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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. notes	re: Meeting with President Mbeki (3 pages)	04/13/2000	P1/b(1)

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

FOLDER TITLE:
South Africa [2]

2018-0764-F
jm2030

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.
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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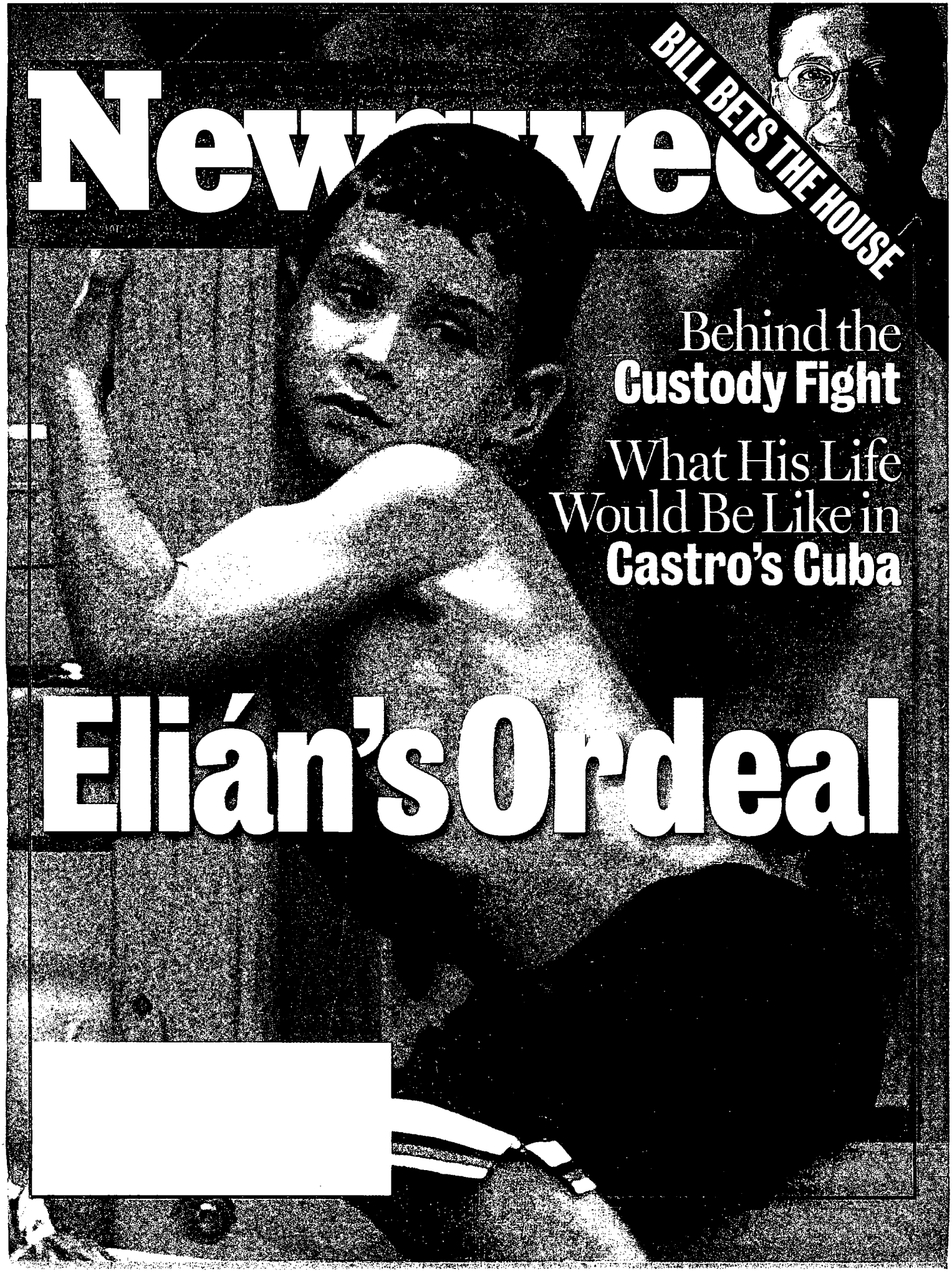
Newsweek
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PAGE 01 OF 05
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UNCLAS SECTION 01 OF 03 PRETORIA 007304

SENSITIVE

AF FOR A/S RICE, DAS SCHNEIDMAN
AF/S FOR A. RENDER
OES FOR N. CARTER-FOSTER
IO/T FOR A. BLACKWOOD
WHITE HOUSE ONAP FOR DIRECTOR S. THURMAN x 62437

E.O. 12948: N/A
TAGS: KHIV, TBIO, SOCI, SF
SUBJECT: HIV/AIDS: WHILE TOP LEADERS MINCE WORDS ON HIV/AIDS LINK, WORKING-LEVEL OFFICIALS PRESS AHEAD

REF: PRETORIA 7103

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SUMMARY
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1. (SBU) SOUTH AFRICAN PRESIDENT THABO MBEKI'S AMBIGUOUS STAND ON THE CAUSAL LINK BETWEEN HIV AND AIDS HAS CAUSED WIDESPREAD CONSTERNATION BOTH INSIDE AND OUTSIDE OF HIS GOVERNMENT. FOLLOWING THE PRESIDENT'S LEAD, MOST GOVERNMENT MINISTERS, INCLUDING THE MINISTER OF HEALTH, HAVE ONLY OFFERED NONCOMMITTAL RESPONSES TO QUESTIONS FROM JOURNALISTS ON THE SUBJECT. ALTHOUGH MBEKI'S OWN PARTY, THE RULING AFRICAN NATIONAL CONGRESS (ANC), HAS SUPPORTED THE PRESIDENT'S POSITION, A LEAKED ANC DOCUMENT CALLS FOR MBEKI AND THE MINISTER OF HEALTH TO PUBLICLY ACKNOWLEDGE THAT HIV CAUSES AIDS. DESPITE THE CONFUSION AT THE TOP, WORKING-LEVEL OFFICIALS IN THE GOVERNMENT CONTINUE TO MOVE AHEAD WITH PROGRAMS THAT RECOGNIZE THE HIV/AIDS CAUSALITY LINK. END SUMMARY.

THE PARTY LINE

2. (SBU) MBEKI'S AMBIVALENCE ON THE QUESTION OF WHETHER HIV CAUSES AIDS HAS CONFOUNDED FRIENDS AND INFURIATED CRITICS, AND HIS LATEST STATEMENTS ON THE SUBJECT IN A TIME MAGAZINE INTERVIEW HAVE ONLY MADE HIS POSITION SEEM MORE EQUIVOCAL. WHILE ACCEPTING THE IDEA THAT THERE IS A VIRUS THAT MAY CAUSE AIDS ("THERE MAY VERY WELL BE A VIRUS"), HE ALSO SUGGESTED THAT THERE ARE OTHER CAUSES, SUCH AS TUBERCULOSIS. IN A LATER PRESS RELEASE AND A HALF-PAGE AD IN LOCAL NEWSPAPERS, A GOVERNMENT STATEMENT ATTEMPTED TO CLARIFY THE PRESIDENT'S POSITION, POINTING OUT THAT THE PRESIDENT AND HIS MINISTERS HAVE NEVER DENIED THERE WAS A LINK BETWEEN HIV AND AIDS. THE STATEMENT GOES ON TO SAY, "THE QUESTION CAN BE ASKED WHY THE GOVERNMENT WOULD PUT MONEY INTO RESEARCH FOR A VACCINE IF IT ASSUMES NO LINK BETWEEN HIV AND AIDS." THE STATEMENT ALSO NOTED THAT THE GOVERNMENT IS SUPPORTING OTHER RESEARCH AND PREVENTION PROGRAMS, INCLUDING INVESTIGATING DRUGS TO REDUCE MOTHER-TO-CHILD TRANSMISSION.

3. (SBU) ECHOING MBEKI'S EQUIVOCAL POSITION, ALMOST ALL OF HIS CABINET MINISTERS, WHEN QUESTIONED BY JOURNALISTS, REFUSE TO COMMIT THEMSELVES ON WHETHER THEY BELIEVE HIV CAUSES AIDS. THE MOST PROMINENT EXAMPLE OF THESE ATTEMPTS AT OBFUSCATION WAS THE MINISTER OF HEALTH'S RECENT APPEARANCE ON A POPULAR RADIO TALK SHOW. PLACED IN THE UNTENABLE POSITION OF HAVING TO EITHER CONTRADICT THE PRESIDENT OR DENY THE OVERWHELMING CONSENSUS OF THE INTERNATIONAL SCIENTIFIC COMMUNITY, MINISTER TSHABALALA-MSIMANG SIMPLY REFUSED TO ANSWER THE QUESTION. THE RADIO HOST CALLED HER NON-RESPONSE "RUBBISH" AND SUMMARILY ENDED THE INTERVIEW (SEE REF).

4. (SBU) DURING THE ON-GOING TWO-WEEK ROUND OF MINISTERIAL PRESS BRIEFINGS IN CAPETOWN, JOURNALISTS HAVE REPEATEDLY ASKED MINISTERS WHETHER HIV CAUSES AIDS. EDUCATION MINISTER KADER ASMAL, PRODDED ON THE QUESTION DURING A SEPTEMBER 12 BRIEFING, REFUSED TO OFFER AN OPINION. WHEN ASKED WHY HIS MINISTRY'S ANTI-AIDS STRATEGY INCLUDES A CONDOM-DISTRIBUTION SCHEME, HE REPLIED THAT CONDOMS CAN ALSO PREVENT PREGNANCY AND SEXUALLY-TRANSMITTED DISEASES. IN A BRIEFING THE FOLLOWING DAY, MINISTER IN THE PRESIDENT'S OFFICE ESSOP PAHAD, ONE OF THE PRESIDENT'S CLOSEST ASSOCIATES, REPLIED TO THE HIV/AIDS QUESTION BY READING FROM A TRANSCRIPT OF MBEKI'S TIME MAGAZINE INTERVIEW. WHEN ASKED WHETHER HE, AS HEAD OF THE GOVERNMENT'S INFORMATION SERVICE, WAS LOOKING INTO HOW THE AIDS ISSUE HAD TURNED INTO A PUBLIC RELATIONS DISASTER, HE REFUSED

TO ACCEPT THE PREMISE OF THE QUESTION, BUT ADMITTED THAT THE GOVERNMENT COULD HAVE COMMUNICATED ITS POSITION MORE EFFECTIVELY.

5. (SBU) THE TWO MINISTERS WHO HAVE DEPARTED FROM MBEKI'S LINE ARE LABOR MINISTER MEMBATHISI MDLADLANA AND FINANCE MINISTER TREVOR MANUAL. LABOR MINISTER
UNCLAS SECTION 02 OF 03 PRETORIA 007304

SENSITIVE

AF FOR A/S RICE, DAS SCHNEIDMAN
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WHITE HOUSE ONAP FOR DIRECTOR S. THURMAN

E.O. 12948: N/A
TAGS: KHIV, TBIO, SOCI, SF
SUBJECT: HIV/AIDS: WHILE TOP LEADERS MINCE WORDS ON HIV/AIDS LINK, WORKING-LEVEL OFFICIALS PRESS AHEAD

MDLADLANA, WHEN ASKED THE HIV/AIDS QUESTION IN A SEPTEMBER 13 BRIEFING, STATED EMPHATICALLY, "YES, OF COURSE HIV CAUSES AIDS", BUT ADDED THAT POVERTY ALSO AFFECTS PEOPLE'S IMMUNE SYSTEMS. MANUAL RESPONDED TO THE QUESTION BY SAYING, "I THINK THERE'S EVIDENCE TO SUGGEST THAT IT DOES." HE ADDED THAT THERE IS ALSO A LARGE BODY OF EVIDENCE INDICATING THAT POVERTY AND OTHER SOCIOECONOMIC FACTORS DETERMINE THE RATE OF CHANGE ONCE A PERSON HAS THE HIV VIRUS. MANUEL CONCLUDED BY SAYING THAT THE JURY WAS STILL OUT AND HE DID NOT WISH TO DEBATE THE ISSUE.

ANC JOINING THE CONSENSUS?
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6. (SBU) THE ANC'S TWO ALLIANCE PARTNERS, COSATU AND THE SACP, HAVE STATED THAT THEY BELIEVE HIV CAUSES AIDS. NEW EVIDENCE OF DIVISIONS WITHIN THE ANC ITSELF EMERGED ON SEPTEMBER 13, WHEN NEWSPAPERS REPORTED THE CONTENTS OF A CONFIDENTIAL DOCUMENT PRODUCED BY THE ANC'S NATIONAL HEALTH COMMITTEE THAT RECOMMENDED THE PRESIDENT AND THE MINISTER OF HEALTH PUBLICLY ACKNOWLEDGE THAT HIV IS THE CAUSE OF AIDS. AS QUOTED IN NEWS REPORTS, THE DOCUMENT SAID: "WE HAVE IDENTIFIED THE CAUSE (OF AIDS). THE INFECTIOUS AGENT IS HIV, WHICH IS A RETROVIRUS." THE REPORT ALSO NOTED THAT DESPITE THE GOVERNMENT'S SUCCESS IN RAISING AWARENESS ABOUT HIV, THE HEALTH AUTHORITIES HAD FAILED TO STOP THE EPIDEMIC.

7. (SBU) WITHOUT DENYING THE DOCUMENT'S AUTHENTICITY, THE ANC SUBSEQUENTLY STATED THAT IT DID NOT REFLECT "THE VIEWS OF THE ANC, ITS LEADERSHIP STRUCTURES, COMMITTEES OR ORGANS." HIV/AIDS SPOKESMAN DR. KOBUS GOUS OF THE OPPOSITION DEMOCRATIC ALLIANCE WELCOMED THE ANC'S LEAKED REPORT, SAYING "AS MR. MBEKI AND THE MINISTER OF HEALTH KEEP ON SPREADING THEIR AMBIGUOUS AND UNCLEAR MESSAGE, THE CONFUSED COMMUNITY WILL START DISPLAYING A 'DON'T CARE, DON'T BELIEVE ANYTHING' ATTITUDE. (THIS IS) AN ATTITUDE WHICH IS FATAL FOR THE STRUGGLE AGAINST AIDS." THE OFFICES OF THE PRESIDENT AND THE MINISTER OF HEALTH HAVE REFUSED TO OFFER COMMENT ON THE ANC DOCUMENT'S CONTENTS.

MOVING AHEAD
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8. (SBU) WHILE SENIOR GOVERNMENT LEADERS CONTINUE TO EQUIVOCATE, LOWER-LEVEL CIVIL SERVANTS ARE MEANTIME MOVING AHEAD ON THE GOVERNMENT'S STRATEGIC PLAN, A PLAN BASED ON THE CONVENTIONAL PREMISE THAT HIV CAUSES AIDS. IN AN ENCOURAGING INDICATION OF THE DEPARTMENT OF HEALTH'S RESOLVE IN FIGHTING THE EPIDEMIC, THE DEPARTMENT CONVENED A FIRST-EVER MEETING SEPTEMBER 14 TO COORDINATE DONOR EFFORTS ON HIV/AIDS (SEE SEPTEL FOR FULL REPORT). WHILE WORKING-LEVEL OFFICIALS ARE COMMITTED TO THE GOVERNMENT'S PROGRAM, ONE OFFICIAL COMMENTED TO ESTOFF ON THE SIDELINES OF THE MEETING THAT THERE IS A RISK THAT CONFUSING SIGNALS FROM THE TOP COULD SLOW THE PROGRAM'S MOMENTUM. TOP OFFICIALS AT THE DEPARTMENT OF HEALTH HELD A MEETING ON SEPTEMBER 16 TO DISCUSS THE CURRENT STATUS OF SPECIFIC PROGRAMS, AND ON THE FOLLOWING DAY, DIRECTOR GENERAL AYANDA NTSALUBA APPEARED ON THE EVENING NEWS TO AFFIRM THAT ALL GOVERNMENT PROGRAMS WERE PROCEEDING ON THE BASIS THAT THERE IS A LINK (BETWEEN HIV AND AIDS.

COMMENT
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9. (SBU) THE LEAKED ANC DOCUMENT, THOUGH NOT REPRESENTING THE ANC'S OFFICIAL POSITION, IS A HOPEFUL SIGN THAT EVEN MBEKI'S OWN PARTY IS GROWING WEARY OF THE PRESIDENT'S BAFFLING REFUSAL TO FULLY ACKNOWLEDGE THAT HIV CAUSES AIDS. WITHIN THE ANC, AT LEAST THE ANC'S HEALTH COMMITTEE APPEARS TO RECOGNIZE THAT THE GOVERNMENT'S HIV/AIDS POLICIES NEED FIRM SUPPORT FROM THE TOP. DESPITE THE MINISTER OF HEALTH'S REFUSAL TO TAKE A PUBLIC POSITION, IT IS HEARTENING TO SEE THAT HER DEPARTMENT IS STILL MOVING AHEAD ON ITS EFFORTS TO

BATTLE THE DISEASE. NONETHELESS, THERE REMAINS THE POSSIBILITY THAT A CONTINUING SCHIZOPHRENIC POLICY SPLIT
UNCLAS SECTION 03 OF 03 PRETORIA 007304

SENSITIVE

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BETWEEN THE PRESIDENT'S OFFICE AND THE AGENCIES CHARGED WITH CARRYING OUT THE GOVERNMENT'S ANTI-AIDS PROGRAMS COULD SERIOUSLY HAMPER THE OVERALL EFFORT TO CONTAIN THE EPIDEMIC.
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Called 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.

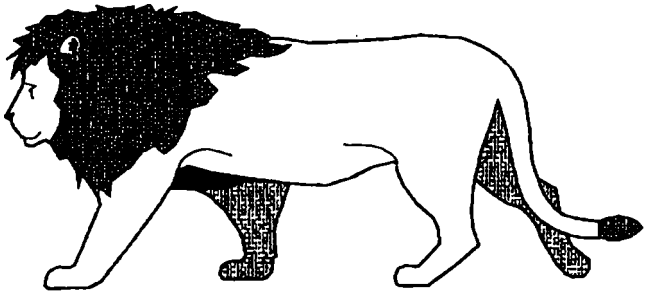
The Mbeki government has committed to allocate over 500 million rand ($75 million) over the next three years to the HIV/AIDS crisis. Its inter-ministerial Committee on AIDS has launched a public awareness campaign, and its national "Partnerships Against AIDS" plan of action raised HIV/AIDS from a health issue to a broader development issue. To build public support and awareness, government ministers consult all sectors of society including leaders in religion, the media, education, business, government, non-governmental and women's organizations, art, entertainment and sport. ~~USAID~~ USG support for ~~the SA's~~ SA's fight against HIV/AIDS will total ~~$~~/$10 million ~~over five years~~ in FYs by 2000, the vast majority for ~~increasing awareness~~ prevention. ~~The President's $100 million LIFE initiative for sub-Saharan Africa and India also benefits South Africa.~~ USG support of SA's fight against AIDS more than tripled ~~last~~ this year.

Callie, provide changes

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

FACSIMILE

DATE: Tuesday, April 11, 2000



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D. DiPaolo	USTR	395-4685	395-3891
S. Thurman	ONAP	456-2437	456-2439
C. Reintsma	AID/AFR	712-4018	216-3233

SUBJECT: Paper for Clearance

Attached is a draft background paper on HIV/AIDS for So. African President Mbeki's state visit.

Please provide comments/changes/clearance by **COB Wednesday April 12.**

Thanks very much.

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HIV/AIDS: SEEING THE BIG PICTURE

South Africa has one of the world's fastest growing HIV/AIDS epidemics: an estimated 1,700 new infections daily or one-half million per year. Nearly ten percent of South Africans are infected and some four hundred thousand have died of AIDS. There are 200,000 AIDS orphans. AIDS deaths will increase substantially in the coming years. The South African Government (SAG) has been somewhat slow to respond, but has now established numerous programs to combat the disease and its spread. Besides being a social and public health crisis, HIV/AIDS in South Africa has precipitated controversies that reverberate globally.

In April, Mbeki wrote to President Clinton to explain his position that questions conventional wisdom on HIV/AIDS transmission and treatment. While he emphasized his government's continued commitment to fight the disease, he defended the need to examine policy options in an African context. Mbeki believes that differences in transmission vectors and death rates between the West and Africa make superimposing western solutions on Africa's problem illogical. These views have attracted international attention.

The SAG rejected AZT use to reduce mother-child transmission due to doubts about its efficacy and safety. Mbeki's government has also rejected offers to conduct clinical trials for vaccines and treatments. These policies have received wide criticism.

In response to high HIV/AIDS drugs costs, South Africa adopted legislation that could undermine patent rights, contrary to the WTO. This action prompted a protracted bilateral trade dispute. Highly visible AIDS activists accused the U.S. administration of favoring rapacious drug companies over suffering South Africans. A satisfactory resolution was reached in September 1999.

Whatever controversies surround HIV/AIDS in South Africa, the important issue for U.S. policy is the SAG's unwavering commitment to mount a vigorous fight against the disease, in partnership with us. HIV/AIDS can undermine U.S. efforts to assist South Africa's transition and could have an impact on our goal of a stable, democratic, and prosperous South Africa. Mbeki agrees, having called AIDS a disease that can destroy South Africa's economic and social reforms. His government has backed up these words with action.

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The SAG has taken several steps to combat HIV/AIDS. In 1995, the Health Department established the HIV/AIDS/STD Directorate to fight the epidemic at the national and provincial levels. There is a national plan consisting of education and prevention, counseling, health care, human rights and law reform, welfare, and research. In October 1998, Mbeki launched the Partnership Against AIDS. The SAG has also created an Inter-Ministerial Committee on AIDS, a cabinet level body tasked with identifying and implementing multisectoral responses. Finally, the SAG is increasing HIV/AIDS funding levels. USAID is providing [redacted] over $10 million ~~over five years~~ in FY 2000 to support the fight against HIV/AIDS, the vast majority on increasing awareness.

Mbeki Mbeki Visit - BP - HIVAIDS Big Picture

Drafted: AF/S: M. Koplovsky 4/5/00 x79850

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ONAP: S. Thurman
USTR: B. Schwartz/D. DiPaolo

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

called cleared, no changes

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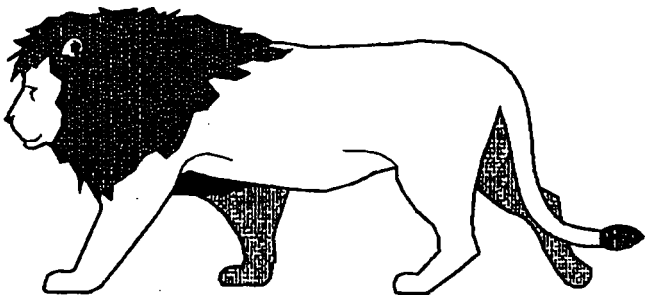
DATE: Wednesday, April 12, 2000



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S. Thurman	ONAP	456-2437	456-2439
C. Reintsma	AID/AFR	712-4018	216-3233
G. Sone ???	Treasury/OASIA	622-0332	622-1432

SUBJECT: Qs and As for Clearance

Attached are draft press **Qs and As** for POTUS use during South African President Mbeki's state visit. Please review and provide comments/changes/clearance by **Noon on Friday April 14.**

Thank you.

Qs AND As

Q: Describe the U.S.-South African relationship.

- Our relations with South Africa are excellent. With much hard work, the U.S. and South Africa have developed a strong and productive friendship since the end of apartheid in 1994. Our contacts across all sectors have multiplied exponentially, and our cooperation on issues of mutual interest has expanded considerably.

- The U.S.-South Africa Binational Commission (BNC), which is one of only five BNCs chaired by the Vice President, reflects the priority both sides place on strengthening our ties and enhancing our cooperation. We profoundly thank President Mbeki for his untiring efforts to strengthen ties between our governments and our people.

Q: What has President Mbeki's visit to Washington accomplished?

- This is another significant step in the process of establishing a firm, lasting friendship between the United States and South Africa, a friendship based on mutual respect, common interests, and a shared vision of a peaceful, democratic, and prosperous world.

Q: In terms of the international community, how does the U.S. perceive South Africa and its role?

- South Africa is a leading and influential actor in the international community. As chair of the Non-Aligned Movement, South Africa serves as a strong, persuasive voice for the views of the developing countries. On many critical issues, South Africa is an important bridge between the U.S. and its G-7 partners and the developing world. South Africa also plays an active and influential role in other regional and multilateral institutions, including the OAU and the UN. We want to maximize our cooperation with South Africa on issues of mutual interest.

Q: What is the status of the Africa Growth and Opportunity Act? Does South Africa support the Act?

- The bill is currently in House-Senate Conference. We expect congressional action before the next recess. We continue to

work hard to secure early passage of this bill, which will be an important step in strengthening our trade relations with Africa and promoting Africa's integration with the global community.

- South Africa has been a strong public supporter of the act since 1998.

Q: What is the U.S. view of South Africa's friendly relations with pariah states like Libya and Cuba?

- South Africa, like all nations, must set its own foreign policy priorities. As current chair of the Non-Aligned Movement (NAM), the South African government believes it is important to maintain friendly relations with other NAM states. South Africa is well aware of our views on Libya, Cuba, Iraq, and other pariah states. As friends, we are able to engage in frank discussions on these issues. South Africa's commitment to democracy, human rights, and a peaceful international order is an example these states should follow.

Q: Senior South African officials - including their UN Ambassador - have criticized the U.S. for not paying its UN arrears while seeking to change the peacekeeping scale of assessments. How do you respond to this criticism?

- Achieving benchmarks included in the November 1999 Helms-Biden legislation is necessary to allow the U.S. to make payments toward our arrears. Reform of the peacekeeping scale of assessment is critical to this effort, and is one of the Administration's top priorities at the UN this year. The peacekeeping scale is in urgent need of review. It was negotiated in just eight days to fund a single peacekeeping mission in 1973, yet has not been updated since. The scale concentrates 98% of the responsibility for peacekeeping finance in the hands of just 30 member states, while the rest pay only token amounts, regardless of their current economic circumstances.

- Africa has everything to gain and nothing to lose from this reform - no African countries would pay more as a result of our current proposals, and South Africa would pay substantially less. Furthermore, we believe reform of the peacekeeping budget will substantially strengthen the UN's peacekeeping capacity.

Q: Are the U.S. and South Africa working to get a new WTO round launched?

- We have both demonstrated a firm commitment and expressed a strong desire for the successful launch of a new round of multilateral trade talks. Ambassador Barshefsky and Minister Erwin (have been/will be) sharing ideas for developing an effective strategy to achieve this goal.

Q: Can you comment on President Mbeki's views on HIV/AIDS? How, if at all, will it affect our assistance in this area?

- The approximately $50 million in development assistance the United States provides to South Africa each year helps solidify its successful transformation to a modern, democratic, and market-oriented system. We are committed to helping South Africa achieve this goal. President Mbeki and I are totally committed to the fight against HIV/AIDS in South Africa and around the world. His government's policies and actions demonstrate a strong commitment to the campaign against the scourge of HIV/AIDS.

Q: What is the U.S. view of the high rate of violence against women - especially rape - in South Africa?

- Obviously we abhor all violence against women or anyone else. It is clear that President Mbeki and his government take the problem of violence very seriously. The South African government has passed legislation to protect women and children from violence and has sought to strengthen the judicial system as a deterrent to those who would inflict violence on others. Our justice and anti-crime cooperation assists the South African government in that effort.

Q: What are the highlights of the U.S. assistance program in South Africa?

- The United States provides considerable assistance to South Africa to further our shared goal of achieving an inclusive, pluralistic, market-oriented, and economically sustainable democracy in South Africa. USAID, the Defense Department, Peace Corps, USIS, the State Department, law enforcement agencies, and other agencies provide assistance or training.

- The largest component of our assistance is USAID's longstanding effort to promote economic, social, and political development. In FY 2000, USAID is providing approximately $50 million in assistance. The U.S. assistance strategy for South Africa, developed in close cooperation with the government, civil society, academia and the private sector, supports the objectives of the government's reform program.

- The USAID program focuses on six strategic objectives: democratic consolidation (particularly administration of justice), education, health (particularly HIV/AIDS), economic policymaking capacity, job creation, and housing.

Q: Is the pharmaceutical patent dispute between the U.S. and South Africa resolved?

- In September 1999 we reached an understanding that allowed us to remove this issue from our bilateral agenda. We reaffirmed our shared objective of fully protecting intellectual property rights as set out in the WTO, while addressing South Africa's health issues.

Q: Will the U.S. take South Africa to the WTO over AT&T's complaint against Telkom?

- We take AT&T's allegations very seriously. We expect South Africa, as we expect all our WTO partners, to fulfill its obligations and commitments under the WTO agreement. That said, a constructive and cooperative dialogue to resolve this issue is underway. I am confident we will soon reach an amicable arrangement that addresses AT&T's and South Africa's concerns.

Q: Crime in South Africa is reportedly spiraling out of control. What is the U.S. view and what are we doing to help?

- The high rate of violent crime in South Africa is cause for concern because it could impede the country's transformation. President Mbeki has made the fight against crime one of his top priorities, and we are committed to assisting him in that fight. We have vastly expanded our anti-crime cooperation with South Africa in the last few years.

- Most notably, we established within the BNC a new anti-crime committee, chaired by Attorney General Reno. The committee works year-round to develop and implement anti-crime training

and assistance programs. In FY 1999, the State Department funded $2.2 million in anti-crime training and assistance. USAID also has a $16.5 million multi-year program aimed at strengthening the justice system in South Africa.

Q: But South Africa's police kill hundreds of suspects each year. Aren't you concerned about the human rights aspects of this assistance?

- Yes, we are concerned, and we know that President Mbeki's government is deeply concerned as well. The South African government is making strenuous efforts to reform the police force and build professionalism and capacity. These efforts are beginning to bear fruit.

- Our assistance and growing bilateral cooperation in this area is designed to strengthen the overburdened judicial system and, principally through training, to help improve the performance and professionalism of the police.

Q: Why is the U.S. training 50 South African police officers at the FBI Academy in Quantico?

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Mbeki State Visit: Q's and A's

Drafted by: South Africa Deskoffs, 7-9838
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EB/OIA:DRenz
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EB/TPP/IPC:SCronin
OES/EID:EBarth
AID/AFR:CReintsma
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USTR:Bschwartz
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ONAP:SThurman
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DRL/BA:PHiggins
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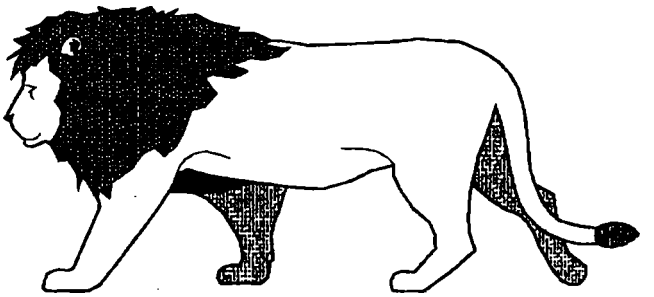
U.S. Department of State
Office of Southern African Affairs

FACSIMILE

DATE: Wednesday, April 12, 2000



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

TO:

Name	Organization	Tel	Fax
B. Schwartz	USTR	395-9159	395-4505
A. Robinson	USDOC/ITA	482-5148	482-5198
S. Thurman	ONAP	456-2437	456-2439
C. Reintsma	AID/AFR	712-4018	216-3233
G. Sone ???	Treasury/OASIA	622-0332	622-1432

SUBJECT: Qs and As for Clearance

Attached are draft press **Qs and As** for POTUS use during South African President Mbeki's state visit. Please review and provide comments/changes/clearance by **Noon on Friday April 14.**

Thank you.

Qs AND As

Q: Describe the U.S.-South African relationship.

- Our relations with South Africa are excellent. With much hard work, the U.S. and South Africa have developed a strong and productive friendship since the end of apartheid in 1994. Our contacts across all sectors have multiplied exponentially, and our cooperation on issues of mutual interest has expanded considerably.

- The U.S.-South Africa Binational Commission (BNC), which is one of only five BNCs chaired by the Vice President, reflects the priority both sides place on strengthening our ties and enhancing our cooperation. We profoundly thank President Mbeki for his untiring efforts to strengthen ties between our governments and our people.

Q: What has President Mbeki's visit to Washington accomplished?

- This is another significant step in the process of establishing a firm, lasting friendship between the United States and South Africa, a friendship based on mutual respect, common interests, and a shared vision of a peaceful, democratic, and prosperous world.

Q: In terms of the international community, how does the U.S. perceive South Africa and its role?

- South Africa is a leading and influential actor in the international community. As chair of the Non-Aligned Movement, South Africa serves as a strong, persuasive voice for the views of the developing countries. On many critical issues, South Africa is an important bridge between the U.S. and its G-7 partners and the developing world. South Africa also plays an active and influential role in other regional and multilateral institutions, including the OAU and the UN. We want to maximize our cooperation with South Africa on issues of mutual interest.

Q: What is the status of the Africa Growth and Opportunity Act? Does South Africa support the Act?

- The bill is currently in House-Senate Conference. We expect congressional action before the next recess. We continue to

work hard to secure early passage of this bill, which will be an important step in strengthening our trade relations with Africa and promoting Africa's integration with the global community.

- South Africa has been a strong public supporter of the act since 1998.

Q: What is the U.S. view of South Africa's friendly relations with pariah states like Libya and Cuba?

- South Africa, like all nations, must set its own foreign policy priorities. As current chair of the Non-Aligned Movement (NAM), the South African government believes it is important to maintain friendly relations with other NAM states. South Africa is well aware of our views on Libya, Cuba, Iraq, and other pariah states. As friends, we are able to engage in frank discussions on these issues. South Africa's commitment to democracy, human rights, and a peaceful international order is an example these states should follow.

Q: Senior South African officials - including their UN Ambassador - have criticized the U.S. for not paying its UN arrears while seeking to change the peacekeeping scale of assessments. How do you respond to this criticism?

- Achieving benchmarks included in the November 1999 Helms-Biden legislation is necessary to allow the U.S. to make payments toward our arrears. Reform of the peacekeeping scale of assessment is critical to this effort, and is one of the Administration's top priorities at the UN this year. The peacekeeping scale is in urgent need of review. It was negotiated in just eight days to fund a single peacekeeping mission in 1973, yet has not been updated since. The scale concentrates 98% of the responsibility for peacekeeping finance in the hands of just 30 member states, while the rest pay only token amounts, regardless of their current economic circumstances.

- Africa has everything to gain and nothing to lose from this reform - no African countries would pay more as a result of our current proposals, and South Africa would pay substantially less. Furthermore, we believe reform of the peacekeeping budget will substantially strengthen the UN's peacekeeping capacity.

Q: Are the U.S. and South Africa working to get a new WTO round launched?

- We have both demonstrated a firm commitment and expressed a strong desire for the successful launch of a new round of multilateral trade talks. Ambassador Barshefsky and Minister Erwin (have been/will be) sharing ideas for developing an effective strategy to achieve this goal.

Q: Can you comment on President Mbeki's views on HIV/AIDS? How, if at all, will it affect our assistance in this area?

- The approximately $50 million in development assistance the United States provides to South Africa each year helps solidify its successful transformation to a modern, democratic, and market-oriented system. We are committed to helping South Africa achieve this goal. President Mbeki and I are totally committed to the fight against HIV/AIDS in South Africa and around the world. His government's policies and actions demonstrate a strong commitment to the campaign against the scourge of HIV/AIDS.

Q: What is the U.S. view of the high rate of violence against women - especially rape - in South Africa?

- Obviously we abhor all violence against women or anyone else. It is clear that President Mbeki and his government take the problem of violence very seriously. The South African government has passed legislation to protect women and children from violence and has sought to strengthen the judicial system as a deterrent to those who would inflict violence on others. Our justice and anti-crime cooperation assists the South African government in that effort.

Q: What are the highlights of the U.S. assistance program in South Africa?

- The United States provides considerable assistance to South Africa to further our shared goal of achieving an inclusive, pluralistic, market-oriented, and economically sustainable democracy in South Africa. USAID, the Defense Department, Peace Corps, USIS, the State Department, law enforcement agencies, and other agencies provide assistance or training.

- The largest component of our assistance is USAID's longstanding effort to promote economic, social, and political development. In FY 2000, USAID is providing approximately $50 million in assistance. The U.S. assistance strategy for South Africa, developed in close cooperation with the government, civil society, academia and the private sector, supports the objectives of the government's reform program.

- The USAID program focuses on six strategic objectives: democratic consolidation (particularly administration of justice), education, health (particularly HIV/AIDS), economic policymaking capacity, job creation, and housing.

Q: Is the pharmaceutical patent dispute between the U.S. and South Africa resolved?

- In September 1999 we reached an understanding that allowed us to remove this issue from our bilateral agenda. We reaffirmed our shared objective of fully protecting intellectual property rights as set out in the WTO, while addressing South Africa's health issues.

Q: Will the U.S. take South Africa to the WTO over AT&T's complaint against Telkom?

- We take AT&T's allegations very seriously. We expect South Africa, as we expect all our WTO partners, to fulfill its obligations and commitments under the WTO agreement. That said, a constructive and cooperative dialogue to resolve this issue is underway. I am confident we will soon reach an amicable arrangement that addresses AT&T's and South Africa's concerns.

Q: Crime in South Africa is reportedly spiraling out of control. What is the U.S. view and what are we doing to help?

- The high rate of violent crime in South Africa is cause for concern because it could impede the country's transformation. President Mbeki has made the fight against crime one of his top priorities, and we are committed to assisting him in that fight. We have vastly expanded our anti-crime cooperation with South Africa in the last few years.

- Most notably, we established within the BNC a new anti-crime committee, chaired by Attorney General Reno. The committee works year-round to develop and implement anti-crime training

and assistance programs. In FY 1999, the State Department funded $2.2 million in anti-crime training and assistance. USAID also has a $16.5 million multi-year program aimed at strengthening the justice system in South Africa.

Q: But South Africa's police kill hundreds of suspects each year. Aren't you concerned about the human rights aspects of this assistance?

- Yes, we are concerned, and we know that President Mbeki's government is deeply concerned as well. The South African government is making strenuous efforts to reform the police force and build professionalism and capacity. These efforts are beginning to bear fruit.

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OES/EID:EBarth
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USTR:Bschwartz
USDOC/ITA: ARobinson
ONAP:SThurman
OVP:JBabbitt
AF/ACRI:SFisher
DRL/BA:PHiggins
OSD/ISA/AF:AGrissom

April 19, 2000

S. Africa Leader Backs AIDS Policy

A.P. INDEXES: TOP STORIES | NEWS | SPORTS | BUSINESS | TECHNOLOGY | ENTERTAINMENT

Filed at 6:38 p.m. EDT

By The Associated Press

JOHANNESBURG, South Africa (AP) -- In a letter to world leaders published Wednesday, President Thabo Mbeki compared the criticism of his AIDS policies to the censorship of political ideas under apartheid.

Mbeki also argued that since HIV, the virus that causes AIDS, is spread mostly through heterosexual contact in Africa, the continent's problems are unique.

``In the West, HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually,'' said the letter, dated April 3. ``Accordingly, as Africans, we have to deal with this uniquely African catastrophe.''

Presidential spokesman Parks Mankahlana said Wednesday that Mbeki sent the letter to President Clinton and other world leaders ``to explain his position because the reports that have been in the media have either been misleading or inaccurate.''

Besides detailing the country's efforts to battle the epidemic that has infected one in 10 South Africans, Mbeki also defended South Africa's contacts with scientists who argue that AIDS is not caused by HIV, and that AZT, a medication commonly used to treat AIDS, does more harm than good.

``Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and public because the established authority believed that their views were dangerous and discredited,'' Mbeki wrote in the letter made public Wednesday by the Washington Post.

``We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because it is said, there

exists a scientific view that is supported by the majority, against which dissent is prohibited."

Asked whether Mbeki believes that HIV causes AIDS, Mankahlana said: ``You are asking me an irrelevant question that is not important for me to answer."

However, in a parliamentary debate on AIDS Wednesday, South Africa's Deputy President Jacob Zuma said Mbeki never said that ``he challenges the view that HIV causes AIDS, or the contrary."

``All we are saying is that the issues must be debated and all views are considered," he said in Cape Town. ``We should not, and we will not, leave any stone unturned, even if this means including the view of the so-called dissidents."

Zuma, who heads the government's anti-AIDS drive, said broadening the debate had not stopped the government from addressing the disease in accordance with mainstream scientific practice.

But others, such as Dr. Malegapuru Makgoba, president of South Africa's Medical Research Council, said they were disappointed by the letter.

``I think we are just creating (an image of) ourselves as an embarrassment to the world," Makgoba said.

Makgoba said government officials were undermining South Africa's efforts to combat the epidemic.

``The scientific evidence about these issues is so clear that one is really surprised that we spend so much time and energy having a heated argument about something that is very straightforward," he said.

The letter was meant to mobilize international activism, Mankahlana said.

The controversy comes as South Africa is preparing for its role as host to July's international AIDS 2000 conference, to be held in Durban. South African and British media have reported that some scientist might refuse to attend the conference.

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In South Africa, AIDS and a Dangerous Denial

By Ronald Bayer and Mervyn Susser
Thursday, April 20, 2000; Page A33

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Two tragedies are unfolding simultaneously in South Africa. The first is epidemiological, with millions of men, women and children infected with HIV destined to develop AIDS. The second is political, with President Thabo Mbeki seriously entertaining a discredited view that challenges the role of HIV as the cause of AIDS. Together, the tragedies may well exacerbate the epidemic in South Africa, an outcome that will be measured in untold suffering and death.

The spread of AIDS in southern Africa, almost entirely the consequence of heterosexual transmission, follows a pattern profoundly affected by apartheid. The mining industry, from its outset in the 19th century, had a legally enforced migratory black labor system. Because African men were denied the right to settle with their families, a large sex imbalance resulted, with an excess of males in urban areas and of females in rural areas. At any one time, most men in their reproductive years were separated from their homes and from the sexual norms of settled rural societies.

Under a racist regime, black South Africans were deprived of education, access to adequate health care, housing and employment. Confined in squalid conditions, rural or urban, men and their female partners were made vulnerable to the HIV epidemic being carried southward from Central Africa. By 1989, one percent of black women in the well-attended prenatal clinics across the country were infected with HIV, a good indicator of epidemic spread.

In the years since the fall of the apartheid regime in 1994, the epidemic has continued its rise unabated. In some rural areas of the country, the level of HIV infection among black pregnant women has reached 40 percent, and the rest of the country will not be far behind. With the onset of AIDS in the infected and the slew of other AIDS-related infections, already millions are destined to crowd the hospitals and die.

In wealthy nations, remarkable advances have altered the face of AIDS. Powerful antiretroviral therapies have delayed the onset of AIDS symptoms and prolonged the lives of those who have fallen ill. The drug AZT can reduce transmission from infected women to their babies during pregnancy by up to two-thirds. In the United States, pediatric AIDS is on the verge of disappearing.

But for poor nations, and even nations such as South Africa--which, within the context of Africa, is relatively well off--these achievements remain cruelly beyond reach. True, a shortened and cheaper course of AZT during pregnancy might reduce the risk of maternal transmission by half. An even cheaper therapy involving the drug nevirapine has been

by half. An even cheaper therapy involving the drug nevirapine has been shown in one trial to reduce maternal-fetal transmission by at least as much. But for the most part, life-extending drugs are too costly to make them usable.

Even were drug prices to fall, the infrastructure for distribution does not exist. Drug companies' desire for profits--and a limited commitment by industrialized nations to provide access to AIDS therapy for the poor--has produced a morally deplorable situation.

This is the context within which the recent pronouncements of the leadership of South Africa must be viewed. The Ministry of Health under President Nelson Mandela courageously challenged the inequities of pricing policies of the international pharmaceutical industry. But Mbeki and his political allies have chosen to align themselves with Peter Duesberg, who argues, despite vast epidemiological, clinical and laboratory evidence, that HIV does not cause AIDS. They belittle prevention and safe-sex programs and promote the discredited view that AZT is a poison that kills.

Such nonsensical claims will weaken already weak prevention campaigns and diminish the reach and use of vaccines now under consideration. More men, women and adolescents will find justification for reckless exposure to a deadly infection. The moral claim to make anti-HIV drugs affordable so that those who are infected may live longer, symptom-free lives will be blunted.

The world's scientific community must support South Africa's scientists in their effort to persuade Mbeki not to give credence to the disruptive claims of dangerous scientific cranks. To pursue such a path in the face of worldwide scientific consensus would doom the people of South Africa to immense suffering.

Ronald Bayer is a professor in Columbia University's school of public health. Mervyn Susser is professor of epidemiology emeritus there. He was long engaged in the anti-apartheid struggle from outside South Africa and founded the Committee on Health in Southern Africa.

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S. African President Escalates AIDS Feud

By Barton Gellman
Washington Post Staff Writer
Wednesday, April 19, 2000; Page A01

South African President Thabo Mbeki (Reuters)

South African President Thabo Mbeki has stepped up an emotional controversy over his country's response to AIDS, saying Africans should chart their own course on the disease with help from, among others, scientists who dispute the prevailing views in the West on the causes and treatment of the disease.

At loggerheads for months with his own medical establishment over the pandemic that is killing millions of South Africans, Mbeki has now raised the dispute to the international arena with a passionate defense of his approach to the crisis in a letter dispatched this month by diplomatic pouch to President Clinton and other heads of state.

Avowing skepticism about the relevance of Western medical models to the "uniquely African catastrophe" of AIDS, Mbeki wrote in the hand-addressed letters that it "would constitute a criminal betrayal of our responsibility to our own people" to mimic foreign approaches to treating the disease. He insisted on South Africa's right to consult dissident scientists who deny that the human immunodeficiency virus, or HIV, causes AIDS. And he accused unnamed foreign critics of launching a "campaign of intellectual intimidation and terrorism" akin to medieval book-burnings and "the racist apartheid tyranny we opposed."

The African continent, where AIDS continues to spread exponentially, faces an unprecedented demographic upheaval caused by the disease. Recent estimates project that several sub-Saharan nations, including South Africa, will lose a quarter of their populations to AIDS by 2010. An estimated 4.2 million South Africans are infected with HIV, with 1,700 people newly infected every day.

— Full Text —

Text of the South African President Thabo Mbeki's letter 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**

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Several Clinton administration officials and foreign diplomats expressed dismay at Mbeki's decision to intensify what they see as a diversionary dispute and to bring it to a potentially volatile international forum. One official made a copy of the letter available to The Washington Post, and South Africa's U.N. ambassador, Dumisani Kumalo, confirmed its authenticity. Kumalo said it had been sent to Clinton and U.N. Secretary General Kofi Annan, among others.

Mbeki's words resonate widely because his nation's new democracy and advanced industry make it a natural leader on the continent, a status acknowledged in its selection as host of this year's international conference on AIDS. So stunned were some officials by the letter's tone and timing--during final preparations for July's conference in Durban--that at least two of them, according to diplomatic sources, felt obliged to check whether it was genuine.

"There has never been a significant international political controversy over AIDS," said one top-level multinational official. "This could be the seed of one."

Fearing just that, the Clinton administration restricted distribution of the five-page letter, dated April 3, in an effort to prevent it from becoming public. Asked for official comment, senior managers of U.S. policy toward Africa concentrated their remarks on areas of agreement with Mbeki.

"It was clearly impassioned in parts, but I thought much of its substance was quite logical and quite compelling," said Assistant Secretary of State Susan Rice, reached by phone in London. "I mean, he clearly acknowledges the severity of the HIV-AIDS problem in Africa and in South Africa in particular, and he goes through a persuasive description of the efforts that have been undertaken by his administration. . . . I don't read Mbeki's intent as trying to pit south versus north on the issue. He's making a pretty simple point, which is, 'This is a hell of a serious problem for Africa, and we don't want to be constrained in the universe of solutions that are available to us.' "

Behind the scenes, the administration--along with allies in foreign capitals and at the World Health Organization and U.N. AIDS program in Geneva--is trying to tamp down the rhetoric and ensure that Mbeki does not perceive fresh insults from abroad, officials said.

Sandra Thurman, director of the White House office of national AIDS policy, met Friday in Atlanta with South African Health Minister Manto Tshabalala-Msimang and Ambassador Makate Sisulu. Thurman would not comment on "any specific correspondence between the president and any other president," but she made clear that the substance of Mbeki's letter had been their focus.

"We did talk about how important it is to make sure we're spending most of our time and energy focused on doing the things we know how to do to stop this epidemic," she said. "We need to make sure the conversations we're having move us forward rather than polarizing us."

Mbeki's letter to foreign leaders begins with much the same point. He describes former president Nelson Mandela's decision in 1998 to mobilize national efforts against AIDS, creating a ministerial task force

and a national education campaign on the use of condoms and practice of safer sex. "Similarly," he said, "we are doing everything we can, within our very limited possibilities, to provide the necessary medicaments and care."

Medicine is at the heart of the problem for South Africa, as for all developing nations. In the wealthy nations of the West, "cocktails" of anti-retroviral drugs have made it possible--at a cost per patient exceeding $10,000 a year--to live indefinitely with HIV. "In the rural parts of South Africa, where they can't even afford dinner, they're not going to buy cocktail drugs," Kumalo said.

Nor is the government planning to buy the expensive drugs. But activists at home are putting growing pressure on Mbeki to provide AZT or Nevirapine, two drugs that have been effective in preventing mother-to-child transmission, to rape victims and pregnant women without charge. More than one in five pregnant South Africans has HIV, and there is at present no effort to block infection of their children.

Perhaps because the Western treatments are budget-breakers, Mbeki is said by officials who know him well to have spent a great deal of time browsing the Internet for information on AIDS. Late last year he came across Web sites that popularize the theories of Berkeley biochemist Peter Duesberg, the best-known proponent of the view that HIV does not cause AIDS and that treatment with drugs such as AZT does more harm than good. Last month, Mbeki placed a call to Duesberg's ally, David Rasnick. Among virtually all public health professionals, Duesberg's and Rasnick's views are seen as discredited.

Even so, their work formed part of the basis for a speech Mbeki made to Parliament late last year and for more recent statements by his health minister blaming Nevirapine--against the judgment of most South African scientists--for a series of recent deaths in clinical trials. Those remarks came under harsh public attack from South African doctors and clergymen, and some foreign AIDS experts have begun to talk of boycotting the Durban conference.

Mbeki's letter, turning to this controversy, shifted abruptly in tone. "In an earlier period in human history," he wrote, speaking of the dissident scientists, "these 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."

A trained economist who sprinkles speeches with poetry, Mbeki is widely seen by South Africans--black and white--as an intellectual with a mastery of policy detail. Unlike his predecessor, however, Mbeki is wary of all but his closest advisors, and some foreign officials say that frame of mind is central to the present dispute.

"It may be that these comments are extravagant," Mbeki writes near the close of the letter. "If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny."

Correspondent Jon Jeter in Johannesburg contributed to this report.

The Associated Press State & Local Wire

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April 3, 2000, Monday, BC cycle

SECTION: State and Regional

LENGTH: 644 words

HEADLINE: Mandela's successor calls California biochemist to discuss controversial stance on whether HIV causes AIDS

DATELINE: SAN FRANCISCO

BODY:

South African President Thabo Mbeki is drawing criticism in his homeland for consulting a California biochemist to discuss the scientist's controversial stance that the HIV virus does not cause AIDS.

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.

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 Mbeki, who has never said he doubted HIV caused AIDS as his critics claim, spokesman Parks Mankahlana said last week.

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

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 Reasses 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.

Thurman also worries that 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, policy makers 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, Mbeki will be in Washington for his first state visit, giving President Clinton the chance to talk to him directly about the issue.

Mbeki apparently stumbled across Rasnick's work on the Internet, and asked Rasnick to respond to a questionnaire he had sent to his health minister about AIDS.

In responding, Rasnick solicited the help of Charles Gesheckter, a professor of African history at the California State University at Chico who last November visited with Mbeki's health minister.

In an interview, Gesheckter argued that the incidence of AIDS in Africa has been vastly exaggerated. He cited World Health Organization statistics that indicate only 794,444 reported AIDS cases for the entire continent from 1981 to 1999 - a stark contrast to the 2 million annual AIDS deaths routinely cited in reports of the disease.

Ashraf Grimwood, chairman of the National AIDS Convention of South Africa, said Mbeki's interest in the theory that HIV does not cause AIDS has "made a major dent on (the government's) credibility to deal with the epidemic."

"As activists and doctors, we are asking ourselves: Is this government taking the disease seriously?" Grimwood said.

But Glaudine Mtshali, the counselor for health in the South African embassy in Washington, and a former senior official in the Department of Health in Pretoria, said Mbeki is simply opening up the debate to further strengthen what the government is doing.

"Let us hear all views; let us make up our own minds within the scarce resources we are faced with," she said.

Mbeki has announced that he will set up an international panel to broaden the search for solutions.

LANGUAGE: ENGLISH

LOAD-DATE: April 4, 2000

The Washington Post

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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

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Agence France Presse

April 21, 2000, Friday 4:21 AM, Eastern Time

SECTION: International news

LENGTH: 677 words

HEADLINE: Mbeki stance on AIDS leaves scientists in a daze

BYLINE: Philippe Coste

DATELINE: PARIS, April 21

BODY:

Top French specialists voiced shock Friday at South African President Thabo Mbeki's defence of alternative medical approaches to AIDS, and dismissed as a "provocateur" the US researcher Mbeki has cited in support of his stance.

Mbeki has made an impassioned defence of California biologist Peter Duesberg, who theorises that human immunodeficiency virus (HIV) does not cause AIDS and that the mainstream treatment, AZT, does more harm than good.

Professor Michel Kazatchkine, head of the French AIDS research agency, said: "I'm concerned, saddened and dumbfounded by what **President Mbeki** says, because it lends credibility to scientific theories not at all recognised by the scientific community."

"Questioning the responsibility of the virus for causing AIDS is like turning things on their head and winding the clock back 20 years," Kazatchnine said.

Professor Jacques Leibowitch, prominent in the development of AIDS treatments, said: "Duesberg is a provocateur whom scientists have not had the courage to ostracise. He is exploiting a lot of false arguments with a tiny bit of truth in them.

"His theory is still being taken seriously because we don't yet have a treatment that can cure AIDS and whose use in developing countries can be justified."

In a letter to President Clinton published in The Washington Post, Mbeki insisted 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".

Leibowitch said Duesberg had been "developing this specious argument for years, maintaining that since there's no clear relationship between the amount of virus present in the organism and the speed of the illness, the virus can't be responsible for the illness."

Speculation in medical circles is that at the heart of Mbeki's stance is the fact that South Africa simply cannot afford the prohibitive cost of the "cocktail" of anti-HIV drugs to treat the ever-increasing number of those infected with the disease.

The treatment, which costs 10,000 dollars per patient per year, suppresses the virus but does not eliminate it.

Leibowitch suggested Mbeki might be quoting Duesberg's ideas "in order to negotiate better with western countries and pharmaceutical companies" to build hospitals and laboratories to provide AIDS care more cheaply.

If this were the case, Kazatchkine said, Mbeki was being extremely clumsy.

"He has no need to deny the root cause of the illness in order to obtain more aid from fund sources."

Politicisation of the debate on AIDS treatment in South Africa might dissuade some specialists from attending the Durban international AIDS conference in July, he added.

"Specialists wish to exchange ideas and study each other's work, but have no desire to get caught in the middle of a a political tug-of-war," Leibowitch warned.

Professor Luc Montagnier, the pioneer who discovered HIV, told the daily Liberation there was little risk of a boycott, as the conference was being organised by the International AIDS Society, not by South Africa.

He expressed sympathy with Africa's huge problems with AIDS and said it was sound to think there could be "cofactors" that promoted the spread of AIDS, although there remained only one cause, which was HIV.

"The problem is that South Africa is a major country, and **President Mbeki's** statements may encourage other (hardline) stances. You have to convert people by rational argument, not by waging a war against them."

A decision by Mbeki to include dissident scientists on a panel of experts studying measures to counter AIDS is provoking angry debate in South Africa, a country where 4.2 million people -- more than one in 10 of the population -- are HIV-positive.

Opposition parties in South Africa criticised Mbeki Thursday. New National Party member of parliament Kobus Gous accused him of "giving a podium to discredited scientists," likening his actions to "consulting flat-earthists."

bur/da/ri

LANGUAGE: ENGLISH

LOAD-DATE: April 21, 2000

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April 24, 2000

Sandra L. Thurman
Director
White House Office on National
HIV/AIDS Policy
The White House
736 Jackson Place
Washington, DC 20503

RE: South African President Thabo Mbeki's letter to world leaders on AIDS in Africa

Dear Sandra:

This letter is in response to the issues raised by South African President, Thabo Mbeki dated April 3, 2000. First, I would like to acknowledge and applaud the current efforts that have been implemented by the South African government in its attempt to reduce the incidence of HIV disease in this region.

It is clear to me based on the prevention and education efforts highlighted by President Mbeki that the South African government has a vision and organizational structure in place that has and will continue to play a leading role in developing a comprehensive strategy to combat this continental crisis. In his letter, President Mbeki raised three distinct points related to the government's commitment and support toward the eradication of HIV disease in Africa. Specifically, he stated that the government was committed to:

- providing care and treatment to all, with an emphasis on children who are infected and affected by the disease;
- preventing discriminatory practices against people infected; and
- providing the financial resources necessary for the development of an AIDS vaccine.

It is obvious based on the efforts put forth that the South African government is accepting its duty as a leader. They have put policies in place that address the same issues that we in the West are still facing [i.e., the need to provide care and treatment for all, the development of strong anti-discriminatory legislation and the development of an AIDS vaccine]. Our efforts in the West strongly suggest that early intervention, prevention education, testing and treatment are methods that work especially in relationship to perinatal transmission.

Moreover, based on scientific and empirical data we also believe that anti-retroviral therapies are vital in the prolongation of human life. However, despite our understanding of the efficacy of some strategies, there still remains the question of the long-term ramifications associated with drug toxins. Therefore, the issue raised by President Mbeki regarding AIDS and the toxins associated with particular anti-retroviral drugs is plausible.

In addition, President Mbeki also raised the issue of sovereignty and whether the West is willing to allow African governments to take the lead in addressing the AIDS crisis in Africa. We have been here before; therefore we must learn from our past presumptions regarding marginalized populations. For example, the issue of sovereignty is similar to the issues raised by the African American community. It has only been within the last decade that the U.S. government has recognized the importance of including beneficiaries in decision-making policies; especially in regards to the need for indigenous communities to develop and implement, HIV/AIDS strategies conducive to the social context in which African Americans live. Once the "face of HIV disease" had shifted to communities of color, the African American community fought for inclusion and parity and the opportunity to develop strategies based on the cultural mores of the community. In their struggle, it was evident that political authority was not debatable.

I support President Mbeki's quest for clarity and better understanding of the HIV/AIDS issues. Furthermore, I do not believe that the issue at hand is whether HIV is the causal agent of AIDS. The question at hand is whether the West is confident in its assertions that HIV is in fact, the causal agent. Based on our data, we have the facts to substantiate that HIV is the causal agent. However, we have a duty to support other countries who feel that it is necessary to explore, and engage in, a dialogue. Our failure to support this discourse only perpetuates the notion that there may be truth to the assertion. Moreover, I agree with President Mbeki's assertion that by failing to support an open exchange of ideas challenges our rights to freedom of thought and in fact, can be viewed as "intellectual intimidation and terrorism."

It is visibly clear to me that our goal, as the foremost leaders in HIV disease should be not to only push for education, prevention and treatment, we should also support any efforts that will enhance our knowledge and understanding about the efficacy of our current position on the early identification and treatment of HIV disease.

Sincerely,

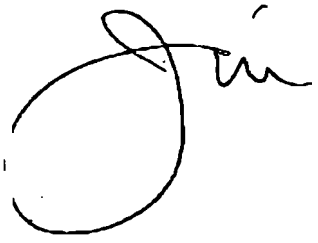
Reverend Jesse L. Jackson, Sr.

JLJ/llw

Sandy...

A thousand pardons that this is so late. Hope it can still be helpful. Call if you want any further elaboration. I'll let you know what I hear from the Caribbean.

Keep at it champ!



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Visao - Natasha
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the National Association of People with AIDS

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Mr. Henry DuToit
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202-232-0910

Dear Mr. DuToit,

I am pleased to learn of President Mbeki's plans to convene an international panel of experts to advise the Government of South Africa on HIV/AIDS issues. As a person living with HIV who serves in this country on President Clinton's Presidential Advisory Council on HIV/AIDS, I know the potential value of such an advisory body.

Various lists of names of people to serve on this panel have been in circulation, bringing together a variety of backgrounds and viewpoints. I would like to offer an unsolicited list of other names for your consideration should your government have the opportunity to appoint additional people to this important panel.

1.) Dr. Marsha Lillie-Blanton, who serves as Vice-President for Health Policy at the Kaiser Family Foundation. Dr. Lillie-Blanton has extensive experience in issues of health care financing and health care delivery systems, with a particular focus on the needs of minority populations. She can be reached at 650-854-9400.

2.) Dr. June Osborne, is President of the Macy Foundation, and former Chair of WHOS's Global Advisory Committee on AIDS. She has extensive academic, governmental and community experience in public health practice and policy, especially in the area of HIV/AIDS. Dr. Osborne's phone number is 212-486-2424.

3.) Dr. Mark Smith, President of the California Health Foundation, is an African-American physician with more than a decade of experience in HIV/AIDS clinical, policy and funding issues. He can be reached at 510-238-1040.

4.) Dr. Keith Rawlings is the Chair of the HIV/AIDS Committee of the National Medical Association, the country-wide association of African-American physicians. He heads the HIV/AIDS Program at Parklawn Hospital in Dallas, Texas. His phone number is 214-590-1605.

5.) Finally, I am disappointed that none of the lists I have seen have included the names of any people known to be living with HIV/AIDS. In this country, we have benefitted greatly from including infected people in all levels of decision-making around HIV/AIDS, ensuring that decisions are relevant to the lives of those most impacted by this epidemic. I strongly urge your government to identify

one or more South Africans living with HIV/AIDS to include on this important panel. Should you seek assistance in that matter, I would be very happy to help in any way I or my organization can.

Thank you for you attention on this important matter. Please do not hesitate to contact me directly if I can be of any assistance.

Most sincerely,

Terje Anderson
Executive Director

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Dr. Marsha Lillie-Blanton	Cheryl Bauerle
COMPANY:	DATE: May 4, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE:	

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

NOTES/COMMENTS:

Attached please find the invitation that was sent to the original members of the panel . I hope you will find the information useful, although, contrary to the attached memo, as discussed, funding for your travel will come from other sources. We will work with our colleagues at the US Embassy in Pretoria to help with your hotel reservations and ground transport.

Please do not hesitate to call me with further questions I can be reached a t 202-456-2959 or on your cell at 202-907-6750. Thank you!

Cheryl Bauerle

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:	FROM:
Dr. Keith Rawlings	Cheryl Bauerle
COMPANY:	DATE: May 4, 2000
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE:	

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

NOTES/COMMENTS:

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OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Dr. Mark Smith	Cheryl Bauerle
COMPANY:	DATE: May 4, 2000
FAX NUMBER: 510-238-1388	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	
RE:	

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

NOTES/COMMENTS:

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Cheryl Bauerle

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

THE WHITE HOUSE
WASHINGTON

May 4, 2000

Keith Rawlings, M.D.
Parkland Health and Hospital System
5201 Harry Hines Blvd.
Dallas, Texas 75235

Dear Dr. Rawlings:

I am delighted to learn that you have been invited by the Government of South Africa to participate in the AIDS Advisory Panel organized by President Mbeki. Please know that we in the Administration think it is extremely important to have someone with your expertise and experience engaged in this process. I realize that the invitation was issued on short notice so I am all the more grateful you are willing to rearrange your schedule to accommodate President Mbeki's request.

If I can assist you in any way, please do not hesitate to contact me. Thank you again for your efforts and I look forward to hearing from you upon your return.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

Department of Health

#2

Memo

To: Dr Helene Gayle

From: Ray Mabope

CC: 091-404-639-8600

Date: 04/26/00

Re: International AIDS Panel

Dear Helene Gayle

Find attached herewith a letter of invitation from the President of South Africa, Mr Thabo Mbeki, in which he invites you to participate in the International AIDS Panel.

I would appreciate it very much if you could confirm with me your acceptance of the invitation as soon as possible.

Yours truly,

RAY MABOPE

Chief Director: National Health Systems, National Department of Health

Tel +27-12-312-0497 Mobile ~~072-82-458-8263~~ 082-44-88-263 Fax +27-12-325-8721

E-mail: mabopr@hltrsa2.pwv.gov.za

April 24, 2000.

Sir/Madam,

In its report on the "**Global Situation of the HIV/AIDS pandemic, end 1999**", the WHO says:

" Of the 5.6 million people infected with HIV in 1999, 3.8 million live in Sub-Saharan Africa, the hardest-hit region. There were an estimated 2.2 million HIV/AIDS deaths in the region during 1999 (85% of the global total), even though only one-tenth of the world population lives there. In addition, there are now more women than men among the 22.3 million adults and 1 million children estimated to be living with HIV/AIDS in sub-Saharan Africa."

Clearly, this represents a major catastrophe for our country as well, as it falls within what the WHO (and UNAIDS) describe as the hardest-hit region.

Because of this, our Government took the decision that it was necessary to respond to this situation in an urgent and comprehensive manner, using all means at its disposal.

As we were investigating these means, while simultaneously working to implement measures already advised by the WHO and UNAIDS, we became aware that there was a considerable amount of disagreement among scientists about a whole variety of matters relating to HIV/AIDS.

The issues at stake are directly relevant to the comprehensive response we seek to make.

At the centre of these are such questions as:

- what causes the immune deficiency which leads to death from AIDS?
- what is the most efficacious response to this cause or causes?
- why is HIV/AIDS in sub-Saharan Africa heterosexually transmitted while in the Western world it is said to be largely homosexually transmitted? and,
- what is the efficacy of anti-retroviral drugs against HIV/AIDS?

It seemed to us that we need to be as certain as we can be with regard to these and other matters, bearing in mind the level and extent of scientific knowledge at this point in time.

We believe that this is a critical and necessary condition for us to undertake the urgent and comprehensive response of which we have spoken.

We are also aware of the fact that many others on our Continent are also preoccupied with this issue in the same way that we are, precisely because together, we are concerned that we should save the lives of the millions of Africans who, it is said, are destined to die.

For these reasons, we have taken the initiative to convene an international panel of scientists openly to discuss all the matters in contention.

We have tried to ensure that this panel includes all points of view in the debate and is constituted of eminent world scientists.

Accordingly, on behalf of the South African Government, I am privileged to extend an invitation to you to participate in this panel.

It is proposed that the first interaction of the panel should take place in South Africa on the 6-7 May, 2000.

I also attach a list of other people who have been invited to join the panel, the majority of whom have already confirmed their availability.

The South African Government will, of course, meet your travelling, hotel and other costs arising from your participation in the panel.

Our Director General of Health will contact you immediately with regard to all other matters relevant to the work of the panel, including the terms of reference, proposed procedures during the discussions etc.

I am greatly encouraged that we can count on your support in the common fight to save particularly our Continent and its peoples from the scourge of AIDS.

Yours sincerely,

THABO MBEKI.
President
Republic of South Africa.

Dear Esteemed Panelist

RE: SOUTH AFRICAN PRESIDETIAL AIDS ADVISORY PANEL

1. **WELCOME**

1.1 We wish to express our heartfelt gratitude to you for accepting the invitation to participate in the above panel and attending the inaugural meeting of the panel in South Africa on 6 & 7 May, 2000.

1.2 We wish you a pleasant journey to the sunny skies of South Africa. We are looking forward to benefit from your contributions during the panel discussion.

1.3 In your letter of invitation the President indicated that you shall receive a letter from me covering some matters relevant to the work of the panel. This communication addresses some of these areas.

2. **PANELISTS**

Herewith is the list of participants who have confirmed their participation at the meeting of 6 & 7 May 2000, as of today. We continue to receive other confirmation.

2.1 Prof Salim Abdool-Karim
2.2 Dr Bialy, Harvey
2.3 Dr deHarven, Etienne
2.4 Prof Duesberg, Peter
2.5 Dr Fiala, Christian
2.6 Dr Gayle, Helene
2.7 Dr Giraldo, Roberto
2.8 Dr Herxheimer, Andrew
2.9 Dr Koehnlein, Klaus
2.10 Dr Kothari, R
2.11 Dr Lane, Clifford
2.12 Prof Makgoba, Malegapuru W
2.13 Dr Mhlongo, Sam
2.14 Prof Montagnier, Luc

2.15 Dr Mugerwa, Roy
2.16 Dr Owen, Stephen [Facilitator-in-Chief]
2.17 Dr Paranjape
2.18 Dr Perez, George
2.19 Prof Prozesky, Wally
2.20 Prof Rasnick, David
2.21 Dr Scondras, Dave
2.22 Dr Sonnabend, Joseph
2.23 Dr Stein, Zena
2.24 Dr Stewart, Gordon
2.25 Prof Ephraim Mokgokong [Facilitator]
2.26 Dr Zuniga, Jose M

3. TERMS OF REFERENCE

The terms of reference broadly are:

3.1 Evidence of viral aetiology of HIV and related concerns about pathogenesis and diagnosis. This naturally will deal with such questions as:

a. What causes the immune deficiency which leads to death from AIDS?

b. What is the most efficacious response to this cause or causes?

c. Why is HIV/AIDS in Sub-Saharan Africa heterosexually transmitted while in the western world it is said to be largely homosexually transmitted?

3.2 What is the role of therapeutic interventions in the context of developing countries? This should cover such areas as:

a. What therapeutic interventions are appropriate in developing countries:
- In patients with AIDS
- In HIV positive patients
- In the prevention of mother to child transmission

- In the prevention of HIV transmission following occupational injury
- In preventing HIV transmission following rape.

3.3 Therapeutic prevention of HIV/AIDS.

a. The discussions above should be underpinned by considerations of the social and economic context, especially poverty and other prevalent co-existing diseases and the infrastructural realities of developing countries.

4. FORMAT OF THE MEETING

4.1 The meeting will commence at 08:00 on Saturday, 6 May 2000, and end on Sunday, 7 May 2000, at approximately 16:00.

4.2 The South African government will welcome the participants.

4.3 The Facilitator will take over and provide each participant an opportunity to make a brief input. This will be followed by an extraction and distillation of the issues to be discussed by the panel and a proposal on the work programme for the two days from the facilitators.

4.4 Prof Stephen Owen has been nominated as the facilitator-in-Chief. Two co-Facilitators will assist him. A secretariat will be in attendance to assist the facilitators and participants to document the proceedings of the meeting.

4.5 A draft summary of proceedings will be presented at the end of the meeting on Sunday. This will be followed by a detailed summary that will inform an internet discussion that will follow over a period of 6 weeks thereafter.

4.6 You will also be invited to recommend names of people to participate in the closed Internet discussion.

4.7 Finally, there will be a concluding meeting in South Africa in late June/early July [dates still to be negotiated].

5. COMMUNICATION

5.1 It is proposed that a media conference be held by the facilitators at the end of the meeting to communicate the progress made by the panel during the two-day meeting.

5.2 The South African Broadcasting Corporation [SABC] has approached the South African government with a view to do a live broadcast of the proceedings of the meeting. The government has indicated to the SABC that it would seek the permission of the panelists before acceding to their request. You are therefore requested to indicate your opinion on this matter by Tuesday, 2 May 2000, and to provide guidance regarding your preference. If, however, it is the view of some panelists that the media should not do a live broadcast of the proceeding, the request from the South African Broadcasting Corporation will be turned down without further discussion.

6. TRAVEL ARRANGEMENTS

6.1 We propose that panelists should plan to be in South Africa on Friday, 5th May, in order to start at 08:00 on Saturday. The South African government will pay or reimburse participants for a return business class flight to and from Johannesburg.

6.2 We have appointed Reynolds Travel as our travel agent to facilitate the flight arrangements and airport/hotel transfers for all the panelists. Please feel free to reach Mary Reynolds directly at maryr.saaccreynoldstravel@galileosa.co.za We have furnished Reynolds Travel with a list of all the participants who will be attending the meeting of the 6 & 7 May.

6.3 For those who need to be reimbursed for airline tickets already purchased, please contact Mrs Hannekie Botha at

hannekie@nrf.ac.za and she will make arrangements for the monies to be paid into your credit card.

7. **ACCOMMODATION**

7.1 We have booked all the participants at the Sheraton Hotel in Pretoria.

7.2 Reynolds Travel is also responsible for booking your hotel accommodation. They will provide you with the relevant information in this regard as soon as possible.

8. **TRANSPORT**

8.1 Reynolds Travel will also meet you at the airport and transport you to the Sheraton Hotel in Pretoria. Pretoria is approximately 50 kilometers away from the Johannesburg International Airport.

9. **MEETING VENUE**

9.1 The meeting will be held at the Sheraton Hotel in Pretoria where you will also be accommodated. Please let us know beforehand whether you will need any special equipment or facilities during the meeting.

10. **HONORARIUM**

10.1 An honorarium of R2,500.00 for each of the 2 days will be offered to each of the panelists.

Yours Sincerely
DR AYANDA NTSALUBA
Director General
Department of Health
Republic of South Africa
P.S. Please direct all inquiries to Mr Ray Mabope
END!

****
*** ERROR TX REPORT ***
****

TX FUNCTION WAS NOT COMPLETED

TX/RX NO	1067
CONNECTION TEL	93475274
CONNECTION ID	
ST. TIME	05/04 18:57
USAGE T	01'04
PGS.	2
RESULT	NG

****
*** TX REPORT ***
****

TRANSMISSION OK

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CONNECTION ID	
ST. TIME	05/04 18:27
USAGE T	00'35
PGS.	2
RESULT	OK

****
*** TX REPORT ***
****

TRANSMISSION OK

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CONNECTION ID	
ST. TIME	05/04 18:50
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PGS.	9
RESULT	OK

****
*** ERROR TX REPORT ***
****

TX FUNCTION WAS NOT COMPLETED

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CONNECTION ID	
ST. TIME	05/04 18:59
USAGE T	03'10
PGS.	8
RESULT	NG

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1069
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CONNECTION ID	
ST. TIME	05/04 19:04
USAGE T	00'27
PGS.	1
RESULT	OK

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1070
CONNECTION TEL	915102381388
CONNECTION ID	CA HEALTHCARE FD
ST. TIME	05/04 19:11
USAGE T	03'13
PGS.	9
RESULT	OK