

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40015
FolderID:

Folder Title:
South Africa [1]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
--------------------------	---------------	------	-------------

001. letter	President Mbeki to President Clinton re: AIDS epidemic (5 pages)	04/03/2000	P1/b(1)
-------------	--	------------	---------

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

South Africa [1]

2018-0764-F

jm2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

UN General Assembly Special Session Declaration of Political Commitment Possible Concepts

Signatory Nations Would Commit to:

1. Create broad national strategies for HIV/AIDS prevention and treatment which fit into an international framework (in keeping with calls by UNAIDS and the UNSC),
2. Make a minimum financial commitment: A minimum % of GNP (or % of military spending) spent annually on HIV/AIDS prevention, testing, treatment and care, counseling, and R&D. With a clear acknowledgment of the total amount needed; (must be aware of Congressional authorities)
3. Coordinate levels of donor support to the most affected countries to the level UNAIDS predicts will be needed to prevent further growth of HIV/AIDS;
4. Establish high-level national bodies to create and run the national HIV/AIDS prevention and treatment program;
-  5. Implement ^{Policies} ~~laws~~ to destigmatize HIV/AIDS and to protect the rights of HIV+ people;
6. Commit to increase funding for vaccine research and/or a purchase fund for vaccines;
7. Commit to working to increase cooperation on R&D for HIV/AIDS;
Access to drugs -
8. Debt Relief for the most affected countries;
9. ^{Create policies} ~~Pass laws~~ (tax law or otherwise) to incent industry to focus resources on the creation of medical technologies related to HIV (testing, vaccine, prevention, treatment and care);
10. Designate a NEAC to oversee implementation of the declaration;

Other Questions

- 1) How to involve business in the UNGASS
 - a) Dr. Piot's suggests that we use the UNGASS to create and announce a 'code of conduct.
- 2) How to incorporate NEACs in the UNGASS
 - a) Piot letter to member states proposing NEACs with draft terms of reference?

Review of the problem of human immunodeficiency virus/acquired
immunodeficiency syndrome in all its aspects

The General Assembly,

Recalling its resolutions 54/283 of 5 September 2000 and 55/2 of 8 September 2000 “United Nations Millennium Declaration”, in particular paragraphs 19, 20 and 28 thereof, as well as other relevant resolutions, and taking note of Economic and Social Council resolution 1999/36 of 28 July 1999, as well as of Security Council resolution 1308/2000 of 17 July 2000,

Also recalling the relevant provisions of the Final Document adopted by its 21st special session on 2 July 1999 on Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, the Final Document adopted by its 23rd special session on 10 June 2000 on Further Actions and Initiatives to Implement the Beijing Declaration and Platform for Action, and the Final Document adopted by its 24th special session on 1 July 2000 on Further Initiatives for Social Development,

Taking note of the statement of thirteen women Ministers for Foreign Affairs concerning the world-wide threat of HIV/AIDS, issued on 11 September 2000¹, and the Ouagadougou Declaration of African National Red Cross and Red Crescent Societies of 25 September 2000²,

1. Decides to convene, as a matter of urgency, a special session of the General Assembly from 25 to 27 June 2001, to review and address the problem of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects, as well as to secure a global commitment to enhance co-ordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;

2. Confirms that the special session will be open for participation of all Member States of the United Nations and observers, in accordance with the established practice of the General Assembly, and urges Member States and observers to ensure their representation at the special session at the highest political level;

3. Decides to invite States members of the specialised agencies that are not members of the United Nations to participate in the work of the special session in the capacity of observers;

4. Decides further that the special session shall be composed of plenary meetings, as well as interactive round-table sessions, the organisation, number and themes whereof will be finalised during the preparatory process, to discuss, *inter alia*, the issues such as HIV/AIDS in Africa, international funding and co-operation, social and economic impact of the epidemic, human rights and AIDS including reduction of stigma related to AIDS, gender specific impacts of AIDS especially on women and girls, HIV/AIDS prevention including development of microbicides, improved access to care and treatment including drugs, protection and care of children affected by AIDS in particular orphans, scientific research and vaccine development, expanded public/private sector partnerships, and building and strengthening national capacities to combat HIV/AIDS including development of national action plans and their implementations, with each interactive session to be held in concurrence with a plenary meeting;

¹ A/55/394

² A/55/408

5. Requests the Secretary-General to make the necessary administrative arrangements towards the convening of the special session;

6. Also requests the Secretary-General to make available all necessary documentation in a timely manner for the special session;

7. Encourages all entities of the United Nations system, including programmes, funds, specialised agencies and UN regional commissions, to be involved actively in preparatory activities and to participate at the highest level in the special session, including through presentations on best practices and different experiences **in addressing the problem of HIV/AIDS**, obstacles encountered and possible strategies for overcoming them, as well as further initiatives, methods, practical activities and specific measures to strengthen national, regional and international efforts and co-operation, **taking into account the different ways of addressing the problem of HIV/AIDS**;

8. Also decides to convene, within the framework of the preparatory process for the special session, open-ended informal consultations of the plenary, chaired by the President of the General Assembly, to undertake, as appropriate, preparations for the special session, including elaboration of a draft Declaration of Commitment and other relevant documents for consideration during the special session, and to further address the modalities and other organisational matters of the special session, with a view to submitting proposals for the final decision of the General Assembly, as well as to organise other relevant activities to contribute to the preparations for the special session, and invites the President of the General Assembly to appoint, in consultation with Member States, 2 facilitators to assist in carrying out these consultations with effective participation of all countries;

9. Requests the Secretary-General, with the support of the Joint United Nations Programme on HIV/AIDS (UNAIDS), acting as the substantive secretariat of the special session, to provide substantive input to the preparatory process;

10. Further requests the Secretary-General to present in a timely manner, in order to facilitate and focus the preparatory consultations, a comprehensive report describing both the status of the epidemic and the status and level of national, regional and international response and co-operation as well as other issues including the developmental impact of the epidemic, its long-term social and economic manifestations, national achievements to date, best practices in prevention and care, and identification of major gaps and challenges, taking into account all relevant information and inputs including relevant findings from previous **appropriate** conferences;

11. Encourages regional bodies and organisations as well as United Nations Regional Commissions to make available to the preparatory process and to the special session the outcomes of respective regional, sub-regional and global level initiatives addressing a range of HIV/AIDS issues;

12. Recognises the importance of the contribution of civil society actors in the response to the epidemic at all levels, and in this regard, underlines the need for an active involvement of civil society representatives in the preparatory process and the special session;

13. *Invites* to the special session and to the preparatory process activities, **apart from the Informal consultations of the General Assembly to which only Member States and observers are invited**, in accordance with paragraph 14 below, the non-governmental organisations that (i) enjoy consultative status in accordance with ECOSOC resolution 1996/31 of 25 July 1996, or (ii) are Members of the Programme Co-ordination Board of UNAIDS, and *also requests* the Executive Director of UNAIDS to prepare, not later than 15 February 2001, for consideration of Member States on a non-objection basis during the preparatory process for the final decision by the General Assembly, a list of **other** relevant civil society actors, in particular associations of people living with HIV/AIDS, non-governmental organisations and business sector including pharmaceutical companies, along with relevant background information to be made available to Member States, and *invites* those civil society actors to the special session and to the preparatory process **activities** for the special session, **according to the modalities defined above**;

14. *Also invites* in this context the President of the General Assembly to make recommendations, for consideration of Member States during the preparatory process for the final decision by the General Assembly **as soon as possible, but not later than 2 March 2001**, as to the form of the involvement of such civil society actors, in particular associations of people living with HIV/AIDS, non-governmental organisations and business sector including pharmaceutical companies, in the special session and, to the extent possible, in the preparatory process;

15. *Stresses* the importance of the full and active participation of all States, including the least developed countries, in the preparatory consultations in order to provide substantive input to the special session, *invites* Governments to make appropriate voluntary contributions to a trust fund to be established by the Secretary-General for that purpose, and *further requests* the Secretary-General to make every effort to ensure mobilisation of resources to the fund established to this end;

16. *Further requests* the Secretary-General to ensure an effective and co-ordinated system-wide response to preparations for the special session and to carry out, particularly in the most affected countries, in co-operation with UNAIDS, a comprehensive public information programme to raise global HIV/AIDS awareness while also building broad international support for the special session and its goals;

17. *Decides* that the provisions contained in paragraphs 8, 12, 13 and 14 will in no way create a precedent for other special session of the General Assembly;

18. *Requests also* the Secretary-General to bring the present resolution to the attention of all Governments, the relevant specialised agencies and programmes of the United Nations, international financial and trade institutions, other intergovernmental organisations, non-governmental organisations and other relevant civil society actors, as well as business sector including pharmaceutical companies;

19. *Also decides* to include in the agenda of its fifty-sixth session the item entitled "Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects".

**TERMS OF REFERENCE
for
National Envoys For AIDS Cooperation**

Rationale:

Since the AIDS epidemic began two decades ago, 50 million women, men and children worldwide have been infected with HIV, the virus that causes AIDS. Of these, more than 34.3 million are still alive, but over 18.8 million have died. Last year carried the heaviest toll ever: AIDS deaths reached a record 2.8 million, and the spread of HIV continued, with some 5.4 million new infections worldwide.

The hardest hit region has been sub-Saharan Africa, where 24.5 million people are living with HIV or AIDS on a continent already suffering disproportionately from poverty, conflict, social dislocation and food insecurity. The epidemic has broken beyond the barriers of public health and now affects every facet of African life, from education to agriculture. Teachers are dying, denting the quality of education; as AIDS eats into family budgets, money available for school fees is reduced and children encouraged to drop out and earn an income. Worldwide, AIDS has left behind 13.2 million orphans, 95% of them in Africa.

The higher levels of political commitment achieved during the last 12 months have been critical in strengthening the scope and effectiveness of the expanded response to AIDS. To stem the tide of this epidemic, however, the engagement of national leaders – including at the highest levels – must continue to increase. Greater levels of resources and shared commitment to a series of clear, measurable goals are required.

It is for these reasons that each Member State should consider appointing an international emissary to serve as its National Envoy for AIDS Cooperation. The Envoys, appointed by their respective Heads of State, would form a powerful coalition: dedicated to supporting and intensifying international action to combat HIV/AIDS, with particular emphasis on resources and coordination. In addition, during the next several months the Envoys would play a key role in organizing the United Nations General Assembly Special Session on AIDS (UNGASS).

Objectives:

This coalition of Envoys would, inter alia:

- facilitate the negotiation of the Declaration of Commitment prepared for the UNGASS;
- promote the goals and principles of the Declaration in all global, regional and national meetings leading up to the Special Session;
- support high-level participation in the Special Session itself;
- promote full realization of the Declaration of Commitment in the period following the Sessions, at all levels and by a wide range of government and civil society actors;

- advocate for increased financial resources for HIV/AIDS to levels commensurate with the gravity of the crisis;
- promote stronger coordination of policy and action related to HIV/AIDS at all levels, including through UNAIDS; and
- monitor achievement of international goals related to HIV/AIDS.

Organization

In fulfilment of its role as the substantive Secretariat of the UNGASS, UNAIDS will support the functioning of the coalition of National Envoys. This will include: supporting the convenor in the organization of meetings; providing background documentation, as required; and engaging the Envoys individually or as a group, in meetings, events or activities related to the UNGASS or to other special initiatives.

OFFICE OF THE DIRECTOR

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

NATIONAL INSTITUTES OF HEALTH

FACSIMILE TRANSMISSION

DATE: July 28, 2000
TO: Ms. Sandra Thurman
FROM: Anthony S. Fauci, M.D.
31 Center Drive, MSC 2520
Building 31, Room 7A-03
Bethesda, MD 20892-2520
Phone: 301 496-2263

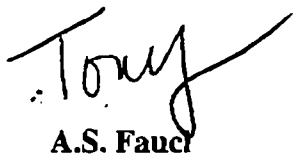
OUR FAX #: 301 496-4409

TOTAL NUMBER OF PAGES BEING TRANSMITTED INCLUDING THIS COVER SHEET: 16
REMARKS:

Dear Sandy:

As per our recent conversation, please use this proposal for your own internal purposes and do not distribute since it is merely a draft that has not been cleared through any of the participating groups. Thank you.

Sincerely,


A.S. Fauci

JUL 27 2000

**Durban Initiative on AIDS Control
National Institute of Health Proposal**

Durban Initiative on AIDS Control
NIH Proposal
July 27, 2000

Introduction.

The Impact of HIV/AIDS on Sub-Saharan Africa can only be described as devastating. It is an infectious disease disaster that has already killed millions of people in the prime of their lives and left in its wake a horrific toll of shattered families, crowded orphanages, economic deterioration and social disintegration. Unless dramatic and drastic actions are taken this unacceptable toll of disease and death will inexorably continue and expand. Moreover, families, communities and societies worldwide are affected, but nowhere is the effect more pronounced and the need to intervene greater than in Sub-Saharan Africa where nearly 25 million individuals are currently living with HIV/AIDS.

"The persistent infectious disease burden is likely to aggravate, and in some cases may even provoke economic decay, social fragmentation, and political destabilization in the hardest hit countries..." (NIE 99-17D "The Global Infectious Disease Threat and Its Implications for the United States")

The impact on Sub-Saharan Africa, where 71% of the world's HIV-infected individuals reside, has been particularly hard hit and remains the most vulnerable region.

South Africa, with a population of nearly 42 million, now has the largest number of people living with HIV/AIDS in the world – 4.2 million adults, most of whom are 15-49 years of age. The health care delivery system is overburdened and decaying. Existing prevention programs are clearly not working as the epidemic in South Africa continues to grow rapidly. Young women are particularly vulnerable. The annual survey of women attending public health antenatal clinics showed that almost 23% were HIV positive by the end of 1998, a 33.8% increase over the previous year. Some provinces are more affected than others, with the highest increase in KwaZulu-Natal.

There is an urgency to reduce the impact of HIV on individuals, communities, and societies, and to reduce the number of new HIV infections. This urgency requires that action at an unprecedented scale be undertaken.

The purpose of this document is to outline a specific plan of action, with an initial focus on what we know works, with the goal of assisting South Africa in establishing comprehensive programs and national guidelines for HIV/AIDS surveillance, care and prevention of HIV/AIDS that reaches both urban and rural settings. This plan is proposed to stimulate discussion. To be successful in the implementation of this plan it will be essential for the agencies of the U.S. Government most concerned with this problem: USAID, Department of State, FDA, CDC, NIH and other agencies work closely on the implementation of this coordinated effort. It is also key that effective working relationships are developed with the South African Government, the World Health Organization, UNAIDS and other UN agencies or the implementation of this program will be compromised.

Components of the action plan

The proposed plan is designed to achieve two immediate 5-year goals – to improve care and treatment of HIV infected persons, and to strengthen HIV/AIDS prevention programs. In addition, we propose to engage South Africa in a longer-term program to identify approaches that will effectively halt the spread of HIV, although these programs are not considered in the initial five-year costs. The highlights of this plan include the following elements:

- Provision of medical care and treatment, including provision of anti-retrovirals and drugs to treat HIV infection and its complications in adults and children, with the goal of raising the level of care and treatment to that which is the highest attainable and sustainable within 5 years.
- Expanding prevention programs and integrating them with provision of care, focusing initially on areas of highest impact, with the goal of halving the number of new infections yearly within 5 years. This will include:
 - Expansion of voluntary counseling and testing programs (VCT)
 - Expansion of education and behavioral interventions at the individual/family/community level with an emphasis on safe sex, condom use and abstinence and targeted the most vulnerable populations
 - More effective diagnosis and aggressive treatment of sexually transmitted diseases (STDs), particularly ulcerative STDs
 - Provision of drugs to prevent maternal-infant transmission
- Long-term research to develop additional interventions, especially vaccines and topical microbicides that could completely halt the spread of HIV/AIDS

Building Capacity and Capabilities to Implement the Action Plan

The capacity and expertise to provide basic medical care at clinics, hospitals, schools, and research institutions would need to be vastly strengthened in order to implement even a basic program of HIV/AIDS prevention and care in South Africa. Substantial initial focus in three general areas will be required: improving the health care delivery system; strengthening core capabilities; and provision of adequate operational resources.

- **Health Care Delivery.** South Africa has a well-organized health care delivery system. However, this system lacks critical features necessary to deliver the highest level of care and treatment for HIV-infected persons. We propose a program that would, in the next 3 years, upgrade or build health care centers capable of delivery the highest quality comprehensive HIV/AIDS care and prevention programs. The dimensions of this phase remain crude estimates, but we believe that the establishment of 40 HIV/AIDS Clinical Care Center throughout South Africa would be a reasonable place to start. Most of these center would need to be located in regions of high transmission (KwaZulu Natal, Guateng, Durban and Capetown). The immediate goal of these centers would be to implement an integrated care and prevention program for their target population; and to conduct demonstration projects

Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft
For Discussion Purposes Only

to delineate the highest level of care and treatment attainable and sustainable in South Africa.

To be successful, these centers will have to provide:

- Basic services and infrastructure for labs, clinics and hospitals (clean water, dependable electricity, transportation services, etc)
 - Equipment for the conduct of basic lab and diagnostic procedures
 - Basic clinical laboratory testing (e.g., blood tests, radiology, etc)
 - Standard serological and microbiological assessment for HIV, TB, STDs, opportunistic infections (OIs).
 - Rapid screen for HIV infection
 - PCR capabilities in sites of demonstration projects and clinical research
 - HIV Viral load capabilities
 - CD4+ counting
 - Standard diagnostic tests for toxicity evaluation
 - A cold chain
 - Data management and data transmission capabilities; information systems
 - Pharmaceutical programs to manage provision and supply of therapeutic agents
 - Possible delivery of antituberculosis drugs through DOTS and/or STD treatment
-
- **Strengthening core capabilities.** The most important need is to have enough trained people on site to deliver the level and type of health care needed. This need includes not only physicians skilled in the use of antiretroviral therapy and HIV/AIDS, but also nurses, counselors, paramedical personnel, community health workers, pharmacists and other health care personnel. These enhanced capabilities are required to conduct feasibility research and implement a comprehensive HIV/AIDS care and prevention program that is considerably improved over what is currently available. This includes, but may not be limited to:
 - Trained medical care providers and associated personnel: doctors, nurses, counselors, outreach workers, pharmacists, phlebotomists, blood bank specialists, medical technicians, medical record experts, etc
 - Data management and data transmission capabilities; information systems
 - Project management capabilities
 - Community liaisons and communication capabilities to the general population

To assist South Africa in this endeavor, we recommend:

- Creation of an HIV/AIDS Corp of Health Care Educators and Providers, including but not limited to physicians, nurses, counselors/trainers, managers, medical technicians, pharmacists, information/data base/computer specialists, who will provide support and assistance in implementing prevention and care initiatives; and train local health care providers, managers and HIV/AIDS educators and leaders. This could be part of an international Corp coordinated by an organization such as WHO/UNAIDS.
- Incentives to join the Corp could be educational loan paybacks; additional credits toward retirement within PHS/Civil Service/DOD; overseas deployment bonuses

- **Provision of basic tools for care and research.** To dramatically improve the level of care and prevention services in South Africa will require provision of the necessary lab and diagnostic tests, therapies, equipment, computers, and supplies as generally outlined above under general needs. We recommend creation of an innovative public-private partnership council at the highest level of the South African and U.S. governments to
 - Identify needs;
 - Create plans for provision of the necessary tools through donations, low-cost bulk purchases, technology transfer for in-country production, development of less expensive, field-ready alternatives where such are necessary, and other creative options

General principles for program implementation

- The program must clearly be a South African Program with contribution and participation from the United States and other developed countries, UNAIDS, the World Bank and the World Health Organization.
- All stakeholders should be actively involved in the planning and implementation of national and local programs; this includes the valuable contribution of community leaders/representatives and traditional healers
- Initiatives must build upon and utilize existing health care delivery and research capacity in South Africa
- Delivery of health care and prevention activities must be integrated. This will ensure the synergy needed to achieve the long-term public health goal of stopping the spread of HIV/AIDS.
- The activities of all U.S. agencies and other partners must be tightly coordinated; information sharing is essential.
- Public-private partnership will be critical to success and should be built or strengthened wherever feasible
- South Africa should be encouraged to consider any changes it sees fit to existing policies/laws that would facilitate this effort.
- Donor funds should be leveraged by South Africa to acquire from other public and private organizations and philanthropies the additional funds necessary to attain the stated goals.

Role of the National Institutes of Health

The role of the National Institutes of Health (NIH) is envisioned to be substantial in the following areas:

- The design, implementation and conduct of clinical, preclinical and fundamental research, including feasibility research/demonstration projects
- Research training
- Research infrastructure
- Research ethics

Resource Requirements

**Durban Initiative on AIDS Control
Cost Estimates (in millions of \$)**

Activity	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human Resource Development						
Basic ¹	125	200	300	350	420	1395
Specialized ²	25	35	50	75	100	285
Specialized Training in HIV/AIDS Care and Prevention ³	72	72	72	72	72	360
International HIV/AIDS Corps	125	132	150	165	180	752
Improving Clinical Care Facilities ⁴	200	220	242	266	290	1218
Treatment and Prevention Demonstration Projects ⁵	150	165	182	200	220	917
Prevention Education and Intervention						
Voluntary Counseling and Testing ⁶	250	275	303	331	365	1524
Mass Media Campaign	50	55	61	67	75	308
Education campaigns targeted at youth and family ⁷	100	110	121	133	150	614
Cost of Antiretrovirals ⁸	2000	3250	4250	5000	6300	20800
Antiretroviral monitoring ⁹	400	800	1400	1750	2100	6450
OI Screening and Treatment ¹⁰	500	750	1000	1200	1600	5050
STD Screening and Treatment ¹¹	200	225	250	275	300	1250
Maternal-Infant Transmission						
Nevirapine ¹²	1	1	1	1.5	2	6.5
State of the Art (AZT) ¹³	14	15	16	17	18	80
Total						41009.5

¹ Training 42,000 new nurses, lab techs, paramedical, counselors, etc to staff clinics and associated programs. Cost estimated at \$10,000 per person per year, to be phased in over a five year period to achieve 42,000 new personnel.

² Expanding number of physicians by 1,000 by year 5 at a cost of \$100,000 per physician per year.

³ Continuing medical education for physicians, counselors and other medical personnel, training goal is to have 4,200 health care providers at \$2,000 per, advanced training for 2,100 infectious disease doctors at \$10,000 per and training of general prevention counselors ~ 210,000 at \$1,000 per student.

⁴ Establish or improve 10 tertiary care facilities at \$50 million per facility plus 50 primary care facilities at \$10 million per facility.

⁵ Establish three demonstrations at \$50 million per project.

⁶ Counseling and HIV testing for 5 million persons per year at \$50 per person

⁷ Education outreach targeted at 10 million youth at \$10 per person

⁸ Estimated at \$3000 per patient, 2.1 million patients phased in over 5 years.

⁹ Includes costs of viral load, CD4 and ancillary testing at \$1000 per person per year for 2.1 million people phased in over five years.

¹⁰ Goal is to screen 4.1 million people four times a year at \$100 per visit and provide 4.1 million treatments per year at \$100 per treatment.

¹¹ Screen and treat 1 million people twice a year at \$100 per visit.

¹² Screen and treat 70,000 pregnancies at \$14 per pregnancy, including the cost of drugs

¹³ Based on the estimate of \$200 per pregnancy times 70,000 pregnancies

JUL-28-2000 15:00 UD/NIAH/NIA 001430440 1.00 10

Appendix

Durban Initiative on AIDS Control National Institutes of Health Proposal

Appendix I: Details of specific approaches to the HIV/AIDS problem.

Voluntary Counseling and Testing (VCT)

Obstacles:

- Fear that confidentiality won't be maintained
- Fear of discrimination/violence from community or partner/family if HIV positive
- Lack of understanding of HIV infection
- Availability of rapid testing methods and getting results on-the-spot; getting women to return to learn results; lack of clarity re: the role of the partner
- Impact of VCT delivery method on willingness of individual to learn result
- Perception that test results don't matter – i.e., that there is not any care which is available and make any difference if the result is positive

Needs:

- Infrastructure strengthening to provide appropriate facilities
- Large scale community awareness programs
- Rapid test to detect HIV infection
- Operational research to determine best practices
- National policy/laws that address confidentiality
- Community support
- Linkage to treatment intervention programs which provide care and treatment and are seen to make difference

Initial plan:

- Expand VCT programs linked to demonstration centers where care can be provided, and based in appropriate non-health care settings, such as places of employment, schools, churches
- Establish training and accreditation program for locally based counselors
- Expand evaluation and use of Abbott Determine rapid assay for HIV-1/2
 - Sensitivity 99.6%; specificity 98.0% in recent evaluation in Western Cape
 - Even better results in Kwa Zulu - Natal
 - Evaluate in 10 additional settings; 2 per province and compare with standard lab methods
 - Does not require cold storage; special training; special equipment or reagents
- Initiate clinical trials at the community level to evaluate the social impact of VCT (PTN plan)

Education and behavioral interventions

Obstacles:

- To be defined in local contexts

Needs:

- Utilization of occupational and social settings as entry point to identify families of HIV-infected individuals
- Focus on families and communities

Initial plan:

- Expand prevention programs for youth; design and conduct 20 demonstration projects on impact of education/behavioral interventions in schools using peer educators and volunteers; measure knowledge of HIV; risk taking behaviors; HIV acquisition; STD acquisition; pregnancy; attitudes about gender/sexuality; include youth-focused reproductive health services
- Expand prevention programs for other vulnerable populations
- Conduct 20 demonstration projects in collaboration with major private sector companies to reach individuals through their occupational setting; provide comprehensive prevention/care package; measure new HIV infections every 6 months over time
 - Condom promotion (male and female)
 - Social marketing
 - Mass educational activities
 - Voluntary counseling and testing
 - Peer counselors
 - OI prophylaxis
 - Syndromic treatment of STDs
- Establish a toll free national hotline or other locally defined methods of mass communication to provide referrals and information on HIV/AIDS
 - Emphasize quality of counselors, provision of support information, referral database
 - Emphasize utilization of local resources
- Initiate demonstration project in collaboration with local communities to maximize education and prevention programs
- Initiate international community level, randomized controlled trial aimed at reducing HIV incidence in adolescent women (PTN plan)

Prevention of Mother-infant Transmission (MIT)

Obstacles:

- Lack of access to VCT and getting results quickly
- Lack of access to proven interventions
- Lack of trained personnel to deliver education and intervention
- Difficulties in reaching women early enough to educate and plan; and to provide drug to take at home when labor starts
- Lack of affordable intervention to prevent transmission during breastfeeding
 - Cost of formula
 - Stigma if women don't breastfeed in some communities?
 - Cultural beliefs that reinforce breastfeeding?
 - Conflicting messages re: risk/benefit of breastfeeding
- Uncertainty re: long term impact of resistance to NVP
- Resolution of ethical issues of lower cost mass NVP vs. targeted approach
 - Lack of information on adherence if women don't know their status
- Lack of knowledge re: level of adherence possible

Needs:

- Conduct a demonstration project to evaluate 2 dose NVP for potential impact in South Africa and that includes: training, development of communication strategies and messages for sample populations; development of breastfeeding policy; research on role of male partner; community education; measurement of adherence and outcomes, including resistance
 - Training to include background on epidemic; MIT; the proposed intervention; role of staff in counseling; conduct of rapid HIV test; recognition of side effects/drug-related rash
 - Increase in number of staff and resources required
- Research to explore practical and affordable alternatives to breastfeeding
- Research on feasibility of second line mass therapy to women who decline enrollment in targeted program

Initial plan: Pilot program of NVP to reduce MIT in South Africa

Goal: to determine feasibility, identify obstacles and methods to overcome them in nationwide program of provision of drug to prevent MIT of HIV; to conduct adjunct research to identify more effective interventions and approaches

Plan:

Implement a pilot 3 months VCT program for all pregnant women in 10 health serviced (2 in each of 5 provinces), selected to be representative of the public health service in South Africa

Offer pregnant women found to be HIV+ the 2 dose NVP intervention under an approved clinical protocol

Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft
For Discussion Purposes Only

Counsel all women on advantages and risks of breastfeeding. Provide formula to women who choose it. Encourage women who elect breastfeeding to breastfeed exclusively and to wean at 6 months

Assess obstacles; reassess strategy as treatment for the general population becomes more available so that in utero exposure can also be addressed

Follow women at 10-14 weeks post partum to assess
HIV infection using PCR in infants
Level of NVP resistance in a sample of women and infants;
Offer enrollment in additional follow up protocol for those
harboring resistant strains.
Adverse events

Additional research

- Impact of extended NVP during breastfeeding for those who elect to breastfeed
- Design and implement safety/feasibility study of mass therapy to women who decline VCT (PTN plan)
- Complete phase I/II of safety and pharmacokinetics of NVP given daily, twice a week, or weekly in breastfeeding infants from birth to 6 months of age (PTN)
- Conduct phase II study of chlorhexidine wash to prevent MIT
- Design and implement study to evaluate drug intervention (NVP) in newborns only, for use when it is not possible to treat the mother (PTN plan)

Effective treatment of STDs

Obstacles:

- Lack of epidemiological data on prevalence/incidence of STDs
- Cost of and access to good medical care and to drugs
- Stigma; Unwillingness to attend clinics
- Extensive migrant labor patterns which foster spread of STDs and HIV through commercial sex

Needs:

- Research to document prevalence/incidence of STDs
 - Carletonville: syphilis 5-23%; gonorrhoea 3-16%; chlamydia 4-9%
 - Horizon's project now doing presumptive STD treatment of sex workers
- Behavioral intervention to increase willingness to seek treatment for STDs
- Access to drugs
- Clearer paradigm for STD treatment strategies for different populations

Initial plan:

- Strengthen STD education, surveillance and syndromic management at public health centers
 - Initiate and evaluate outreach and counseling programs for their success in increasing the number of women who seek and complete treatment for STDs
 - Provide all necessary diagnostic testing, care, and drugs for STD treatment
- Conduct demonstration project in multiple representative sites to evaluate and compare different algorithms for more effectively diagnosing STDs
 - determine the feasibility and cost of utilizing only advanced technologies (PCR) relative to existing methods (syndromic and/or culture) or a mixture of approaches
- Include South Africa in 3 year study of hybrid syndromic/mass STD treatment (PTN plan)
 - Core transmitters given periodic presumptive STD treatment in addition to syndromic treatment and standard of care
 - Bridge transmitters given syndromic STD treatment and standard of care
 - General population given national standard of care
- Integrate new information into demonstration projects as necessary

Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft
For Discussion Purposes Only

Provision of care for HIV Infection and its complications

Obstacles:

- Lack of epidemiological data on prevalence/incidence/impact of OIs
- Widespread inadequacy of access to basic health care and trained medical personnel to administer it
- Cost of and access to drugs
- Inadequate monitoring to avoid for emergence and spread of resistant strains
- Other Infrastructure and training as outlined above

Needs:

- Nationwide guidelines and programs to provide potent therapeutic regimens to treat HIV infected children and adults, and to treat and prevent the complications associated with HIV/AIDS
- Research to establish best practices on use of ARV drugs in infected adults and children
- Research to document prevalence/incidence/impact of OIs in adults and children

Initial plan:

- Design and implement 20 demonstration projects (4 each in 5 provinces) at representative centers in urban and rural areas with the goals of (a) optimizing clinical management of HIV infection in adults and children, (b) development of national clinical guidelines for care of infected adults and children
 - Evaluate potent antiretroviral regimens for impact on disease in adults and children; safety/toxicity; acceptability; compliance; emergence of resistance and its impact
 - Evaluate the effect of endemic infections (malaria, TB) on HIV disease; evaluate the impact of treating endemic infections on HIV disease; evaluate safety, acceptability, compliance, emergence of resistance; clinical outcome
 - Initiate pilot studies to define the most practical prophylaxis regimens (TB, Bactrim 2x weekly, fluconazole weekly) and monitor the impact on resistance patterns of endemic pathogens; monitor safety, acceptability, compliance, emergence of resistance, outcomes.
 - Evaluate the effect of nutritional supplementation on HIV associated weight loss; evaluate nutrition as an adjunct to drug therapy/prophylaxis
- Establish national cohorts to define concomitant complications, risk factors, and incidence.
- Evaluate anti-retroviral therapy (ART) in HIV positive persons with goal of preventing HIV transmission to uninfected sexual contacts, specifically, in South Africa, discordant couples (PTN plan)
- Evaluate ART as pre-exposure prophylaxis (PTN plan)
- Evaluate ART as post-exposure prophylaxis in sexual assault victims (PTN plan)

Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft
For Discussion Purposes Only

Development of microbicides

Obstacles:

- Minimal experience in conducting microbicide HIV vaccine trials
- Difficulty in explaining purpose of research to women; lack of understanding that efficacy is not determined in early trials
- Requirement of partner consent or use of condoms to participate in early trials
- Lack of precedent or policy re: how effective a microbicide would have to be for licensure
- Lack of definition of target population
- Distribution/access issues

Needs:

- Additional information on factors influencing participation in trials

Initial plan:

- Launch phase IIb trial of carrageenan microbicide (R01)
- Complete phase I trial of PRO2000/5 gel microbicide in 2 South African sites (PTN)
- Consider additional trials as products become available (PTN plan)

Development of vaccines

Obstacles:

- Few candidates being developed based on subtype C; lack of knowledge of relevance of vaccine subtypes
- Time frame in obtaining US IND to allow export of US-produced candidate vaccines for testing elsewhere
- Lack of experience in conducting HIV vaccine trials
- Lack of clear pathway for getting approval for HIV vaccine trials in South Africa
- Lack of policy re: how effective a vaccine would have to be, and for how long to justify implementation
- Lack of definition of target population

Needs:

- Additional candidate vaccines suitable for testing in South Africa
- Broader community understanding of vaccine clinical research to manage expectations and increase acceptance and participation
- Improved understanding of the virological and immunological characteristics of HIV infected persons and of the epidemiology of HIV in specific groups
- Knowledge of potentially protective epitopes in this population

Initial plan:

Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft - Draft
For Discussion Purposes Only

- Continue and expand epidemiological, virological and immunological studies to prepare for vaccine trials
 - MHC characterization; HIV characterization; CTL epitope identification, particularly in acutely infected individuals; evaluation of highly exposed, uninfected individuals; determination of incidence of infection in target groups
- Continue and expand community outreach at potential trial sites
 - Develop and initiate program to train community leaders through exchange program with US-based community educators
- Support development of VEE replicon candidates based on clade C
 - Initiate interagency agreement between NIAID and DOD to expedite development of second generation VEE replicon for testing in South Africa
- Support collaborations with Chiron corporation to product clade C based candidate vaccine for testing in South Africa
- Fund additional awards whose goal is to advance development of HIV vaccines for Africa
- Provide additional infrastructure support for existing VTN and PTN trial sites
- Expand training of South African researchers in good clinical practice in general and vaccine trials specifically
- Involve US FDA representatives in meetings and discussions about products being developed for South Africa
- Support modeling studies on public health impact of vaccines with different efficacy characteristics and different target populations
- Provide funding to WHO/UNAIDS and IAVI to specifically address and solve access issues

Copyright 2000 The Washington Post
The Washington Post

View Related Topics

April 21, 2000, Friday, Final Edition

SECTION: A SECTION; Pg. A17

LENGTH: 1175 words

HEADLINE: AIDS Dispute Highlights Mbeki's Combative Style

BYLINE: Jon Jeter , Washington Post Foreign Service

DATELINE: JOHANNESBURG, April 20

BODY:

President Thabo Mbeki's blunt questioning of the effectiveness of widely accepted AIDS treatments has reinforced his popular image here as a restless intellectual who is deeply suspicious of all but his closest advisers.

Few things have gone unquestioned in Mbeki's nearly year-old presidency, during which his combative temperament has altered the country's political personality. The AIDS controversy was brought into sharp relief this week when a letter Mbeki wrote to President Clinton and other heads of state on April 4 came to light. In it, Mbeki said Africans should map their own response to AIDS, which is devastating sub-Saharan Africa.

Mbeki suggested that South Africans should take into account dissident scientific views on the causes and treatment of the disease--including the assertion, rejected by virtually all public health professionals, that HIV does not cause AIDS and that treatment with drugs such as AZT does more harm than good. Mbeki assailed the "intellectual intimidation and terrorism" of foreign critics of his approach.

Mbeki's challenging of accepted AIDS treatments "is part of a very genuine effort to find solutions to what could quite possibly be a catastrophe in South Africa," said Hein Marais, author of a paper on the South African government's response to the disease. "The paradox is that this incredibly intelligent and astute leader, who is unquestionably trusted by most South Africans, is reaching for dangerous prescriptions that could hurt more than help the problem."

Mbeki has not hesitated to confront other issues he thinks affect South Africa adversely. For instance, he has also challenged rape statistics issued by the police. Studying papers one day while riding in the back of his chauffeured car, Mbeki was startled to hear a public service ad over the radio. "A woman," the voice said, "is raped every 17 seconds in this country." That figure had been widely reported and played a pivotal role in a claim by women's rights activists that South Africa had the world's highest rate of reported rapes. But Mbeki didn't buy it and ordered his staff to research the statistic--where it came from and how it was calculated.

The figure was traced to a provincial police officer whose calculations were based on numbers that were, police officials subsequently acknowledged, apocryphal. Mbeki blasted the police for releasing inflated rape statistics at a time when the economy is urgently in need of tourist dollars. Law enforcement officials retracted the figures.

AIDS is one of the principal policy issues now confronting Mbeki. An estimated one in every 10 South

Africans is infected and epidemiologists say that 1,700 new infections occur every day. Still, despite having the most prosperous economy in sub-Saharan Africa, South Africa is a relatively poor country that cannot easily afford to provide its population with the myriad anti-retroviral medicines--the AIDS cocktail--prescribed to patients in the United States and other Western countries to combat symptoms of the disease. That treatment costs about \$ 10,000 a year per patient; by comparison, nearly half of South Africa's population of 40 million earns less than \$ 1,200 a year.

But Mbeki's governing party, the African National Congress, has refused to provide even pregnant AIDS patients with the drug AZT, which medical professionals say has been proven to curb the transmission of AIDS from mother to child. Such treatment, government critics argue, is affordable and, moreover, would likely save millions of dollars in medical costs for infected babies. Without it, they say, the unchecked progress of the disease will shrink the country's potential work force and economic growth.

Almost since the ANC assumed power in the country's first all-races election six years ago, party officials have taken a dim view of conventional notions of treating AIDS. Three years ago--with the support of Mbeki, who was deputy president at the time--the government's health minister endorsed a purported anti-AIDS drug, virodene, until it was found to contain an industrial solvent. Earlier this year, in a speech to Parliament, Mbeki defended the ANC's refusal to sponsor AZT treatment by pointing to research suggesting that the drug not only can help AIDS patients but also can harm them. Medical professionals say those tests are outdated.

The party's position, however, particularly in the year since Mbeki succeeded the iconic and conciliatory Nelson Mandela as **president**, has Mbeki's stamp on it. The son of a jailed anti-apartheid revolutionary, Mbeki spent 30 years in exile, earning an economics degree in London and receiving military training in the Soviet Union. When he returned in 1990, he shrewdly--some say ruthlessly--outmaneuvered party rivals to become Mandela's No. 2. Still, while many South Africans believe that Mbeki has a better grasp of policy and economics than the charismatic Mandela, his reputation for stoicism, back-room bargaining and a guardedness that borders on paranoia has alienated even his admirers.

Friends and political analysts say that at least a portion of Mbeki's suspicious nature is a result of his years in exile when South Africa's white-minority government was known to send agents across borders to assassinate ANC members. "You'd probably be a bit suspicious of people, too, if you were always wondering if the guy who just sat down next to you . . . has been sent to kill you," said Steven Friedman, a political analyst with the Center for Policy Studies here.

In his letter to Clinton, Mbeki suggested that many academics are carrying water for the pharmaceutical company Glaxo Wellcome, which produces AZT and other patented AIDS medications. He wrote that conventional medicines used in the United States by AIDS patients who contracted the disease through homosexual sex may not work with Africa's AIDS patients, most of whom are heterosexuals. Medical experts say that the number of heterosexual AIDS patients in the United States has now eclipsed the number of homosexuals infected with the disease.

Unlike Mandela, Mbeki has been more critical of lingering white racism, which he considers a significant barrier in South Africa's transition to a democratic, free-market economy. Earlier this month, an ANC official testified at public hearings on racism in the media that a newspaper article critical of Mbeki written under the byline of a black female journalist was actually written by her white editor. Despite denials by the journalist and her editor, the ANC has refused to retract its assertions.

"There is an obstinacy more than anything else that characterizes Mbeki and the ANC these days," said Tom Lodge, a professor of political science at the University of Witwatersrand.

Conversely, however, few here doubt Mbeki's sincerity. "These are our people, our children, our workers who are dying," said ANC spokesman Smuts Ngonyama. "We don't have the luxury of excluding any possibilities that might be out there."

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 2000

FOCUSTM

Search: General News;President Mbeki

To narrow this search, please enter a word or phrase:

FOCUS

Example: House of Representatives

[About LEXIS-NEXIS](#) | [Terms and Conditions](#) | [What's New](#)
Copyright © 2000 LEXIS-NEXIS Group. All rights reserved.

BUILDING A MONUMENT TO INTOLERANCE

- Release from Mr. Parks Mankahlana
- Head of Communications
- Office of President Mbeki

The Presidency spent considerable time the past week searching frantically for a passage in the President's speeches, which said an HIV positive condition, does not lead to AIDS. Neither his private correspondence nor a reconstruction of all the discussions with either his Ministers or any other authority on the question of HIV and AIDS could produce any evidence of this. So the President has never said that HIV does not cause AIDS.

We then wondered why the President is said to have come to the conclusion that HIV does not lead to AIDS, leading to the South African government embarking on a 'bewildering change of policy' on this very critical matter.

It turns out the President's cardinal sin was making contact with someone by the name of David Rasnick who does not share the commonly held view that HIV leads to AIDS. It is said that it is wrong for him to talk to such people. They are even called dissidents. If he spoke to these people he would undermine the work done over the many years and he would cause South Africans and other people who live with HIV and AIDS to lower their guard.

Now many people have spoken to Dr Rasnick and other so-called dissidents and no one is saying that they believe that the causal connection between AIDS and HIV does not exist. Many journalists have even published the views of Rasnick and his companions but no such opprobrium has been visited upon them.

Assailants of the President therefore argue that the President must not question the accepted hypothesis on HIV / AIDS. He must then give AZT to HIV pregnant women and those who have been victims of rape. He must tell his people to use condoms and practice safe sex. He must not listen to anyone that disagrees with the accepted line of thinking and the problem of HIV and AIDS will come to an end.

A cursory examination of the President's public pronouncements will show the President is actively campaigning for the use of condoms and safe sex. In fact, it is policy in each government department, and more especially the Presidency, to make condoms easily available to all those who wish to use them. Each and every hallway or public amenity in the Union Buildings in Pretoria and Tuynhuys in Cape Town has a dispensary for condoms. This practice has been particularly promoted during the Presidency of Mbeki.

Having done all these things, reality still stares Mbeki in the face that the spread of AIDS continues unabated. Mbeki's dilemma is compounded by the fact that he does not have the option to dispense AZT to people because it is simply unaffordable. Not only is AZT not a cure for HIV/AIDS, but also it has been proven to be ineffective unless it is used together with other drugs. This regime costs at least R4 000,00 a month. Given that the government will not afford the cocktails that are prescribed for the treatment of HIV/AIDS, our response to the pandemic must be the distribution of condoms and an unwavering belief that HIV is the sole cause of AIDS. This approach says we must sit back and do nothing about HIV and AIDS. It says that the problem is beyond our comprehension and therefore impossible to resolve. We definitely cannot accept this approach.

Mbeki says this approach is inadequate. We cannot be content with knowing what the cause of the illness is. We must eradicate the sickness from the face of the earth. Because there is no cure for HIV/ AIDS and because people continue to die from AIDS the search for a solution must continue. This is all President Thabo Mbeki is advocating.

Humanity is faced with a difficult problem that in the remarkable advances that have been made in science and technology notwithstanding, we are faced with a complex disease that is threatening to destroy the whole of humanity. The propensity to self-destruct and search for non-existent adversaries is common when people find themselves under siege.

In any case why are we told a lie that AZT is a panacea to the problem of AIDS. It simply is not. And why are critics of Mbeki creating the impression that it is when they know it isn't?

In fact it is Mbeki's critics that are in denial about HIV/AIDS because they advocate a false sense of hope that a certain drug will intervene in the problem. This is not the case.

There is a raging debate in scientific circles that antibiotics are harmful to health. We have been using these wonder drugs for decades. Many can rightfully claim their livelihood to these drugs. And yet no one is accusing those who initiated these questions about antibiotics of being 'scientifically naïve and foolish'.

But then why is it that what we know about HIV and AIDS should not be questioned, the glaring inadequacies in humanity's response to the problem notwithstanding?

In the effort to find a solution to the perennial problem of poverty and inequality, all of humankind is revising the conventionally accepted theories about development and economic policies that need to be implemented to make the world a better place to live in.

Suddenly there is talk of adopting a 'third way'. The World Bank and many other institutions are revising their prescriptions about how the difficulties that confront us should be tackled. And no one is accusing them of being 'scientifically naïve and foolish'.

The search for an answer to the problem of HIV / AIDS must be re-invigorated. That is why we are putting an international panel together to re-evaluate what we know and which is clearly not complete and therefore not the answer. Someone must explain the different strains of the virus and why it seems to take different forms depending on one's geographic location on the map of the globe. Frankly we cannot satisfy ourselves with the definition that the foreskins of the Zulu are the explanation for the rapid spread of the disease in one section of the country.

Government is strong in its resolve that we cannot confine our response to the problem of HIV/AIDS to an injunction not to speak to David Rasnick or telling people how to think. Whether we speak to Rasnick or not, whether there are thought police to monitor what others think, human beings will continue to die from AIDS.

A disturbing trend in the response to the current debate has been the rabid intolerance to different viewpoints that has been displayed in the South African media. One prominent commentator even brandished the President a criminal because he spoke to Rasnick and also because he dared think beyond what is accepted wisdom. Surely we do not want to return to the days of Stoffel Botha and the total onslaught. As far as we know all efforts to prescribe how other people should think have failed all over the world, both under capitalism and erstwhile socialism. Even dictatorships and fascism failed to suppress the freedom of the human mind to wonder in search of solutions to the intractable problems that face us.

Government advocates safe sex and the use of condoms as one of the elementary responses to the problem of HIV / AIDS. The President is going to continue to mobilise public awareness about the dreadful nature of the disease.

Furthermore President Mbeki is going to intensify the fight for the end of discrimination against and exploitation of people who live with HIV/AIDS, both by insurance and medical schemes and the pharmaceutical giants who are the sole beneficiaries in the dogged defence of AZT by large sections of the media. Yes they buy a lot of advertising space and are therefore a strong ally of publishing and broadcasting houses, to the detriment of the millions that live with HIV and AIDS

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	President Mbeki to President Clinton re: AIDS epidemic (5 pages)	04/03/2000	P1/b(1)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

South Africa [1]

2018-0764-F
jm2029

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

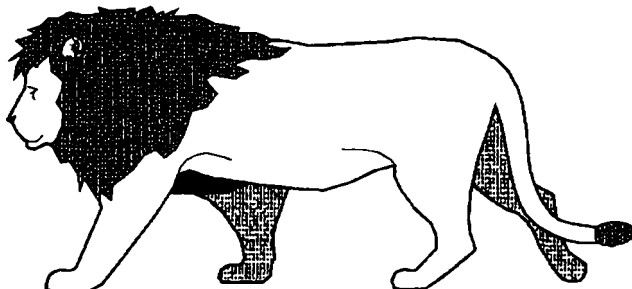
Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

U.S. Department of State
Office of Southern African Affairs

FACSIMILE

DATE: Wednesday, April 05, 2000



FROM: Michael Koplovsky -- Tel: (202) 647-9850 Fax: (202) 647-5007

TO:

<u>Name</u>	<u>Organization</u>	<u>Tel</u>	<u>Fax</u>
B. Schwartz	USTR	395-9159	395-4505
D. DiPaolo	USTR	395-4685	395-3891
A. Robinson	USDOC	482-5148	482-5198
J. Babbitt	OVP	456-9513	456-9500
N. Dempsey	NSC	456-9233	456-9260
T. Walsh	EB/IPC		647-1537
S. Thurman	White House	456-2437	456-2439
N. Carter-Foster	OES/EID	647-2435	736-7336
C. Reintsma	AID/AFR	712-4018	216-3233

SUBJECT: Press Clips FYI

THE CITIZEN - APRIL 5, 2000

HIV doesn't cause Aids - US chemist Mbeki is censured on Aids query

SAN FRANCISCO. - South African President Mbeki is drawing criticism for consulting a California biochemist to discuss the scientist's controversial stance that HIV does not cause Aids.

President Mbeki's interest in talking with Saratoga biochemist David Rasnick also has alarmed many Aids researchers who thought such a theory had been discredited years ago, and Aids officials in Washington who wonder what impact it will have on several pending Bills to increase support for prevention efforts in Africa.

Dr Rasnick believes that what is diagnosed as Aids in Africa is really a new label attached to old ailments such as persistent coughs, diarrhea, parasitic diseases and tuberculosis.

He got a call two months ago from President Mbeki, who has never said he doubted HIV caused Aids as his critics claim, presidential spokesman Parks Mankahlanza said last week.

"President Mbeki asked me for my personal support in his efforts to explore all things related to Aids," said Dr Rasnick. "And he wanted to know if (anti-Aids) drugs do more harm than good."

Dr Rasnick (52) has a doctorate in chemistry and founded two Bay Area companies that make protease inhibitors. He is a former president of a loose confederation known as the Group to Reassess the HIV/Aids Hypothesis, and

has made it something of a crusade to challenge conventional Aids wisdom.

To most scientists, the question of what triggers Aids was settled more than 10 years ago. In 1988, a committee of experts set up by the National Academy of Sciences concluded definitively that HIV causes Aids. That position was corroborated by a presidential commission the same year.

"We don't have the time and energy to get bogged down in these kinds of discussions at this point in the pandemic," said Sandra Thurman, President Clinton's adviser on Aids policy.

Ms Thurman also worries that President Mbeki's interest in unorthodox views could cast a shadow over the biannual International Conference on Aids this July in South Africa, where up to 15 000 Aids researchers, policymakers and activists are expected to gather.

"We don't want our deliberations to be held under the cloud of accusations and discussions about whether HIV is causing Aids," she said.

Next month, President Mbeki will be in Washington for his first state visit, giving President Bill Clinton the chance to talk to him directly about the issue.

President Mbeki apparently stumbled across Dr Rasnick's work on the internet, and asked him to respond to a questionnaire he had sent to his health minister about Aids. - Sage-AP.

THE PRETORIA NEWS - April 5, 2000

Top scientists to boycott SA conference on Aids

Cape Town - Leading scientists are planning to boycott an international conference on Aids in Durban in protest against South Africa's contacts with renegade experts.

This was reported in London's Independent on Sunday which said the scientists, who include top British specialists, are furious that President Thabo Mbeki has telephoned David Rasnick, an associate of Peter Duesberg, a virologist who made a name for himself in the 1990s by questioning whether HIV caused Aids.

They are also upset that a country where up to 30% of the population may be HIV positive is not allowing pregnant HIV-positive women to be given AZT on the grounds it is too expensive.

The newspaper said Parks Mankahlana, Mr Mbeki's spokesman, said: "Many people have spoken to Dr Rasnick and other so-called dissidents and no one is saying they believe the causal

connection between Aids and HIV doesn't exist."

Some critics, however, suspect it was an attempt to justify Mr Mbeki's opposition to giving AZT to pregnant women, the newspaper said.

The Duesberg camp had long argued that Aids was caused by drugs and not the virus.

Organisers of the Aids 2000 conference in Durban in July were now trying to reassure participants that the conference would still go ahead.

Professor Hoosen Coovadia, chairman of the conference, said: "We could have joined forces to deal with specific shortcomings in the South African HIV and Aids programme instead of entering this gratuitous debate."

However, some British researchers have decided not to go to South Africa, according to Andrew Leigh-Brown, an HIV specialist at the Medical Research Council Edinburgh. - Own Correspondent

THE STAR - April 5, 2000

Boycott threatens plague Aids conference**By LYNN ALTMAN**
Health Reporter

Threats by British scientists to boycott Durban's international Aids conference are not the first the organisers have received.

Several US organisations and companies have also threatened to boycott the event, citing crime and the involvement of Aids dissidents in the conference as their reasons.

British scientists, according to an article published in the London weekly *Independent on Sunday*, are planning to boycott the conference as result of the South African government's contact with dissidents who claim Aids is not caused by HIV.

President Thabo Mbeki's telephone calls to dissident David Reenick, in particular,

receive mention, as well as the government's refusal to provide pregnant women with the anti-Aids drug AZT.

The 18th International Aids Conference is scheduled to take place in Durban from July 9 to 14. Up to 12 000 people are expected to attend.

But according to conference chairperson Professor Hoosen Coovadia, threats to boycott the event have been an "ongoing difficulty" for organisers.

He said boycotting the event would amount to boycotting the scientific community, not the state.

Sandy Kalyan, the Democratic Party's spokesperson on Aids, called on Mbeki to apologise to local scientists "and especially to the 20% of the South African population which is living with the HIV/Aids virus".

BUSINESS DAY - April 5, 2000

Credible strategy

PILZER, the US-based pharmaceuticals group, this week offered the SA government fluconazole free to AIDS patients with cryptococcal meningitis who cannot afford this normally expensive drug. The gesture is worth a great deal in monetary terms, and could prolong the lives of thousands of people with this infection who would otherwise die much sooner and in considerable discomfort.

It has taken imagination for Pfizer to come up with its offer. Besides the immediate cost, the company is likely to come under pressure to supply the drug free in other African countries. Other pharmaceutical companies are in turn likely to feel the heat to show similar generosity.

But the offer will have another important effect. It will focus attention on government's commitment and ability to deal with the HIV/AIDS public health crisis.

Pfizer's commendable gift will require much support from the public health sector if it is to benefit the people who need it. To start with, all the provincial health MECs will need to be consulted, as will hospital administrators, drug procurement departments, and senior doctors dealing with AIDS and meningitis. Resources will have to be applied to secure distribution systems so that none of the free drugs find their way onto the black market.

It seems unthinkable that Health Minister Manto Tshabalala-Msimang or President Thabo Mbeki could look this gift horse in the mouth. But it will take their commitment too to make it work.

But a question mark has developed around government's willingness and ability to harness resources to develop a sound strategy for dealing with AIDS. This flows partly from debate around the president's intellectual unwillingness to trust certain well-established scientific norms in AIDS research.

Nobody would deny the president and the public the right to engage in debate, particularly one which has a bearing on so many lives. But the debate arrived in a policy vacuum in SA. There is still little clear planning, no obvious direction, and no clear strategy to deal with the epidemic. This was clear even to Harvard and World Health Organisation economist Jeffrey Sachs, who said recently SA would have the benefit of access to greater international resources to fight AIDS if it had in place a definite and credible strategy to guide potential donors.

Perhaps news of the president's desire to reopen a previously buried scientific argument would have had a more muted response if it had been a sideshow to an otherwise well-conceived strategy.

Now, an early constructive response — both diplomatic and clinical — to Pfizer's gesture is needed. Beyond that, a clear commitment and strategy to deal with the crisis — drawing on credible local and foreign expertise — is long overdue.

SOWETAN - APRIL 5, 2000

Pharmaceutical company to offer Aids drug free

By Bhungani Mzolo
Health Reporter

DRUG manufacturing giant Pfizer has acceded to demands by anti-Aids groups to provide Fluconazole to Aids patients free of charge.

Fluconazole is used to treat patients with cryptococcal meningitis, an infection of the brain common to patients with Aids.

Pfizer's action follows demonstrations by the Treatment Action Campaign (TAC) at the company's Johannesburg offices last month, which demanded that it cut the price of Fluconazole from R54 to R4.

Yesterday, the Democratic Party and the Congress of SA Trade Unions welcomed Pfizer's decision.

DP spokeswoman on Aids Ms Sandy Kalyan said the party had always maintained that the private sector had a valuable role to play in the fight against the epidemic.

"The South African Aids crisis has come to the point where the Government cannot act alone and therefore needs help from both non-governmental organisations and pharmaceutical companies," she said.

"We hope Health Minister Manto Tshabalala-Msimang will accept this generous offer and ease the suffering of those affected individuals," she said.

Cosatu spokesman Mr Siphiso Mgcina said Pfizer's decision justified the union's assertion that it was possible to manufacture and sell Fluconazole at a price affordable to a significant number of South Africans.

He said the decision was also a challenge to other pharmaceutical companies.

TAC coordinator Mr Mark Heywood welcomed the offer by the company.

"This step shows that TAC has been proved correct about the pricing of drugs and the capacity of major international pharmaceutical companies to dramatically lower the price of essential HIV medicines and offer treatment to people with Aids," he said.

Heywood urged Tshabalala-Msimang to urgently meet Pfizer to ensure that Fluconazole could be made immediately available to the widest possible group of beneficiaries.

He also urged other producers of essential HIV and Aids drugs to cut their prices.

THE CITIZEN - APRIL 5, 2000

HIV fraternity hails Pfizer decision

By Hugo Hagen

South African HIV/Aids medical experts have congratulated drugs manufacturer, Pfizer Incorporated, for its decision to provide the expensive drug, Diflucan, to thousands of South Africans with Aids who have contracted the lethal brain infection, cryptococcal meningitis.

They congratulated Pfizer for its bold and expensive decision and said the onus of responsi-

bility had instantly shifted to the national Health Department's handling of the unexpected windfall.

Pfizer, which sold about \$1 billion (R6,6 billion) of the drug last year, gave the government and activists no prior indication of its decision to distribute the drug free of charge in 18 countries.

"This fantastic offer nevertheless still has to be put into context. It is only one of many drugs necessary to treat Aids. Ways must still have to be found

to address the pricing of the rest of the drugs," said South African HIV/Aids Clinician Society chairman, Dr Des Marín.

Diflucan was the only effective treatment prescribed for Aids sufferers diagnosed with cryptococcal meningitis, a lethal brain infection.

Pfizer still had to explain many details, such as when the drug would be available and for how long the offer would remain in force, he said.

THE CITIZEN - APRIL 5, 2000

Free offer 'likely to spur drug companies'

Citizen Reporter

A BOLD, surprising move by pharmaceutical manufacturer, Pfizer Incorporated, to give away drugs in 18 countries to fight a meningitis strain contracted mainly by those with Aids was likely to spur other drug makers to launch drug give-aways and price reductions in developing

nations in coming months. New York's Wall Street Journal said.

About two million of the 27 million people with HIV in sub-Saharan Africa are estimated to have become infected with the deadly fungal infection, cryptococcal meningitis, which could only be treated with Pfizer-manufactured, Diflucan.

Between two percent

and eight percent of people infected with HIV became susceptible to cryptococcal meningitis, an infection harmless to people with immune systems not crippled by Aids.

But most South Africans could not afford the treatment, costing between R86 and R112 a day. South Africa would be one of the countries receiving the drug free.

**OFFICE OF THE VICE
PRESIDENT
NATIONAL SECURITY COUNCIL**

FAX COVER SHEET

**NATIONAL
SECURITY
AFFAIRS**

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete,
clear transmission? If not,
please call:

(202) 456-9513

From: JIM BABBITT

To: GAYLE SMITH/NORA DEMPSEY 6-9260

SANDRA THURMAN 6-2438

KEN BERNARD 6-9390

No. of pages to follow: 3

**Message: FYI, transcripts from Mbeki's interview
last Sunday. -- Jim**

TRANSCRIPTION by Public Affairs Section, U.S. Embassy, Pretoria

**South African President Mbeki interviewed by Joan Shenton for Channel 4.
Aired by M-Net during "Carte-Blanche" program, broadcast on April 16, 2000.**

(Program begins with an introductory snippet of President Mbeki:)

President Mbeki: Because all of us, as it were, have been brought up with an orthodox view. There are certain things that one thought one knows: HIV causes Aids, causes death. One thing that became clear and actually rather disturbing was the fact that there was a view that was being expressed by people whose scientific credentials you cannot question. I am not saying they are necessarily correct but it seems to me that there had been a determined effort to exclude their voice to silence it.

(The program continues with a historical overview of AIDS medication, especially AZT and claims about its toxicity.)

Lead-in by Carte Blanche presenter: The President himself articulated the highly controversial idea that the government should reopen the debate on the basic assumptions around HIV and AIDS. But he has never spoken to South African television audiences on the topic. Let's hear it from the man himself.

Joan Shenton: A sense that new information could bring real solutions to AIDS will be driving President Thabo Mbeki's international panel. High on the agenda will be the issue of AZT and pregnant women. Last year you were reported to say in Parliament you were concerned about the giving the AZT to pregnant mothers. Why were you concerned?

President Mbeki: Well, because a lot of questions had been raised around the question of the toxicity of the drug: that is serious. We have a responsibility as government to determine matters of public health, and therefore we have to take decisions that impact directly on human beings. It seemed to me that where doubts had been raised, questions had been raised about this toxicity question and the efficacy of AZT and other drugs, that it was necessary again to go into these matters because it wouldn't sit easily on one's conscience to discover that you had been warned that there could be danger and nevertheless you went ahead and said, 'despite the danger, let's dispense this drug.'

Joan Shenton: Some Aids doctors say that the evidence is overwhelming that HIV is the cause of AIDS and the AZT is of benefit. What is your comment on that?

President Mbeki: Well I say 'why don't we bring all points of view about those matters together, let them sit around the table, discuss all of this, produce such evidence as there may be and let's see what the outcome of that discussion is,' which is why that international panel we are talking about (is being formed). They may very well be correct. But I think if they are correct -- and are convinced about their correctness -- it

ought to be, it would be a good thing for them to demonstrate to those who are wrong that they are wrong.

Joan Shenton: People say that you are not keen on giving AZT to pregnant women, I am personalizing this of course, because it is too expensive and in some way you are seen as penny-pinching. What do you reply to that?

President Mbeki: That surely must be a consideration for anybody who decides that this drug must be given to stop the mother to child transmission. It's extremely costly; that's something that we would have to take into account.

But we also need, in that context, to answer questions, this particular question about the toxic effect of this drug. If you sit in a position where decisions that you take can have, would have, a hazardous impact on the health of people, you can't ignore a lot of experience around the world which says that this drug has these negative effects.

Joan Shenton: Why have you been so outspoken recently about greed and the pharmaceutical companies?

President Mbeki: I think a lot of the discussion that needs to take place and an approach to health and treatment of people, it does seem indeed to be driven by profit. We, you probably would know this, we had a long wrangle with the pharmaceutical industry internationally about issues of parallel imports and so on. What we are saying was that we want to make medicines and drugs as affordable as is possible to what is basically, largely, in South Africa a poor population. We needed to find these medicines where they were cheapest, properly controlled, properly tested, the genuine products, no counterfeits.

Joan Shenton: In the press you are exhorted to confine, and I quote, "confine yourself to the job to which you were elected and leave specialized subjects to the taking of best available advice." That was today: what's your response?

President Mbeki: Well I don't imagine that heads of government would have ever the possibility to say 'I am not specialized in economics, therefore I can't take economic decisions. I am not a soldier, therefore I can't take decisions about matters effecting the Department of Defense, or I am not an educationist, a pedagogue, therefore I can't take decisions about education.' I don't particularly see why health should be treated as this extremely specialized thing, about why the president of a country cannot take health decision. I think it would be a dereliction of duty to say 'well, as far as health policy is concerned, we shall leave that matter to the doctors and the scientists. As far as education is concerned, we leave that matter to educationists and pedagogues.' I think that would be absurd, actually.

Joan Shenton: How do you feel about the reaction of some of your country's leading virologists and intellectuals to your position?

President Mbeki: I get the sense, as I was saying earlier, that with all of us being educated into one school of thought, I am not surprised at all that you would find -- I am quite sure -- among the overwhelming majority of scientists in this field in this country, people who would hold a particular point of view because that is all that they were exposed to. There are other points of view, which I think is part of what is frightening, (that) this alternative point of view has in a sense been blocked out: it must not be heard; it must not be seen. I mean that is the demand now: 'why is Thabo Mbeki talking to discredited scientists, giving them legitimacy?' It's a very worrying thing that anybody can say today, in today's world, that there is a point of view that is prohibited; it's bad. That they are heretics who must be burnt at the stake. And it's all been said in the name of science and health. It can't be right

Joan Shenton: It has been said that the pharmaceutical industry is more powerful than governments. Are you actually going to go as far as taking this debate to other world leaders, like President Clinton, like Prime Minister Blair or perhaps the Prime Minister of India, who has expressed his support for an investigation into these issues, as you are?

President Mbeki: Certainly, yes, I do want to raise this matter with a number of political leaders around the world. At least to inform them about what we are doing; to get them to understand the truth about this issue, not what they might see on television or read in some newspaper. And indeed we were very encouraged to see the Indian Government getting itself involved in this issue. I think the concern around 'problem questions,' which, in a sense, have been hit, I think that concern will grow around the world, and the matter is critical because the reason we are doing all of this is to be able to respond correctly to what is reported to be a major catastrophe on the African continent. We have to respond correctly and urgently, and you can't say respond correctly by closing your eyes and ears to any point of view, any scientific evidence that is produced. A matter that seems to be very clear in terms of the alternative view that is being presented is: 'what do you expect to happen in Africa with regard to immune systems, where people are poor, subjected to repeated infections, and all of that?' Surely you would expect this immune system to collapse, and I have no doubt that that is happening. But then to attribute such immune deficiency to a virus produces a specific response. And what we are discussing here as the South African government is that it seems incorrect to respond to this AIDS challenge within a narrow band. If we only said 'there is a virus: safe sex, use a condom, end of story,' we won't stop the spread of AIDS in this country.

(end of President Mbeki portion of program)

**FAX TRANSMITTAL**

If you receive this transmission by mistake or do not receive all of the pages,
please call Carol Coad at (202) 835-3490.

DATE: April 24, 2000**Pages (w/cover):** 4**TO:** Sandy Thurman

FROM: Shannon S.S. Herzfeld
Senior Vice President, International Affairs
Phone: 202-835-3491
Fax: 202-835-3438

COMMENTS:

Dear Sandy,

Thank you for meeting with my colleagues and me to continue our discussions on making progress internationally against AIDS.

As you work on the reply to the recent letter from President Mbeki, I thought you might find it interesting to see what the South Africa press is saying.

Let's continue to keep in close touch.

Regards,

Shannon

Pharmaceutical Research and Manufacturers of America

1100 Fifteenth Street, N.W., Suite 900, Washington, D.C. 20005

US ready to help SA on Aids

WASHINGTON. - The White House promised yesterday to help South Africa explore new approaches to the Aids crisis sweeping the country after President Mbeki criticised the West's approach to the epidemic in a letter to President Bill Clinton.

"We recognise that how you deal with the problem in Africa and the circumstances there are different than how we deal with it

here in the United States," said spokesman Joe Lockhart.

"President Mbeki is exploring a number of solutions and we stand ready to work with him to do what we can to help," he added.

The spokesman refused to discuss President Mbeki's message, saying President Clinton "did get a letter I'm not going to get into the specifics".

TO PAGE 2

Citizen
20/4/2000

US ready to help SA on Aids

FROM PAGE 1

But the Washington Post reported that in the April 3 letter President Mbeki dismissed the relevance of Western medical models to the "uniquely African catastrophe" of Aids, saying it "would constitute a criminal betrayal of our responsibility to our own people" to use foreign treatments of the disease.

He defended his controversial decision to consult dissident scientists who dispute that the human immunodeficiency virus, or HIV, causes Aids.

He also accused foreign critics of launching a "campaign of intellectual intimidation and terrorism" akin to medieval

book-burnings and "the racist apartheid tyranny we opposed".

The Post also reported that President Clinton administration officials were dismayed at what it sees as a diversionary move as South Africa prepares to host an international Aids conference in July.

But Lockhart refused to weigh in on the controversy and congratulated President Mbeki for his leadership on the crisis.

"It is very clear from our communications with President Mbeki that the South African clearly grasps the depths of the problem of Aids in South Africa and throughout the continent and is aggressively working to address

the situation," Mr Lockhart said.

President Mbeki's letter to world leaders was not an attempt to seek support for dissident views on Aids, his spokesman, Parks Mankahlana, said yesterday.

The way President Mbeki's views had been represented in the media were distorted and inaccurate, and he had wanted to explain himself to his international colleagues, M Mankahlana said.

The letter - in which President Mbeki hits out at an "orchestrated campaign of condemnation" of those questioning conventional views on the disease - was published in the Washington Post on Wednesday.

It was sent to President Clinton, United Nations Secretary General Kofi Annan, and several European leaders.

The Washington Post said the letter, dated April 3 and sent by diplomatic pouch, so stunned US officials that the administration restricted its distribution, fearing it would touch off an international controversy.

In his five-page letter, President Mbeki makes an impassioned defence of dissidents who theorise that the human immunodeficiency virus (HIV) does not cause Aids and that anti-retroviral drugs AZT and Nevirapine do more harm than good in treating the disease.

President Mbeki insisted

ed on his government's right to consult dissident scientists, and accused unnamed foreign critics of waging a "campaign of intellectual intimidation and terrorism" akin to "the racist apartheid tyranny we opposed".

In an earlier period in human history, President Mbeki wrote, the dissidents "would be the heretics that would be burnt at the stake".

"The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels," President Mbeki said. - Sapa, AP, AFP

Govt's AIDS policy is a showcase for spin doctors

Pharmaceutical industry is demonised, writes Kobus Gous

IN SUB-Saharan Africa the AIDS situation has escalated to nothing short of full-blown war.

During wartime one would expect a war cabinet to take control and have a detailed, co-ordinated plan, which would receive priority on all fronts (including finance) to effectively minimise and combat the threat.

When you analyse the SA government's response to AIDS you will find smoke, mirrors, accusations, counter-accusations, confusion, half-truths, scapegoats, denial and an absolute refusal to accept full responsibility at all cost. In short, the AIDS response to date can be seen as a manual for spin doctoring.

Before 1998 you simply ignore the issue in the hope that it might go away. When this is not successful you blame the previous government and politicise the issue, despite the fact that common sense and science dictate otherwise.

You then throw a bit of money at the problem in the form of Sarafins 2. When this blows up in your face, it becomes a spin paradise. Thankfully, Virodene hits the scene as the answer to all the problems and when the Medicine Control Council does not play ball, you fire some of the top officials. When it later appears to be nothing but a scam, ignore the issue.

When the pressure to use antiretrovirals, especially AZT, starts mounting, you attack the toxicology of the drug, despite the fact that it is registered by the MCC and that it is on the World Health Organisation's (WHO's) essential drugs list. The real issue — cost — must be kept in the background.

Even when the manufacturer offers the medicine at 75% below world price for five years, do not respond.

In the meantime, contaminate medicine control legislation with medicine-pricing issues (parallel importation and compulsory licensing).

When the fiasco in the promulgation of this legislation becomes a major embarrassment, blame the pending legal action by the pharmaceutical industry.

Generalise and demonise the

pharmaceutical industry to the extent that it becomes the problem, not part of the solution.

This has the added advantage of attacking the "thoughtless" capitalist system.

Make unreasonable demands, knowing full well that medicine that has cost hundreds of millions of dollars to develop cannot be given away for free.

In this process you can create a guilt complex in the western world and ignore the fact that this forever establishes a beggar mentality.

The fact that certain diseases are referred to as socioeconomic (which implies that poor people are more susceptible or vulnerable) affords the opening to elevate poverty to a disease on its own, causing inter alia AIDS, TB or measles.

This comes in very handy and can be used as the excuse that poverty, and not a virus, mycobacterium or bacteria is primarily responsible for diseases.

This has the potential to elevate the debate to a totally different plane in which basic science can be totally ignored. Poverty can then be offered as the catch-all excuse for inactivity on all fronts.

To strengthen this argument, enter the so-called AIDS dissidents. While nobody can argue that you do not have the right to speak to anybody you wish, personal contact with the AIDS dissidents is like the pope having dinner with the devil.

Ignore that this flies in the face of the opinion of the WHO and a large body of scientific evidence.

Ignore the offer by a pharmaceutical company for free antifungal treatment for meningitis. Your greatest fear is still that a pharmaceutical company might succeed in gaining credibility.

When the announcement of a new, promising and cheap antiretroviral in the field of mother-to-child transmission becomes imminent, find a trial in which this drug was but one of many in different circumstances. This gives you the opportunity to begin preparing the excuse why you will not use it in future. It is also a great stalling tactic.

It is also another opportunity to put the pharmaceutical industry in the dock. Generalise and demonise the industry to create the perception that South Africans are actually the victims of this "plot".

Continue to confuse cost of medicine and affordability with efficacy, quality and safety.

In the meantime, as a side-show, you can create all kinds of abstract, ill-defined bodies to act as lightning conductors.

Keep creating different names: Aids Advisory Group, Interministerial Aids Committee, SA National Aids Council, "Expert" Aids Advisory Council etc. Make sure they are all contentious in one way or another so that more diversions and side-shows are created.

Enter every possible side issue at full speed. Forget that mountains of medicine will not solve the problem. Forget that the only hope is a fundamental change of mind-set that must lead to a change in dangerous sexual behaviour. This is not a very popular message, therefore continue to confuse and create false hope.

It must be a wonderfully satisfying experience to be able to manipulate an issue, through spin doctoring, to such an extent that not a single person on the ground actually understands or later wants to understand anything about the disease.

The only problem is that people are still dying.

One would have hoped that a new health minister would bring a breath of fresh air. Unfortunately the previous minister and her spin doctors spun such an effective web that it seems to have become a straitjacket for the current minister.

It would appear that this whole process has now led to an uncoordinated and ad hoc response, resulting in the total collapse of a meaningful strategy. The result of this chaos is the perception that you have decided (maybe subconsciously) to make all the right noises, but to ultimately let them die!

Gous, an MP, is New National Party health spokesman.

Business Day

18/4/2000

Page 14

S. A. J.

SANDF stops using AZT

Citizen Reporter

THE South African National Defence Force has discontinued the use of the anti-Aids drug, AZT, acting surgeon-general, General Rinus Janse van Rensburg said yesterday.

In an interview with The Citizen, Gen Van Rensburg said the SANDF had discontinued use two weeks ago. This meant that no new medication would be issued to pregnant mothers and HIV-positive members of the SANDF.

"We are following the route and example set by the President and the

Department of Health," he said.

People still using the drug had been issued their monthly prescription at the beginning of the month - two weeks before the decision to halt its use.

"The courses have been stopped...There are some people still in possession of capsules issued to them. These should be finished soon. Their prescriptions will not be renewed," he said.

While the Military Hospital in Pretoria has said that it had administered the drug for two years with no reported problems, President

Mbeki has been defending his stance not to make AZT available within the public health sector on grounds of reported toxicity and the cost of the drug.

Gen Van Rensburg could not say how many members of the SANDF were HIV-positive or suffered from Aids.

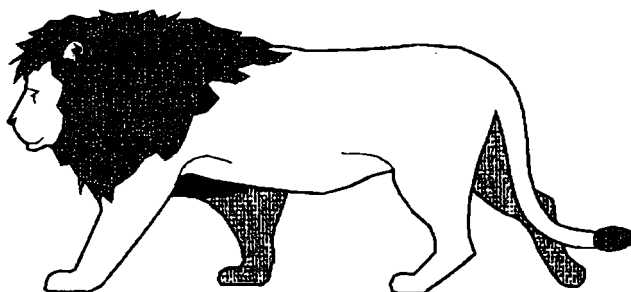
A comprehensive health assessment being undertaken by the SANDF was expected to be completed in the coming months.

Gen Van Rensburg said the assessment was not aimed at getting rid of staff, but aimed at ensuring a healthy, fit and deployable force.

U.S. Department of State
Office of Southern African Affairs

FACSIMILE

DATE: Thursday, April 27, 2000



FROM: Michael Koplovsky -- Tel: (202) 647-9850 Fax: (202) 647-5007

TO:

<u>Name</u>	<u>Organization</u>	<u>Tel</u>	<u>Fax</u>
Cheryl	ONAP		456-2439

SUBJECT: Fact Sheet for Clearance

The attached fact sheet is the third paper you were "missing."

Fact sheets are for public/press distribution during the state visit.

Look forward to hearing from you on clearance/changes

FACT SHEET: HEALTH AND HIV/AIDS

A South African Government priority is providing adequate health care to its people, particularly the formerly disadvantaged majority who were woefully underserved during apartheid. Social services account for the bulk of the government's discretionary spending and continues to grow. The government has budgeted over 53 billion rand (\$8 billion)-- about 20 percent of total spending -- for social services for this fiscal year.

Most South Africans lack access to basic medical services, including primary health care. The Mbeki government is responding by strengthening hospital management, rehabilitating hospitals, and developing tertiary medical services in under-served provinces. Over one thousand clinics have been built or upgraded since the end of apartheid in 1994. The vast majority of South Africans have adequate sanitation and enjoy access to safe water.

South Africa has one of the fastest growing HIV/AIDS epidemics in the world; 1,700 new infections occur daily. One in ten South Africans is infected. Based on recent UNAIDS estimates, 4.1 million adults and 100,000 children are living with HIV/AIDS in South Africa. Almost one-half million South Africans died of AIDS in the 1990s; more than 180,000 will die this year.

Tuberculosis, the most common opportunistic infection (and primary cause of death) among HIV-positive South Africans, kills one thousand South Africans each month. More than 1.5 million South Africans contract the disease each year. Less than one quarter have access to adequate treatment.

The Mbeki government has committed to allocate over 500 million rand (\$75 million) over the next three years to the HIV/AIDS crisis. Its inter-ministerial Committee on AIDS has launched a public awareness campaign, and its national "Partnerships Against AIDS" plan of action raised HIV/AIDS from a health issue to a broader development issue. To build public support and awareness, government ministers consult all sectors of society including leaders in religion, the media, education, business, government, non-governmental and women's organizations, art, entertainment and sport. USAID support for the SAG's fight against HIV/AIDS totals \$10 million over five years, the vast majority for increasing awareness. The President's \$100 million LIFE initiative for sub-Saharan Africa and India also benefits South Africa.

WENDY WERTHEIMER
OFFICE OF AIDS RESEARCH
9000 ROCKVILLE PIKE
BLDG. 2, ROOM 4E14
BETHESDA, MD 20892

FACSIMILE TRANSMITTAL SHEET

TO: *Sandy Thulman*

FROM:

COMPANY:

DATE:

FAX NUMBER:

202-450-2438

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

YOUR REFERENCE NUMBER:

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

International Panel of Experts (confirmed as of 4/24)

NAME	E-MAIL ADDRESS
Andrew Herxheimer <i>ctr for Evidence-Based Pharmacotherapy - UK</i>	
Ann Duerr <i>Depo-Provera enhances fe (CDC)</i>	
D Christian Fiala	
Dave Scondras <i>Search for the Cure</i>	<i>Patents/develop countries</i>
D Etienne de Harven	Pitou.Deharven@wanadoo.fr
D Gordon Stewart	g.stewart@eifford.co.uk
Jose M Zuniga <i>Intl Assoc of Phys for AIDS care</i>	
D Joseph Sonnabend <i>(nyc doc/S. African)</i>	
D Claus Koehnlein	
* Luc Montagnier	
Roy Mugerwa <i>Uganda</i>	
D Sam Mhlongo	Smmhlong@iafrica.com <i>informed consent is 10 years away for Africa</i>
Stepano Bertozzi <i>UNAIDS</i>	
Zena Stein <i>works in S. Africa</i>	
George Perez <i>works in S. Africa</i>	
Helena Gayle	
Souleymane M'Boup <i>Senegal</i>	
William Makgoba <i>S. African Medical Res. Council</i>	
W Prozensky <i>S. African AIDS Vaccine Initiative - MRE</i>	
D Eleni Papadopulos-Eleopulos	Vturner@cyllene.uwa.edu.au
Sanger	
D Harvey Bialy	h.bialy@naturenv.com
D Kary Mullis	Karymullis@bigfoot.com
D Robert Root-Bernstein	Root-bernstein@psl.msu.edu
D Roberto Giraldo	Rgiraldo@cdiusa.com <i>"everyone tests + for HIV"</i>
D Peter Duesberg	Duesberg@uclink4.berkeley.edu
D David Rasnick	Rasnick@mindspring.com
Slim Karim <i>works in S. Africa w/ Zena</i>	
* Stefano Vella	
D Manu Kothari <i>Cancer is unresearchable and untreatable</i>	
Valeri Mizrahi	
Sinonssi	
* Robert Gallo	
DA Gradkari <i>works in India w/ Tom Quinn</i>	
Praphan Phanuphak <i>Thailand</i>	

* Cliff Lane (NIH)



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

Nora Dempsey

FROM:

Cheryl

COMPANY:

DATE:

May 3, 2000

FAX NUMBER:

6-9260

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Here are the names- sorry it took so long!

- 1) Dr. Marsha Lilly-Blanton, VP, Health Policy, 650-854-9400
- 2) Dr. June Osborne, President, Macy Foundation and Former Chair, WHO's Global Advisory Committee on AIDS, 212-486-2424
- 3) Dr. Mark Smith, President, California Health Foundation, 510-238-1040

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

Terje Anderson

FROM:

Cheryl Bauerle

COMPANY:

DATE:

May 3, 2000

FAX NUMBER:

898-0435

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Sandy asked me to send you the following. Pls call me with questions. Many thanks!

- | | |
|---|--|
| 1) Henny DuToit
Embassy of South Africa
3051 Massachusetts Avenue, NW
Washington, DC 20008
(202) 232-0910 | 4) Dr. Mark Smith
President
California Health Foundation
(510) 238-1040 |
| 2) Dr. Marsha Lilly Blanton
Vice President, Health Policy
Kaiser Foundation
(650) 854-9400 | 5) Dr. Keith Rawlings
Chairman, HIV Committee, National
Medical Association
Parklawn Hospital
214-590-1605 |
| 3) Dr. June Osborne
President, Macy Foundation and
Former Chair, WHO's Global
Advisory Committee on AIDS
(212) 486-2424 | |

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1059	
CONNECTION TEL		98980435
CONNECTION ID		
ST. TIME	05/04 09:17	
USAGE T	00'28	
PGS.	1	
RESULT	OK	

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1053	
CONNECTION TEL		98980435
CONNECTION ID		
ST. TIME	05/03 17:26	
USAGE T	00'28	
PGS.	1	
RESULT	OK	

Rubicon Media

P.O. Box 1823, Radio City Station, N.Y., N.Y. 10101

(212) 977-3175

For Immediate Release

April 19, 2000

Contact: Francis Sweeney

Author of AIDS Dissent Novel and Pioneer AIDS Journalist Applauds South African President Mbeki's Questioning of AIDS Orthodoxy

Charles Ortleb, the publisher credited with printing the first story about the AIDS epidemic, today expressed his support of President Mbeki of South Africa. Mbeki has raised questions about the prevailing theories of AIDS and the best ways to treat the syndrome.

"I believe President Mbeki should win a Nobel prize for bringing this question to the international community's attention," said Ortleb. "If Mbeki has the courage to pursue this, I think the world will soon realize that HIV is not the cause of AIDS and that a terrible scientific mistake has been compounded by an aggressive attempt to silence whistleblowers who have pointed out the inadequacies of the HIV theory."

But Ortleb also cautioned President Mbeki not to ignore the growing evidence that a virus different from HIV is the real cause of AIDS. Ortleb said, "Since 1986 evidence has accumulated in peer-reviewed scientific journals that supports the possibility that HHV-6 is what is destroying the immune systems of AIDS patients and not

HIV. I beseech President Mbeki to make HHV-6 part of the debate. I also urge him to set up a special task force to investigate the role of HHV-6 in the South African epidemic. I've been covering this epidemic since 1981 and everything I have read suggests that HHV-6 may be the key to controlling AIDS in South Africa as well as the rest of the world."

Ortleb also urged Mbeki and his staff, as well as African journalists and writers, to read *The Virus Within*, a new book about HHV-6 by ABC News producer Nicholas Regush and published by Dutton. "*The Virus Within* is an extremely important book about a virus that seems to be the main destructive agent in AIDS and several other conditions," said Ortleb. "I'm appalled that the American press is not covering the book. It got rave reviews in most of the trade publications, but thus far the print and broadcast media in America seems to be pretending that it doesn't exist. I think this book could save lives."

Ortleb was the publisher of *New York Native* from its inception in 1980 until it went out of business in 1996. In addition to publishing the first story on the AIDS epidemic, Ortleb was also the first publisher to extensively expose the world to the views of Peter Duesberg on HIV and AZT. Ortleb said, "I don't think anyone did as much to bring Peter Duesberg's views to the public on a continuous basis than we did at the *Native*. I'm very proud of that. I just wish that Peter Duesberg and the other dissenters would not ignore those who agree with them about HIV, but who think that HHV-6 is the real cause. Peter thinks that recreational drugs are the main culprit in American AIDS. Let's have an open debate about whether HHV-6

or recreational drugs cause AIDS in America. Duesberg theorizes that malnutrition is one of the main causes of what is called AIDS in Africa. Let's have an open debate about whether it is malnutrition or HHV-6 causing AIDS in Africa. I urge AIDS dissenters not to begin acting like the censorious AIDS establishment toward other dissenting and critical views of AIDS."

Ortleb published major investigative articles in the *Native* about AZT which were written by John Lauritsen. "I urge everyone to read John's books, *The AIDS War*, and *AZT: Polson by Prescription*. He shows how deadly this drug is and how fraudulent the research is that has been used to promote it."

Ortleb also pioneered the coverage of HHV-6. *Native* reporter Neenyah Ostrom wrote hundreds of articles about the virus's role in AIDS and other conditions. "The fact that the AIDS establishment chose to ignore her brilliant reporting on this devastating virus is one of the great tragedies of our time," said Ortleb. Ortleb also urges anyone who wants to know more about HHV-6 to read Ostrom's three books which are available from Amazon.com.

Since the *Native* ceased publishing, Ortleb has devoted his time to writing fiction about the history and politics of AIDS. His first novel, *Iron Peter*, was a satire about the AIDS establishment and AIDS activists. Celia Farber called the novel the "*Animal Farm* of the AIDS era." Last year a collection of stories, *The Last Lovers on Earth*, was published. The collection is a satirical look at how the gay community has been betrayed by the deceptive culture and politics of AIDS. In June, his new book, *The Closing Argument*, will be published. *The Closing Argument* is a novella in which an African-

American attorney defends a young African-American man who is accused of spreading AIDS. The attorney defends his client by putting the AIDS establishment on trial and demonstrating to the jury that the government is lying to the public about HIV and the AIDS epidemic. All of Ortleb's books are published by Rubicon Media and available from Amazon.com.

Ortleb also expressed the hope that the African-American community will support Mbeki's call for a thorough investigation into the veracity of the prevailing AIDS dogma. "I think that the African-American community has a special role to play in this moment in history. The Tuskegee Syphilis Experiment has made African-Americans especially sensitive to the misuse of science and medicine. I think that the closer they look at AIDS, the more they will see that AIDS is as full of lies and deceptions as the Tuskegee Syphilis Experiment. I hope every African-American who is concerned about this issue will read Nicholas Regush's *The Virus Within*. After they do, it will be hard for them to take anything the government says about AIDS at face value. "



GO Kids | GO Family | GO Money | GO Sports | GO Home

ABOUT GO NETWORK | SIGN IN | FREE E-MAIL

drkoop.com

HEALTH BREAKTHROUGHS

search

ABCNE

WEB

- ▶ HOME
- ▶ NEWS SUMMARY
- ▶ U.S.
- ▶ POLITICS
- ▶ WORLD
- ▶ BUSINESS
- ▶ TECHNOLOGY
- ▶ SCIENCE
- ▶ HEALTH&LIVING
- ▶ TRAVEL
- ▶ ESPN SPORTS
- ▶ ENTERTAINMENT
- ▶ WEATHER.com
- ▶ REFERENCE
- ▶ LOCAL
- ▶ ABCNEWS ON TV

LIVING HEADLINES

Study: Genetic Crops
Fine But More Tests
NeededDrugmaker Calls Anti-
Prozac Book
'Dangerous'Study: Shark Cartilage
for Cancer DoubtfulEstrogen Linked to Heart
Problems, StrokePoor Can't Fill Pain
Prescriptions

- ▶ SPECIAL SERVICES
- ▶ Shopping Guide
- ▶ Homework Help

New Scientific Heresy

Is Disagreeing With Prevailing
HIV Paradigm a Criminal Offense?

Commentary
By Nicholas Regush

SECOND
OPINION
NEWS.com



As science appears to be the new "religion" in our culture, those deemed to be in disagreement with its "articles of truth" should expect they might be portrayed as heretics.

A brazen example of this attempt to squash unorthodoxy can be seen in the March 29 edition of *Newsday*. Reporter Laurie Garrett writes that Canadian virologist Mark Wainberg, president of the International AIDS Society, has suggested that actions of those skeptical of the prominent theory that HIV causes AIDS warrant criminal prosecution.

That's right, criminal prosecution. Wainberg believes those who argue that HIV is not the cause of AIDS are, in effect, promoting the spread of HIV and hampering efforts to prevent HIV infection.

Back to the Middle Ages

In other words, because there is a strong sense of scientific unity among AIDS researchers, those publicly questioning HIV science are in denial and are being obstinate in spreading counter views about how AIDS develops. They are therefore dangerous and must be shut down.

This tone and view is all too reminiscent of the Roman Catholic Church in the Middle Ages, which considered those who disagreed with its teachings to be a threat to society.

Because the mathematician Galileo Galilei agreed with the Copernican theory that planets move around the sun, he was forced to recant before the Inquisition and ended up spending the rest of his

Related Stories

Second Opinion:
Forced Drug
Treatment

Second Opinion:
Drugging the Obese
Second Opinion:
Forced Psych Drug
Treatment

Second Opinion: The
Drawbacks of Anti-HIV
Drugs

Chat Transcript:
Nicholas Regush
discusses The Virus
Within

E-MAIL US

Write to Nicholas
Regush▶

ARCHIVE

Read past *Second
Opinion* columns▶

For the rest of
the latest
health news,
click here.

 ► SEARCH

 ► FAMILY.COM

 ► ABC.com

 ► EMAIL
ABCNEWS.com

 ► SEND PAGE TO
A FRIEND

 ► TOOLS AND
HELPERS

years in Florence under house arrest.

Centuries later, I'm sitting at my desk actually wondering whether I might be labeled a heretic and hauled before a Science Board.

Might writing a book questioning some of the prevailing science qualify for an new Inquisition?

The Argument Within

Last week, I was on the Canadian leg of a promotional tour for my book, *The Virus Within*, and found myself facing repeated verbal attacks by Wainberg. He followed me on at least six radio and television shows, sometimes pleading with the public not to buy my book. He referred to it as "dangerous," and "irresponsible."

My book focuses a lot of attention on a herpes virus named HHV-6, which scientists have shown can cause a lot of havoc in individuals with impaired immune systems.

The virus was identified in 1986 by a team led by Dr. Robert Gallo at the National Cancer Institute. Gallo is the co-discoverer of HIV.

The book mainly charts the progress of HHV-6 research conducted largely by Milwaukee scientists and how this might help scientists understand the complex ways viruses behave in the body.

It focuses particularly in patients suffering from AIDS, multiple sclerosis, chronic fatigue, and bone-marrow transplant difficulties.

Wainberg, apparently, is incensed that the book turns a sharp focus on HHV-6 as a potential contributor to AIDS, while raising serious questions about the current strong single focus on HIV as the cause of AIDS.

In a review of my book on April 1 in the *Montreal Gazette*, he said my book may appeal to "fringe elements" and that it "presents a series of misleading and simplistic assumptions about some of the most complex diseases known to occur."

A Broad Spectrum of Dissent

Fortunately, there is still a spectrum of opinion on most scientific matters that includes some voices of reason.

A couple of weeks ago I had lunch with virologist Luc Montagnier, the co-discoverer of HIV. We disagree strongly on the role of HIV in AIDS — he does firmly believe that HIV causes AIDS, while I still think science has yet to prove the relationship.

Yet this week, Montagnier wrote to me and endorsed my book, saying I had made "a strong case for the need to broaden the scope of scientific inquiry into the complex nature of chronic illnesses and even AIDS itself."

In the spirit of public education, I have offered Wainberg the opportunity to take me on one-on-one

in a public debate on HIV and AIDS with an impartial moderator. Such a debate could also be produced online. I suggested on at least eight or nine radio and TV shows in Canada that he should have it out with me.

He claimed that he didn't have the time. He then said that as president of the International AIDS Society he didn't want to give me any credibility.

The danger here is that these scientists hide away from real challenges because they set themselves apart from the more mundane aspects of daily inquiry, like the ongoing, freely expressed search for truth, open debate and self-correction that are required in scientific research. ■



Nicholas Regush produces medical features for ABCNEWS. In his weekly column, published Wednesdays, he looks at medical trouble spots, heralds innovative achievements and analyzes health trends that may greatly influence our lives. His latest book is The Virus Within.

SEARCH ABCNEWS.com FOR MORE ON ...

READY WHEN YOU ARE

Copyright ©2000 ABC News Internet Ventures. Click here for Terms of Use and Privacy Policy and Internet Safety Information applicable to this site.



DUTTON

News

On-Sale: March 6, 2000
Price: \$24.95

Contact: Kathleen Matthews
Publicity Manager
212/366-2212
kmatthews@penguinputnam.com

OR

Seta Bedrossian
Publicist
212/366-2221
sbedrossian@penguinputnam.com

THE VIRUS WITHIN A COMING EPIDEMIC

How Medical Detectives are Tracking a Terrifying Virus That Hides in
Almost All of Us

NICHOLAS REGUSH

This book makes plain, once and for all, that what we don't know might well kill us. For the past ten years, ABC News journalist Nicholas Regush has been on the trail of a shadow virus, a little-known yet widely-distributed virus that has been implicated in a varied group of conditions including chronic fatigue syndrome, multiple sclerosis, and AIDS. Tracing the Herculean efforts of a largely unsung group of medical researchers-cum-detectives, **THE VIRUS WITHIN: A Coming Epidemic** paints a chilling picture of a virus that threatens public health around the world.

The new virus is called Human Herpes Virus-6, or HHV-6. Identified in 1986 soon after the flurry of viral research that searched for the cause of AIDS, HHV-6 was initially seen as a possible co-factor in the onset of that disease. But as medical detectives got to know HHV-6 a little better, as they began to know what to look for and how to look for it, the virus started popping up in a number of unexpected places.

There was the case of 37-year-old Fred, who in 1988 came down with an odd set of symptoms. At first, it was fever, sore throat, and cough. Later, lung abnormalities surfaced, suggesting Legionnaires' Disease, as did lung, urine and blood tests. But, unexpectedly, antibiotics and antibacterial medication did nothing to stop the onset of the illness. Fred's kidneys failed, his liver began to give out, his arms and legs ceased functioning, and he was eventually placed on life support. AIDS was suggested, although

MORE...

LISA JOHNSON, VICE PRESIDENT, DIRECTOR OF PUBLICITY
DUTTON • 375 Hudson Street • New York, New York • 10014
PHONE (212) 366-2215 • FAX (212) 366-2262

A MEMBER OF PENGUIN PUTNAM INC.
A PEARSON COMPANY

there was no evidence of HIV, only the presence of some unusual, balloon-shaped cells. Fred finally recovered after receiving high doses of powerful anti-inflammatory drugs-- for reasons no one could figure out. The cause of the balloon-shaped cells turned out to be HHV-6.

A year later, in Japan, Yoshizo, a three-month old baby, was rushed to the hospital with a fever accompanied by vomiting and jaundice--symptoms of roseola, the common childhood ailment. But his liver was quickly destroyed, and within a week he slipped into a deep coma, dying soon after, HHV-6 the culprit. Other cases involving HHV-6 and child fatalities are reported, including Nan, a one-year-old whose entire body was savaged by the virus.

In the summer of 1993, a scientist researching HHV-6 examined 34 tissue samples taken from nine people who died from AIDS. All 34 samples revealed that at the time of death there was active HHV-6 infection in the lungs, lymph nodes, liver, kidney, and spleen. HHV-6 had earlier been found to be an extremely efficient killer of T-4 cells, the human immune cells that target and destroy invaders.

And there was the mystery of Janet, of Tulsa, Oklahoma, who was diagnosed with chronic fatigue syndrome. A few weeks later, she noticed that her cat was lethargic; the animal began to develop digestive problems, urinary tract infections, and walking difficulty. The cat later died. This case inspired a doctor to do a study of people with CFS and their pets. When he autopsied the pets that had died, he found swollen cells. When he injected the blood of one ill cat into another, a healthy animal, that cat also became ill. In the swollen cells he found signs of what looked like a virus.

And CFS is not believed to be an infectious disease. Not yet.

As it turns out, at least 90% of the population has HHV-6. It is transmitted to infants by the time they're one years old via the mother. It's dormant in most of us, and we develop antibodies to it early on. But these antibodies decrease as we age, making us more susceptible to the havoc HHV-6 can wreak in the body. It remains unclear just how HHV-6 is reactivated in the body. Could HHV-6 be behind full-blown AIDS symptoms including those symptoms experienced by people who appear to be HIV-negative? Is it the trigger for multiple sclerosis? Why do the pets of some people with chronic fatigue syndrome die suffering from chronic-fatigue-like symptoms?

At the forefront of the medical community efforts to answer these questions are Don Carrigan and Konnie Knox, an odd lab couple if ever there was one. Carrigan is a rebel researcher known for working around the clock, and for a decided lack of basic social skills. Carrigan's disheveled appearance belies the fact that he is an especially focused, careful researcher. He has an able if unorthodox partner in Knox, who in her thirties, with several kids at home, decided to pursue her Ph.D., taking HHV-6 as her prime (yet highly risky) focus. **THE VIRUS WITHIN** follows both as they are squeezed out of their

MORE...

research base at the Diagnostic Virology Laboratory of the Medical College of Wisconsin in the middle of their landmark study of HHV-6. Determined to continue their important work on the virus, they set up their own independent lab in a converted laundry room.

In addition to clearly explaining the complex science of cells and HHV-6, Regush relates the struggles faced by scientists toiling in relative obscurity, and the professional dangers faced by those who dare to challenge the prevailing scientific wisdom. This is the story behind the science, and it will seem familiar to anyone who has flouted convention. We meet Robert Gallo, co-discoverer of HIV, as he grapples with HHV-6 while staunchly defending his HIV work against a small-but-growing group of dissenters. Among this group is Peter Duesberg, a controversial scientist who derides the AIDS boondoggle and continues to lob grenades toward the science establishment. Some scientists from Australia are convinced that what AIDS researchers are calling HIV hasn't even been proven to be a virus and they have concluded that AIDS science has made an unprecedented mistake.

Science, and particularly medical research, is messy. Einstein noted that if you are out to describe the truth, leave elegance to the tailor. The search for the roots of HHV-6 and all of the symptoms, conditions, and diseases it has been linked to, goes inelegantly forward. And **THE VIRUS WITHIN**, a strange-but-true medical thriller with profound health implications for all of us, brings us closer to the truth about this elusive virus.

About the Author

Nicholas Regush is an award-winning and Emmy-nominated investigative medical and science journalist at ABC News, where he produces segments for *World News Tonight* with Peter Jennings. He also writes the popular "Second Opinion" column on health and medical issues for ABCNews.com. Regush was a reporter at the *Montreal Gazette* for 12 years, and has written investigative pieces for many magazines in the U.S. and Canada, including *Mother Jones* and *Equinox*. He has appeared on television and radio more than 100 times--to promote his writing, to serve as a news analyst, and to be interviewed on a wide range of issues. He lives in New York City and Montreal, Canada.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1060	
CONNECTION TEL		93475274
CONNECTION ID		
ST. TIME	05/04 12:00	
USAGE T	01'17	
PGS.	3	
RESULT	OK	



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:

Dr. Morsha C. Blanton

FROM:

Sandy Korman

COMPANY:

DATE:

FAX NUMBER:

347-5824

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

To: Del Lewis
Stacey Rhodes
CC: John Blaney

There are three late additions to the upcoming panel on HIV/AIDS that is being hosted by the South African Government on Saturday and Sunday. We think that these individuals will be extremely helpful to the dialogue. However, because they did not receive their invitations until Thursday and must depart on Friday, we want to make sure they don't fall through the cracks. Unlike the other participants, the late editions are paying their own way and their arrangements are still being made. The South African's seem a bit disorganized!

We would greatly appreciate your help in arranging hotel reservations for them at the Sheraton in Pretoria for Saturday and Sunday night, and ground transportation between the Airport and the hotel. They are arriving on May 6 on Delta Flight 7002 at 7:50AM from Atlanta to Johannesburg. The individuals are: Dr. Keith Rawlings, Dr. Mark Smith and Dr. Marsha Lillie Blanton.

Thank you very much for your help. Please let us know if we can provide additional information.

Sandy Thurman



OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Witney Schneidman FROM: Cheryl For Sandy
COMPANY: Thorman DATE:

FAX NUMBER: (647-6301) TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE: Urgent

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thank you!

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO	1071	
CONNECTION TEL		96476301
CONNECTION ID		
ST. TIME	05/04 19:31	
USAGE T	00'44	
PGS.	2	
RESULT	OK	

Del Lewis
Stacy Rhodes
cc John Blaney

There are 3^{late} additions to the
up coming panel on HIV/AIDS
that is being hosted by the SA
gov't on Saturday & Sunday.
We think these ~~late~~
individuals will be extremely
helpful to the dialogue, ~~and~~
~~but~~ However, ~~we~~ because
~~of their late~~ they did not
receive their invitations until
Thursday & must depart on Friday
we ~~are trying~~ want to make
sure they don't fall through the
cracks. Unlike the other participants,
the late editions are paying their
own way and their arrangements
are ~~still not confirmed~~. Still being
made. ~~The~~ The SA's seem a bit
disorganized.

International**The New York Times**
ON THE WEB[Home](#)[Site Index](#)[Site Search](#)[Forums](#)[Archives](#)[Marketplace](#)

BASIN HARBOR, VT



May 7, 2000

Mbeki Details Quest to Grasp South Africa's AIDS Disaster

Related Articles

- [South Africa in a Furor Over Advice About AIDS](#) (March 19, 2000)
- [Issue in Depth: The AIDS Epidemic](#)

Forum

- [Join a Discussion on The AIDS Epidemic](#)

By RACHEL L. SWARNS

PRETORIA, South Africa, May 6 -- For months, President Thabo Mbeki says, he pored through medical journals, consulted with scientists and struggled to understand the epidemiology of the AIDS epidemic that is ravaging his country.

"I'm reading all these complicated things, language I don't understand," Mr. Mbeki said today as he addressed an advisory panel of international AIDS researchers here. "I've got dictionaries all around me in case there are words that are difficult to understand. I phone the minister of health and ask her what does this word mean and she explains."

In this strikingly personal speech, Mr. Mbeki offered his first detailed explanation of how he came to consult with two Americans who argue that H.I.V. does not cause AIDS. The decision, which became public two months ago, quickly touched off a firestorm of criticism.

Leading scientists have criticized him for wasting time on discredited theories while South Africa is suffering one of the highest H.I.V. infection rates in the world. Some researchers have called for a boycott of an international AIDS conference that is scheduled to be held here in July.

Evere

M
69-y
tak
esc

Evere

Eve

Mot

O.

A

And as prominent American newspapers published editorials last month condemning his stance, some government officials here began to fear that the issue would overshadow Mr. Mbeki's first state visit to the United States, set for May 20, a visit that some had hoped would focus on South Africa's blossoming economy.

Today, Mr. Mbeki said that he and his ministers knew that the human immunodeficiency virus caused AIDS. He said he reached out to the Americans when he discovered how differently the disease appeared in sub-Saharan Africa as compared with the United States and Europe.

According to the United Nations AIDS program, two types of H.I.V. are currently recognized, and the most common, H.I.V.-1, has 10 genetically distinct subtypes.

Subtype B, which is most commonly transmitted through homosexual contact and intravenous drug use, is primarily found in the Americas, Europe, Australia, Japan and the Caribbean. Subtype C, most often found in South Africa and India, seems to be more infectious with a higher potential for heterosexual transmission, the United Nations says.

When he could not find satisfying explanations for such differences, Mr. Mbeki said, he began exploring the work of researchers who believe that poverty and malnutrition are more likely causes of the disease in Africa.

"We were looking for an answer because all of the information that has been communicated says in reality that we are faced with a catastrophe," Mr. Mbeki explained in his speech at the Sheraton Hotel here. "And you can't respond to a catastrophe merely by saying, 'I will do what is routine.' "

Mr. Mbeki refused to dismiss the work of the American researchers David Rasnick, a biochemist, and Peter Duesberg, a professor of biochemistry and molecular biology at the University of California at Berkeley.

Both men are included in the government's 33-member advisory panel, which met today for the first time and will advise Mr. Mbeki on the cause and best treatments for AIDS. The panel is evenly split between those who believe H.I.V. causes AIDS, including Luc Montagnier of the Pasteur Institute in Paris, whose research team discovered the virus -- and those who do not.

But the uncharacteristically personal speech did offer some rare insight into Mr. Mbeki. As he described his efforts to understand H.I.V., which has infected more than 3 million people in this country of 44 million, he portrayed an intensely driven, hands-on leader who is reluctant to leave critical decision-making to others.

Tom Lodge, a professor of political science at the University of the Witwatersrand in Johannesburg, said: "In one way, of course, it's an

admirable indication of an extremely conscientious and intelligent chief executive. But I think he's also a compulsive interferer. There is a medical establishment. You leave, as it were, to the experts certain things that require expertise."

Similar criticisms come from doctors in the medical community here, on this and other aspects of the government's handling of AIDS policy.

In March, government officials scrambled to explain how \$6.2 million of the country's \$17 million AIDS budget went unspent last year. And last year, Mr. Mbeki stunned health experts by questioning the safety of the standard anti-AIDS drug AZT. The government has decided not to distributed the drug in public hospitals here, even though the National Institutes of Health in the United States has determined that the benefits of the drug far outweigh the potential side effects.

BASIN HARBOR, VT



[Home](#) | [Site Index](#) | [Site Search](#) | [Forums](#) | [Archives](#) | [Marketplace](#)

[Quick News](#) | [Page One Plus](#) | [International](#) | [National/N.Y.](#) | [Business](#) | [Technology](#) |
[Science](#) | [Sports](#) | [Weather](#) | [Editorial](#) | [Op-Ed](#) | [Arts](#) | [Automobiles](#) | [Books](#) | [Diversions](#)
| [Job Market](#) | [Real Estate](#) | [Travel](#)

[Help/Feedback](#) | [Classifieds](#) | [Services](#) | [New York Today](#)

[Copyright 2000 The New York Times Company](#)


[Home](#) | [Register](#)
Web Search:

GO



Optimize Your Internet Connection Now

Slow

Fast

12 Year
ARCwashington
JOBSEMPLOYERS
SUBMIT ADS ONLINE
CLICK HERE![News Home Page](#)[News Digest](#)[OnPolitics](#)[Nation](#)[World](#)[Africa](#)[Americas](#)[Asia/Pacific](#)[Europe](#)[Former USSR](#)[Middle East](#)[Columnists](#)[Search the World](#)[Special Reports](#)[Photo Galleries](#)[Live Online](#)[World Index](#)[Metro](#)[Business/Tech](#)[Sports](#)[Style](#)[Education](#)[Travel](#)[Health](#)[Opinion](#)[Weather](#)[Weekly Sections](#)[Classifieds](#)[Print Edition](#)[Archives](#)[News Index](#)[Help](#)

Partner Sites:

[Newsweek.com](#)[BRITANNICA.COM](#)**Toolbox**[Travel](#)
[World Weather](#)
[Currencies](#)

Mbeki vs. AIDS Experts

By Jon Jeter

Washington Post Foreign Service
Tuesday, May 16, 2000; Page A01

PRETORIA, South Africa — Unable to sleep, South African President Thabo Mbeki surfed the Internet into the wee hours of the night until he stumbled, quite by chance, onto an obscure but oddly absorbing Web site that challenged conventional notions about the treatment of AIDS.

That cyberspace discovery on a solitary evening nearly eight months ago set in motion a chain of events that has put sub-Saharan Africa's most prosperous country at the center of an international dispute about whether the medicines commonly used in the West to combat AIDS can effectively treat Africans as well.

In a country with one of the world's fastest-spreading AIDS epidemics, the restlessly curious Mbeki has repeatedly ignored medical consensus and shrugged off price discounts offered by pharmaceutical companies, steadfastly refusing to distribute antiretroviral medicines, such as AZT, to South Africans infected with the AIDS virus, HIV. In doing so, the protege of South Africa's revered former president, Nelson Mandela, is revisiting a question that most medical experts had considered long closed: Does HIV cause AIDS? In doing so, he has alienated and mystified a broad range of political allies, advisers and even friends who held him in high regard.

"This is exactly what I would have expected from the apartheid government, not [Mbeki]," said Glenda Gray, a physician who is director of the perinatal clinic at Chris Hani Baragwanath Hospital in Soweto.



South African President Thabo Mbeki speaks to reporters Saturday in Pretoria. (AP)



Full Text

Text of the South African President Thabo Mbeki's letter on AIDS to world leaders. [Read](#)

On the Web

- [AIDS Foundation of South Africa](#)
- [South Africa Department of Health: HIV/AIDS and STD Directorate](#)
- [United Nations Joint Programme on HIV/AIDS](#)
- [U.S. State Department: 1999 U.S. International Response To HIV/AIDS](#)

[E-Mail This Article](#)[Printer-Friendly Version](#)

Shopping

\$2164.76

Take your
show on
the road
with this
HP OmnibcSavings
local groc

Search

☒ News☐ Post A[Advance](#)

Related

[Africa Ge
Drug Exc
\(The Washi
05/11/00\)](#)

[AIDS Dis
Highlight
Combativ
\(The Washi
04/21/00\)](#)

[S. African
President
Escalates
Feud \(The
Washington
04/19/00\)](#)

[AIDS Mea
Top Worl
Agenda \(T
Washington
04/13/00\)](#)

[U.N. Plan
Condoms
Troops \(T
Washington
03/18/00\)](#)

[Africa Stu
Raise AID
Vaccine
Washington](#)



of the perinatal clinic at Chris Hani Baragwanath Hospital in Soweto, referring to the white-minority government that was ousted six years ago in South Africa's first all-races election. "You just don't expect someone with Mbeki's credentials to do something that is so confounding."

Last week, Mbeki convened an AIDS advisory panel that includes several scientists who reject the conventional idea that the human immunodeficiency virus, or HIV, causes AIDS, an incurable disease that severely weakens the immune system and leads to death. Using information gleaned from the Internet, Mbeki has repeatedly questioned not only the efficacy of AZT--a drug widely used in the West to slow progression of the disease--but also its safety.

"It seems to me that everybody in government should try to understand this thing as thoroughly as possible so that we can respond to this issue," he said in an interview with reporters here Saturday, two weeks before his first official visit to Washington. "There are real, genuine scientific questions recognized by scientists that need to be resolved."

With an estimated 10 percent of South Africa's 43 million people infected with HIV, Mbeki's administration has refused to distribute AZT even to pregnant women, who if given the drug during the three months prior to delivery, are half as likely to pass HIV on to their children.

Mbeki's refusal to use commonly accepted drugs in the struggle against AIDS comes even as the United States and other Western countries--which fear that the Third World's escalating AIDS crisis could destabilize global markets and world security--are looking to relatively industrialized South Africa to develop a model for curbing the spread of AIDS in the developing world.

In his speeches, Mbeki has advocated social and economic development on the continent and has called for an "African Renaissance." Fiercely protective of a continent he believes has been exploited by its former colonial rulers, he has portrayed his questioning of accepted AIDS therapies as an effort to derive an "African solution." In the process, however, he has alienated many South African scientists who contend that their own research supports the use of antiretroviral drugs in treating patients--particularly poor pregnant women--a therapy they say is affordable and likely to reduce government expenditures on health care.

"The scientists of South Africa have been providing this information for years," said Malegapuru Makgoba, director of the Medical Research Council here and a friend of Mbeki's. "The longer we delay, the worse the situation becomes."

"The irony of this is: How can you replace the orthodoxy of the West with the unorthodoxy of the West and think that you are making progress?" he added, referring to the dissident American scientists whose research has provided the basis for much of Mbeki's skepticism.



This weekend, Mbeki defended his stance by displaying an impressive breadth of scientific knowledge, using terms more common to the head of a university biology department than to a head of state. "When you are dealing with a virus and you . . . put some drug into the human body, whatever antiviral agent comes into this particular cell, it has to . . . produce phosphorous particles, which are the things that have an impact on the virus," he said. But "science isn't even agreed upon that question," he continued. "Does such phosphoral relation take place?"

Mbeki's defiance is emblematic of, and at odds with, his popular image. A trained economist who sprinkles his speeches with poetry, he is widely regarded even by critics as a restless intellectual whose return to South Africa after 30 years in political exile helped Mandela and the African National Congress bring about black-majority rule. His pragmatism is seen as a crucial factor in pushing the formerly socialist ANC to adopt a widely praised free-market economy.

On other policy fronts, Mbeki has become a close ally of the Clinton administration. So when he sent a letter to Clinton this spring explaining his position on antiretroviral drugs, the White House staff was so baffled that it checked to ensure that the correspondence was not a hoax.

But Mbeki is also regarded as thin-skinned, shrewdly manipulative and suspicious of all but his closest advisers. When a reporter asked if he could afford such a cautious, studied approach to treating AIDS when activists estimate that 1,500 to 1,700 South Africans are becoming infected with HIV daily, Mbeki retorted skeptically: "How is that figure derived? Do you know? I don't know."

AIDS activists fear that uneducated, rural Africans may misinterpret Mbeki's association with pathologists who reject the link between HIV and AIDS. If these people see Mbeki's stance as an official endorsement of a popular view that AIDS does not exist, activists fear they may decide that safe sex and other precautions are unnecessary.

"We don't have the luxury of this debate," said Mary Crewe, director of the Center for the Study of AIDS at Pretoria University.

Recovering from nearly five decades of the apartheid government's ruinous economic policies, South Africa cannot easily afford the multiple AIDS drugs, or "cocktail," that can cost \$5,000 a month per patient. But the country can almost certainly afford short-course AZT treatment for poor, pregnant mothers to curb AIDS transmission to their newborns. Such treatment, which would cost less than \$50 per mother, would save the government millions of dollars in caring for sickly, dying children and prevent the shrinkage of both the work force and the economy.

Pregnant women pour each day into the perinatal unit at Baragwanath Hospital in Soweto, searching for answers. "I just want to know," asked

one woman who is nine months pregnant and infected with HIV, "what kind of treatment is available that might help us and our children live longer?"

"We have 600,000 children admissions each year," said Gray, the unit's director. "Forty percent of those children are HIV positive. We're spending a lot of time and resources every day dealing with something that is almost preventable."

She paused. "If they're not going to provide us with AZT," she said, "then the best thing that the government can do is to ask us to strangle them all at birth."

© 2000 The Washington Post Company

[◀ Previous Article](#)

[Back to the top](#)

[Next Article ▶](#)



Free Digital Cameras

More reasons to smile.



ENTER
FOR
FREE



washingtonpost.com

[Home](#)

| [Register](#)

Web Search:

[GO](#)

p. 800-819-8526

A FAX**DATE** 4/14/00

from

H. Clifford Lane, M.D.
Clinical Director
National Institute of Allergy and Infectious Diseases
NIH, Bldg. 10/ Rm. 11S231
Bethesda, MD 20892

Voice 301 496 7196, fax 301 480 5560, e-mail Clane@nih.gov

To

Name

Cheryl

Organization

Office of National AIDS Policy

Fax no.

202-456-2439

Message:

Thanks—

Tim
Asst. Dir.
Public
Affairs
Posi. Organizations

US
700/1000
sub

24-15th
sub

test portion

Stefano Vella/NIH equiv. in Italy

No. Pages including cover sheet _____

Cliff Lane

From: Dr Ian Roberts
Sent: Thursday, April 13, 2000 11:34 AM
To: AIDS EXPERT GROUP
Subject: Aids in Africa - the way forward

Dear Colleagues

I hope you do not mind an initial contact by email but this was my most rapid option.

As you may be aware it has been agreed by the President of South Africa and the Minister of Health in South Africa that an expert group should be convened to consider AIDS in Africa - the way forward.

The purpose of this fax is to inform you that the Minister of Health should like to invite you to be a member of this expert group.

The expert committee shall consist of about 30 persons from Europe, America and Africa and will meet twice in South Africa.

The first meeting will be in South Africa on May 6th and May 7th 2000.

The general terms of reference are:

AIDS in Africa - the way forward.

The expert group will discuss, contextualise, and (after the internet discussion) hopefully be able to reach consensus on the appropriate ways forward for South Africa in dealing with HIV/AIDS. This may, if appropriate, include direction of future research as well as therapeutic interventions (established or novel).

The expert group will also inform the process of the internet discussion and nominate from its members chairpersons to lead and stimulate discussion on the topics outlined below.

1. Evidence for the viral aetiology of AIDS and other concerns regarding the pathogenesis and diagnosis of HIV/AIDS in Africa.
2. Therapeutic intervention for opportunistic infections in HIV/AIDS patients in Africa
3. Therapeutic intervention to prevent the transmission of HIV/AIDS in Africa.
4. Role of therapeutic intervention in patients with AIDS in Africa
5. Role of therapeutic intervention in patients that are HIV positive in Africa
6. Role of therapeutic intervention to prevent the transmission of HIV in vertical transmission in Africa

7. Role of therapeutic intervention for post-exposure prophylaxis in Africa.
 8. Role of therapeutic intervention to prevent the transmission of HIV following Rape in Africa
- In all cases consideration should be given to evaluation of the scientific merits of the intervention given the social reality and the poverty that exists in Africa.
 - In all cases considerations should be given to evaluation of the scientific merits of the intervention given the scientific knowledge that has arisen from studies performed or pathological conditions that exist in Africa
 - The safety and efficacy of any intervention should be considered in the context of the existing health and welfare structures in South Africa
 - Social and Economic considerations will be an essential part of the discussion.
 - Alternative therapeutic approaches should be considered

•
The internet think-tank should be operative for between six to eight weeks and participants will be invited to join but will otherwise be closed.

- At the end of the internet think-tank session the expert committee will then meet in South Africa for its final consensus discussion.
- The topics will be structured and limited by time. At the end of the discussion all documentation should be placed in the public domain.

•
The consensus report should be considered for publication in an international journal.

This process is still open enough to take new ideas and I should be grateful to receive them.

Let me conclude by saying that I am aware that this is short notice and I apologise.

I will make the names of those who accept known to each other.

The Government of South Africa will cover all transport and accommodation costs.

I should be most grateful if you would acknowledge, by email, receipt of this email.

Please inform me as soon as possible, should you be able to attend the meeting on the 6-7 May 2000.

Should you be unable to attend the meeting but still be willing to be a member of the expert panel please inform me.

Should it be impossible for you to be a member of the expert panel I should be grateful if you would inform me as I shall have to contact a substitute.

Please feel free to contact me for further information.

Regards

Dr Ian Roberts

irobmoh@icon.co.za

Tel +21 674 2473 (home)
+21 462 3002 (work - direct line)
+21 465 7407/8 (work - switchboard)
+21 465 15 75 (fax)
+82 557 9077 (cellular phone)

INVITATION LIST

Scientists and AIDS experts being invited to join the organizing committee and/or sign on:

Argentina

Rosa Bologna bologna@connmed.com.ar
Julio Ramirez jarami01@ulkyvm.louisville.edu
Carlos Zala czala@huesped.org.ar
Hector Perez +5411 4983 7777

Australia

Tony Cunningham tonyc@westmed.wh.su.edu

Austria

Manfred Dierich hygiene@vibk.ac.at

Botswana

Sheila Tlou tlousd@noka.ub.bw

Brazil

Jose Araujo jaraujo@osite.com.br
Jorge Adrian Beloqui beloqui@ime.usp.br
Adauto Castelo Filho acastelo@originet.com.br
Pedro Chequer pchequer@ids.saude.gov.br
Anastacio de Queiroz Sousa anastacio@sesa.ce.gov.br
Bernardo Galvao de Castro Filho bgalvao@bahianet.com.br
Dirceu Bartolomeu Greco greco@medicina.ufmg.br
Guido Levi glevi@miloribas.sp.gov.br
Marcia Rachid de Lacerda rachid@rio.com.br
Luiz Mott luizmott@ufba.br
Celso Ferreira Ramos Filho celso@cives.ufjf.br
Joao Silva de Mendonca cedipi@uol.com.br
Mary Jane Paris Spink mjpspink@pucsp.br
Amilcar Tanuri atanuri@biologia.ufjf.br
Paulo Roberto Teixeira pteixeira@ids.gov.br
David Uip casaaids@trycomm.com.br

Cambodia

Koum Kanal nmhc@bigpond.com.kh
Veng Thal

Cameroon

David Awasum dawasum@jhuccp.org

Canada

Alistair Clayton clayton@sympatico.ca

Catherine Hankins md77@musica.mcgill.ca

Normand La Pointe lapointen@ere.umontreal.ca

China

Yi Zhen zengy@public.bta.net.cn

Weimin Ma maweimin@hotmail.com

Li Ruan ruanl@public3.bta.net.cn

Kean Wang wangka@public.bta.net.cn

Shaohua Wang dbxj@public.wl.xj.cn

Zhenquan Zhou ynzzq@990.net

Colombia

Santiago Ferro aanferro@openway.com.co

Guillermo Prada gprada@cable.net.co

Denmark

Finn Black fax +45 86 113 534

Anders Fomsgaard afo@ssi.dk

Dominican Republic

Martha Butler fund.genesis@codetel.net.do

France

Jean-Francois Delfraissy jean-francois.delfraissy@bct.ap-hop-paris.fr

C. Devaux devaux@sc.univ-montp.fr or: devaux@crbm.cnrs-mop.fr

Jean-Claude Gluckman jean-claude.gluckman@psl.ap-hop-paris.fr

or: jc.gluckman@sat.ap-hop-paris.fr or: jcgluck@club-internet.fr

C. Griscelli

Michel Kazatchkine

JL. Virelizier virelizi@pasteur.fr

Laurent Mandelbrot laurent.mandelbrot@cch.ap-hop-paris.fr

Willy Rozenbaum willy.rozenbaum@rth.ap-hop-paris.fr

Gabon

Jean-Marie Milleliri prevention.sida@inet.ga

Germany

Kiki Arasteh

V. Erfle erfle@gsf.de

Paul Racz racz@bni.uni-hamburg.de

Klara Tenner-Racz racz@bni.uni-hamburg.de

Schlomo Staszewski staszewski@em.uni-frankfurt.de

Hans Wolf hans.wolf@klinik.uni-regensburg.de

Guatemala

Hugo Zelaya Pezzarossi hepezzarossi@guate.net

Haiti

Jean Pape gheskio@acn2.net
fax +11 509 23 9416

India

Isabel de Zoysa dezoysai@who.ch
Prof. Gadkari hivnet@giaspn01.vsnl.net.in
J.K. Maniar jkmانيار@bom5.vsnl.net.in
Bimal Charles bimalcharles@hotmail.com
Ketan Desai ketan@wilnetonline.net
P.L. Joshi drjosshi@yahoo.com
Rashid Merchant deandoc2000@yahoo.co.uk
Ramesh Paranjape rameshparanjape@hotmail.com
Dr. Ravi aidsawarenessgroup@usa.net
Shoba Sehgal medinst@pgi.chd.nic.in
Suniti Solomon yrgcare@vsnl.com
P.N. Tandon pntandon@nbcindia.org
T. Jacob John fax +91 41 63 20 35
V.K. Vinayak fax +91 11 43 62 884 or 43 63 018
Dr. Kulandavel tel +91 42 86 30 685 or +91 42 86 20 685
Prof. Manoharan pmcra@erode.tn.nic.in
D.G. Saple asaple@bom3.vsnl.net.in
Kapila Bharucha kebharucha@hotmail.com
Subhasree Raghavan ssr12@columbia.edu

Indonesia

Suriadi Gunawan andrea@smtp.namru2.go.id

Italy

Fernando Aiuti aiuti@popmail.iol.it
Ferdinando Dianzani f.dianzani@unicampus.it
Adriano Lazzarin lazzarin.adriano@hsr.it
Mauro Moroni imit@imiucca.csi.unimi.it
Guido Poli poli.guido@mail.hsr.it
Sergio Romagnani s.romagnani@dfc.unifi.it
Paulo Rossi lindfors.rossi@flashnet.it
Gabiella Santoro santoro@bio.uniroma2.it
Antonio Siccardi siccardi.antonio@hsr.it
Paola Verani verani@iss.it

Ivory Coast

Mireille Dosso fermeadam@globeaccess.net

Ehounou Ekpini rea3@cdc.gov

Auguste Kadio

Jamaica

Peter Figueroa

Japan

Katsuyuki Fukutake fax +81 3 3340 5448

Takashi Kitamura fax +81 766 56 7326

Gota Masuda fax +81 3 3824 1552

Hiroaki Mitsuya fax +81 96 363 5265

Shinichi Oka fax +81 3 5273 5193

Hiroshi Terenuma terenuma@res.yamanashi-med.ac.jp

or: terenuma@res.yamanashi-med.ac.jp

Naoki Yamamoto fax +81 3 5803 0124

Shuzo Yamazaki fax +81 42 564 3640

Kenya

J.J. Bwayo medimicro@insightkenya.com

Joan Kreiss iartp@u.washington.edu

Elizabeth Ngugi

Frank Plummer

Lesotho

Moe Maw kmswe@ilesotho.com

Dr. Nyaphise nyaphise@iesoff.co.za

Malawi

Richard Pendami

Malaysia

Rokiah Ismail

Mexico

Carlos Del Rio cdelrio@emory.edu

Jose Izazola jizazola@funsalud.org.mx

Samuel Ponce de León sponce@quetzal.innsz.mx

Guillermo Ruiz-Palacios gmrps@servidor.unam.mx

Patricia Volkow volkpw@ssa.gob.mx

Griselda Hernandez fax 525 528 4220

Patricia Uribe-Zuniga fax 525 528 4220

Morocco

Abdullah Benslimane

Mozambique

Avertino Barreto

Jorge Barreto

Julie Cliff

Namibia

Scolastica Ipinge

Abner Xoagub nacp@iafrica.com.na

Netherlands

Jaap Goudsmit j.goudsmit@amc.uva.nl e.h.albers@amc.uva.nl

Rob Schuurman r.schuurman@lab.azu.nl

Nigeria

Samuel Adeniyi-Jones sajones@niaid.nih.gov

Jackson Omene jomene@aol.com

Eka Williams ewilliams@pcjoburg.org.za

Norway

Jan Brinchmann j.e.brinchmann@rh.vio.no

Papua New Guinea

Clement Malau clementm@datec.com.pg

Peru

Eduardo Gotuzzo egh@upch.edu.pe

Philippines

Ofelia Monzon

Puerto Rico

Jorge Santana Bagur tel/fax (787) 754 3769

Russia

Andrei Kozlov biomed@mailbox.alkor.ru

Rwanda

Etienne Karita labhiv@rwandatell.rwanda1.com

Senegal

Salif Sow salifsow@telecomplus.sn

Sierra Leone

Aiah Gbakima agbakima@morgan.edu

South Africa

Anna Coutsoudis anna@gci.za.org

Clive Gray cgray@niv.ac.za

Glenda Gray gray@pixie.co.za

John Matjila mjmajila@mcd4330.medunsa.ac.za

Steve Miller sdm@innovirinstitute.com

Solomon Benatar

Mary Crewe mcrewe@ccnet.up.ac.za mcrewe@iafrica.com

Allen Herman allenherman@icon.co.za

Marian Jacobs marian@rmh.uct.ac.za

Barry Kistnasamy

Keith Klugman

Lerato Mohapi trials@mweb.co.za

Daya Moodley moodleyj@med.und.ac.za

Eleanor Preston-Whyte research@nu.ac.za

Max Price

Wally Prozesky walterprozesky@mrc.ac.za

Helen Rees helen.rees@pixie.co.za

Michael Bennish bennish@mrc.ac.za

Glenda Fehler glendaf@mail.saimr.wits.ac.za

Graham Nielsen gnielsen@iafrica.com gnielsen@iafrica.com

Spain

Jodi Casabona

Swaziland

Beatrice Dhlamini

Sweden

Gunnel Biberfeld arenki.popescu-greaca@onk.pat.ki.se

Erling Norrby rsas@kva.se

Switzerland

Didier Trono didier.trono@medecine.unige.ch

Tanzania

Charles Kilewo tfnc@muchs.ac.tz

Fred Mhalu fmhalu@muchs.ac.tz

Thailand

Siripon Kanshana siripon@health.moph.go.th

fax +66 2 590 4457

Suporn Koetsawang fax +66 2 412 9868

Marc Lallemand tel/fax +66 665 324 0544

Praphan Phanuphak fax +66 2 254 7577

Kiat Ruxrungtham

Chantapong Wasi headsimi@mahidol.ac.th

Trinidad and Tobago

Courtenay Bartholomew noreen@wow.net

Uganda

Dr. Katabira

Crispus Kiyonga

Elizabeth Madraa acpebbe@imul.com

Edward Mbidde

Prof. Mugerwa tbru@afsat.com

David Serwadda dserwada@imul.com

fax +256 41 245 808, or +256 42 204 831

Fred Wabwrie-Mangen lph@uga.healthnet.org

United Kingdom

Roy Anderson roy.anderson@ceid.ox.ac.uk

Anthony Costello a.costello@ich.ucl.ac.uk

T. Michael Dexter n.ahmed@wellcome.ac.uk

Suzanne Filteau s.filteau@ich.ucl.ac.uk

Paul Fine paul.fine@lshtm.ac.uk

Brian Gazzard

Stephen Gillespie stepheng@rfc.ucl.ac.uk

Frances Gotch f.gotch@cxwms.ac.uk

Richard Hayes r.hayes@lshtm.ac.uk

Margaret Johnson

Peter Lachman fax +44 20 7969 5298

Sebastian Lucas sebastian.lucas@kcl.ac.uk

Keith McAdam

Sir Robert May

Alistair Story al.story@ucl.ac.uk

Andrew Tomkins a.tomkins@ich.ucl.ac.uk

Hilton Whittle

United States

Bruce Alberts fax (202) 334 1647
David Baltimore baltimo@cco.caltech.edu
John G. Bartlett jb@jhmi.edu
Irv Chen rtaweesu@ucla.edu
Tom Coates tcoates@psg.ucsf.edu
John Coffin jcoffin_par@opal.tufts.edu
Larry Corey lcorey@u.washington.edu
Bryan Cullen culle002@mc.duke.edu
Kevin De Cock fax 404 639 0910
Ron Desrosiers ronald_desrosiers@hms.harvard.edu
Wafaa El-Sadr wmel@columbia.edu we15@columbia.edu
Anthony Fauci jcolli@niaid.nih.gov
Margaret Fischl
Gerald Friedland gerald.friedland@yale.edu, susan.hender@yale.edu
Robert Gallo gallor@umbi.umd.edu
Helene Gayle hgayle@cdc.gov
Warner Greene wgreene@gladstone.ucsf.edu
Geeta Gupta geeta@icrw.org
Ashley Haase ashley@mail.ahc.umn.edu
Beatrice Hahn bhahn@shaw-hahn.dom.uab.edu
or: bhahn@cordelia.dom.uab.edu
Scott Hammer cuid@medicine1.cpmc.columbia.edu
Bart Haynes hayne002@mc.duke.edu
Marty Hirsch mshirsch@partners.org
David Ho david_ho@adarc.org or: dho@adarc.org
King Holmes worthy@u.washington.edu
James Hoxie hoxie@mail.med.upenn.edu
Eric Hunter ehunter@uab.edu
Harold Jaffe hwj1@cdc.gov
Bette Korber btb@t10.lanl.gov
Richard Koup rkoup@mednet.swmed.edu
Cliff Lane fax 301 480 5560
Norm Letvin nletvin@bidmc.harvard.edu
Jay Levy jalevy@itsa.ucsf.edu
George Lewis lewisg@umbi.umd.edu
Dan Littman littman@mcbi-34.med.nyu.edu
Mike McCune mmccune@gladstone.ucsf.edu
John Mellors mellors@msx.dept-med.pitt.edu
Mike Merson
Gary Nabel gnabel@nih.gov
Neal Nathanson nathansn@mail.med.upenn.edu
Stephen O'Brien obrien@ncifcrf.gov

Alan Perelson asp@lanl.gov
Tom Quinn tquinn@welch.jhu.edu
Robert Redfield redfie@umbi.umd.edu
David Satcher
Chip Schooley robert.schooley@uchsc.edu
George Shaw gshaw@cordelia.dom.uab.edu
Robert Siliciano rsilicia@welch.jhu.edu
Joe Sodroski joseph_sodroski@dfci.harvard.edu
Mario Stevenson mario.stevenson@ummed.edu
John Sullivan john.sullivan@umassmed.edu
Harold Varmus varmus@mskcc.org
Bruce Walker bwalker@helix.mgh.harvard.edu
Catherine Wilfert wilfert@mindspring.com
Flossie Wong-Staal vincent.yao@hkg.rabobank.com
Jose Zuniga jzuniga@iapac.org

Venezuela

Raul Isturiz los.isturiz@wanadoo.fr

Vietnam

Nguyen Hien vnholand@netnam.org.vn
fax +84 48 52 41 41

Zambia

Yusuf Ahmed yad1@hotmail.com
Prof. Chintu cchintu@zamnet.zm
C. Kankasa ckankasa@zamnet.zm
Francis Kasolo idcp@zamnet.zm
Rosemary Musonda rmusonda@zamnet.zm
Peter Mwaba p_mwaba@hotmail.com

Other countries

Every effort is being made to secure participation by leading scientists and notable AIDS experts from countries not listed above.

Organizations which have expressed support for the Durban Declaration and will sign on
(asterisks indicate committee members and/or signatories):

International AIDS Society

Mark Wainberg,* Canada

Lars Kallings,* Sweden

Stefano Vella,* Italy

International AIDS Vaccine Initiative

Seth Berkley, USA

Wayne Koff,* USA

Institut Pasteur

Philippe Kourilsky,* France

AIDS Research Alliance

Stephen Brown, USA

Irl Barefield, USA

Organizations being invited to support the initiative

NOTE: This is a partial listing. Other international and national organizations are invited to sign on, including national medical associations, research institutes, infectious disease societies, etc.

UNAIDS

Awa Marie Coll-Seck, Senegal collsecka@unaids.org

Peter Piot, Belgium piot@who.ch

The Royal Society

Aaron Klug,* UK

International Red Cross

In development

Doctors Without Borders

In development

Other Organizations

In development

PH/

6/12/00