South Africa will be the site of the next International AIDS Conference. The president of South Africa, Thabo Mbeki, is worried about how his country is being ravaged by AIDS. He decided to do some reading of his own. He was intrigued by the work of two American biochemists who believe that HIV is not the cause of AIDS. This has led him to be skeptical of anti-retroviral drugs as a treatment for people with AIDS. We phoned the editor of the South African paper the Mail & Guardian, Phillip van Niekerk, to find out more.

Mr. PHILLIP VAN NIEKERK (Mail & Guardian): President Mbeki, obviously, is aware we have a huge problem, probably the biggest problem that this country and this continent faces, which is large numbers of people are infected with HIV and probably 1 out of 10 of the South African population at the moment, and large numbers of people are dying. So there's, obviously, a great element of concern. But equally concerning to a lot of people in this country has been President Mbeki's attempts to get involved in debates on the science of AIDS, where what is really required now by a lot of people is that we get ahead with implementing strategies of prevention and dealing with what is the biggest public health disaster in the history of this continent and the history of this country.

We are spending a lot of money having futile debates about whether or not HIV leads to AIDS, and the president appears particularly enamored with a group of scientists who are fairly discredited within mainstream sciences in the world and believes it's his task or his role to somehow get a debate going amongst these scientists and to restart this debate. It's not easy to say exactly why he's gone off at this tact, but he has been severely criticized by scientists and by other people in this country at the very least for dabbling in science and politicizing the science of AIDS, which is an issue, in a sense, that is best left to scientists, whereas policy-making is really the arena of politicians.

GROSS: I'm wondering how this AIDS controversy is affecting Thabo Mbeki's popularity in South Africa now.

Mr. VAN NIEKERK: Well, I think it's the kind of thing which is very much a debate within the elite. I don't think that a lot of ordinary South Africans there are really up to date with the whole issue of the science of AIDS and why it's problematic for the science of AIDS to be politicized in this way. So I don't think that there's actually a response amongst the masses. You know, the broad appeal of Mbeki and the ANC probably remains the same. I think that where he has suffered probably something of a setback is that there are a number of people within the intellectual community who have questioned the way he's gone about it and, in particular, the contempt with which he seems to have treated many of those within the scientific community in South Africa. And I think that, if anything, if at the end of the day one was to weigh up the damage to him politically, it's in those kind of intellectual circles.

GROSS: The anti-retroviral drugs are not available now at public hospitals. How much of that has to do with the government skepticism about HIV being the cause of AIDS and how much of that is just an economic issue that these drugs are pretty expensive?

Mr. VAN NIEKERK: I don't think you can really separate out the skepticism from the economic issues in the sense that you have the skepticism both about the efficacy of the drugs and about the general consensus science of the link between HIV and AIDS. The two things are very much interlinked. If, for instance, you say, well, part of the reason why we can't dispense these drugs is because it costs something like 4,000 rand a month. That's $ 800 a month for poor people in rural areas. And the question then becomes, well, once these babies are born, if they're born with HIV-AIDS, there are going to be economically a drain on the public health system in a couple of years time when they start suffering and dying from AIDS-related diseases. So the question of the economics is something that we've always sort of argued within a framework or within a context, and if you have an inherent skepticism to the drugs, then it's much easier to make the economic arguments, which say that we just can't afford it.

On the other hand, if you're convinced of their efficacy and if you are really concerned about saving the lives of those children, then you will find a way to pay for it. We've just spent 30 billion rand on buying new military hardware and naval ships, and a very, very small percentage of that money could have been used to save the lives of children who are now probably going to die at an early age of HIV-AIDS.

GROSS: Do you think that Mbeki's statements about AIDS and his skepticism about HIV is serving any larger political purpose for him? Does he have any larger political motivation?

Mr. VAN NIEKERK: A lot of people are questioning what the motivation is for this. I think that he's genuinely concerned about an enormous problem and that he's grasping and he's finding ways of coming to terms with it. I think anybody who is in responsible positions of office on this continent right now must be terrified when they start to see the figures that are coming in and the fact that it's spreading and that policy so far has not been able to stop it. There's talk that he spends a lot of time surfing the Internet, and that a lot of the theories, a lot of the things that he's come up with are from Web sites

that he's encountered, and that has been written about and has also been raised as problematic. I don't think that there's anything malicious or that he's doing it out of any kind of need to exploit politically the situation, and I don't think anybody's saying that in South Africa either.

As I said, it's an enormous problem and I suppose that when one tries to come to terms with it, when one tries to address, how do you stop it, how do you stop this tide of, you know, death and disease, that you might very well start to jump around and try and find extraordinary solutions or try and question the conventional wisdom because the conventional wisdom so far doesn't seem to be working on the African continent.

GROSS: Well, I want to thank you very much for talking with us.

Mr. VAN NIEKERK: OK.

GROSS: Phillip van Niekerk is the editor of the South African paper the Mail & Guardian.

(Soundbite of music; credits given)

GROSS: I'm Terry Gross.

LANGUAGE: English

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