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weekly sections

MONDAY

PAGE 1 / A SECTION

TODAY • October 3, 2000

Despite precautions, AIDS infection rate refuses to drop

Gracie Bonds Staples - Staff
Tuesday, October 3, 2000

Young people are taking fewer sexual risks and using more condoms, but the rate of HIV infections has remained steady the past four years, a new report shows.

Out of 40,000 new HIV infections each year, 50 percent are in young people ages 13 to 24; and African-Americans and Hispanics represent nearly 70 percent of the new AIDS cases among that age group, according to "Youth and HIV/AIDS 2000: A New American Agenda." The report was issued during the U.S. Conference on AIDS in Atlanta.

"It's hard to explain," said Presidential AIDS envoy Sandra Thurman, who released the findings at a news conference Monday at Cross Keys High School in northeast Atlanta. "That's one of the reasons we need to do more research. We know the basics. We know what kind of information to give them to help them protect themselves, but we need to define what those messages need to be with greater specificity.

"That's particularly true with high-risk groups --- children living in poverty, children in abusive situations, children who are experimenting with drugs, children who have low self-esteem."

Thurman is one of more than 3,000 local and national AIDS activists in town for the three-day conference, which is being sponsored by the National Minority AIDS Council in partnership with 20 national AIDS advocacy and governmental organizations.

Appointed to her current position by President Clinton in 1997, Thurman previously headed AID Atlanta, which became the largest AIDS service organization in the South under her leadership.

Thurman said the findings speak to a couple of things. "One is we're facing a lot of complacency about HIV and AIDS in this country, generally speaking."

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she said. "And . . . young people think that they are not at risk for HIV infection."

Thurman pointed to a recent MTV poll that indicated 87 percent of young people think they are not at risk. "What's interesting is that while a vast majority of young people know the risk factors for HIV, they don't think that applies to them," she said.

What's worse, Thurman said, is that most young people who are HIV-infected don't know it and the vast majority do not receive adequate medical care. "They need youth-friendly access to HIV counseling and testing, medical care, including mental health care, and other support services," she said.

During a question-and-answer period, during which one student thanked Thurman and the others for "coming and relating to us," students said they need more detailed information about how AIDS is transmitted and they need on-campus testing and counseling. They said condoms should be made available on school campuses.

Asked by a student why tests for HIV and other sexually transmitted diseases are not available at school, Thurman said, "I don't think there is a reason we can't, we just don't do it. As we look at how we provide health care to young people, that's a conversation we need to have."

In interviews after the program, which included a lively performance by Project Magic, a local teen theater group, Cross Keys students Isabel Soto and Inez Mills criticized the information school officials dispense, especially before high school, and said more needs to be done.

"A lot of people start to have sex when they're 14," said 17-year-old Soto, "but they don't elaborate in middle school. They just tell you you can get it from sex and sharp objects."

Soto said she was horrified when at age 14 she cut her skin while shaving her legs. "I thought I had AIDS because they had told me you got it through sharp objects," she remembered.

David Harvey, executive director of the AIDS Alliance for Children, Youth & Families in Washington, D.C., said part of what prevents explicit sex education is adults who don't want to admit youth are sexually active.

"These kids are hollering for information that is culturally appropriate, youth sensitive and explicit," he said. "The science shows that that's what youth respond to."

Harvey said that in the four years since the first White House report on youth and HIV/AIDS, an estimated 80,000 American teens and young adults have become infected.

"Put simply, our teens are drowning and we've provided no lifeboats to save them," he said.

While prevention efforts have helped reduced the number of new infections, Thurman said great disparities remain in programs from region to region and from school district to school district because decisions about what's included in the school curriculum are made at the local level.

Cross Keys High was chosen for the AIDS presentation because of its cultural diversity: 35 percent of students speak Spanish as their primary language, and while the school is in an affluent area, 48 percent receive free or subsidized lunches and 31 percent come from single-parent homes.

Dr. Eric Goosby, director of HIV/AIDS policy for the U.S. Department of Health and Human Services, attributed the number of HIV infections to young people's perception of themselves as invincible. Even after they seek care, he noted, it's often difficult for health care providers to retain them as patients.

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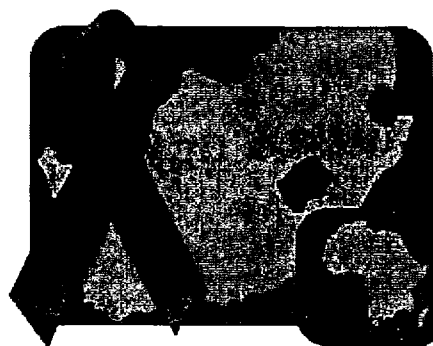
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Mandela repudiates Mbeki on AIDS stance

September 29, 2000

Web posted at: 9:46 AM EDT (1346 GMT)

CAPE TOWN, South Africa (Reuters) -- Former President Nelson Mandela has repudiated the controversial position on AIDS of his successor, Thabo Mbeki, saying HIV is the primary cause of the disease that threatens to kill six million South Africans.



In an interview published by Independent Group newspapers on Friday, Mandela, 82, said he would respect "the dominant opinion which prevails throughout the world" that HIV causes AIDS until he was shown conclusive and scientific proof this was wrong.

Mbeki, who succeeded Mandela in June last year, has taken the opposite view, saying he

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Mbeki, who succeeded Mandela in June last year, has taken the opposite view, saying he will not accept the link unless it is proved anew by an international panel he has appointed to test the link between the Human Immunodeficiency Virus, HIV, and the Acquired Immune Deficiency Syndrome, AIDS.

Appearing to suggest that Mbeki should align himself with the scientific community, Mandela said: "I would like to be very careful because people in our positions, when you take a stand, you might find that established principles are undermined, sometimes without scientific backing."

Welfare Minister Zola Skweyiya told reporters earlier this month the AIDS

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we are Minister Zola Skweyiya told reporters earlier this month the AIDS pandemic would kill about six million South Africans over the next 10 years if it was left unchecked.

More than 10 percent of South Africans -- about 4.2 million people -- carry the HIV virus and the disease is spreading in the country faster than anywhere else on earth.

Since Mbeki first voiced his doubts in the upper chamber of parliament last year, only one cabinet minister from the ruling African National Congress, Labor Minister Membathisi Mdladlana, has dared to say publicly that HIV causes AIDS.

Health Minister Manto Tshabalala-Msimang told a news conference last week she had never denied a link, but became angry when pressed to state that HIV did cause AIDS, saying: "You cannot put words into my mouth ... I am not a schoolgirl."

Mbeki told parliament last week his strategy to fight AIDS was based on the "thesis" that HIV caused AIDS, but refused to say he accepted the link.

In a statement strongly contested by doctors, he told legislators that a virus could not cause a syndrome.

Asked in a recent interview with Time magazine whether he would acknowledge a link, Mbeki said: "This is precisely where the problem starts. No, I am saying that you cannot attribute immune deficiency solely and exclusively to a virus."

AIDS activists charge that Mbeki's reluctance to acknowledge a link is undermining efforts to promote safe sex amongst young people and to help HIV-positive mothers protect their babies.

The powerful South African Congress of Trade Unions (Cosatu), Anglican Archbishop Njongonkulu Ndungane and opposition leaders have repeatedly urged Mbeki to abandon his skepticism and put out a strong message on the HIV-AIDS link.

Mandela has been careful to avoid criticizing Mbeki, but in his interview with Daily News editor Kaizer Nyatumba, he said his successor worked under great pressure and added "... now and again (he) must come under severe criticism."

He also criticized Mbeki's reported refusal to meet white opposition leader Tony Leon, head of the Democratic Alliance, saying that dialogue was the only way to resolve problems.

Mandela, who retired without seeking a second term as president, criticized Zimbabwe's President Robert Mugabe for clinging to power.

"I would have wished that somebody would talk to (him) to say: Look, you have been in office for 20 years. It's time to step down," he said.

Mandela said he accepted that the skewed distribution of land between blacks and whites needed to be addressed, but added he had serious reservations about what he called Mugabe's "use of violence and the corroding of the rule of law."

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OF THE CENTURY****SUMMER CAMP APPEAL****NEWS****09/28/2000 - Thursday - Page A 30****HIV Rate 'Unacceptably High'
Institute says U.S. efforts, estimates
fail**by **Laurie Garrett**
Staff Writer

U.S. efforts to monitor and slow the spread of HIV domestically were strongly criticized yesterday by the prestigious Institute of Medicine. The country's HIV rate has remained "unacceptably high" for far too long, the institute said.

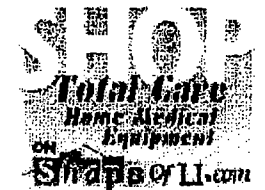
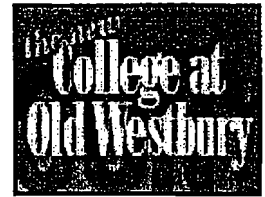
For more than a decade, the Centers for Disease Control and Prevention has estimated that the same number of people-about 40,000-has been contracting HIV annually. The institute, the nation's highest independent medical science body, questioned the validity of those numbers and of the CDC's HIV surveillance system.

Even if the numbers are accurate, the report added, such a plateau would constitute public health failure, since some poor countries have made strides in rolling back their epidemics.

The report, commissioned by the CDC, considered many factors potentially responsible for failure to bring new infection rates down, including lack of a clear strategy for HIV control, weak federal leadership and inappropriate allocation of resources.

But of primary concern are the numbers. No disease prevention effort can be judged successful unless the number of people newly infected declines as a result of an intervention. The institute said in strong terms that it doubts the reliability of the CDC's estimates of how many Americans are acquiring HIV each year.

"One of our concerns is getting accurate data to see if we have a handle on how serious the epidemic is," Dr. Michael Merson, dean of the Yale School of Public Health, said in an interview. Merson was one of 16 experts involved in preparing the institute's report. "One of the key recommendations in the report is that CDC create a surveillance system that can provide accurate estimates of the extent of the epidemic." Since 1986, the CDC has said that the same number of Americans has been getting infected with HIV each year. That number isn't based on hard data, nor could it

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easily be, as most people who are infected don't realize they are HIV-positive until they, or their sex partners, become ill. And for reasons of confidentiality, many states do not require that doctors report HIV diagnoses.

Fewer, still, report HIV cases by name, the most reliable way to track the incidence of any disease. The number, then, is a guess.

"The 40,000 number has always been a rough estimate- and that's an understatement," said Dr. James Curran, dean of the Rollins School of Public Health at Emory University in Atlanta. During the 1980s and early '90s, Curran headed the CDC's AIDS control efforts, and it was under his leadership that the 40,000 figure was originally derived. Back in 1986, Curran recalled, the U.S.

prevalence was reckoned by extrapolating from the numbers of Army recruits who tested positive each year, allowing for an assumed lower rate of homosexuality among military volunteers as compared with the general population. Because the infection rates in 18-year-old Army recruits have consistently stayed quite low, the extrapolation to 40,000 hasn't wavered for 14 years.

But Curran, and the institute's panel, insist it's time to conduct widespread HIV surveillance studies to get a truer picture of the scope of America's epidemic.

"We do agree with the finding that having a more reliable surveillance system in place would be desirable," said Dr. Helene Gayle, Curran's successor at CDC. But she hastily added, "We don't think the [40,000] estimate is unreliable. It's been done using standard epidemiology." The institute was also critical of how AIDS resources were spent. Deciding where to spend the \$775 million AIDS prevention budget-8 percent of total 1999 federal HIV-related expenditures-calls for strong national leadership. And there, again, the institute was critical.

"The Clinton administration has not done any worse or better than any previous administration," Merson said, noting Secretary Donna Shalala's Health and Human Services Administration has demonstrated "insufficient coordination, and no single point person for HIV prevention." The White House did not respond to telephone requests for a comment yesterday on the institute's charge.

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Joint United Nations Programme on HIV/AIDS

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PRESS RELEASE

UNAIDS CALLS ON G8 FOR MASSIVE INCREASE IN RESOURCES TO FIGHT AIDS

Geneva, 20 July 2000 – The Joint United Nations Programme on HIV/AIDS (UNAIDS) today called on the G8 group of wealthy countries attending the Kyushu-Okinawa Summit Meeting 2000 to show resolve and leadership on AIDS by radically stepping up their spending to fight the disease.

"In sub-Saharan Africa alone, we need a minimum of US\$ 3 billion a year if we are to turn back the tide of the epidemic, but we are spending only a tenth of that," said Dr Peter Piot, Executive Director of UNAIDS. "For the past two weeks, the world's eyes have been focused on AIDS. Rich countries can rewrite the history of the epidemic by taking a decisive stand against AIDS and committing more resources to fighting it."

The call comes in the aftermath of the XIII International AIDS Conference that closed on Friday in Durban and the resolution adopted this week by the UN Security Council reiterating its concern about the spread of HIV/AIDS and drawing attention to the risk posed by an unchecked epidemic to stability and security.

"There are already encouraging indications," Dr Piot added. "Some G8 countries have taken a decision to step up their commitments to fighting AIDS. But this is not enough. Last year, 5.4 million people were newly infected with HIV. The latest figures show that 34.3 million people worldwide are now living with HIV. Barring a miracle, most of them will die within a decade or so. We cannot and we will not turn our backs on these millions."

In several of the worst-affected African countries, resources freed by debt relief are already being rechannelled into AIDS. While this is a promising start, UNAIDS supports more widespread efforts to use the Highly Indebted Poor Country Initiative (HIPC), announced at last year's G8 meeting in Cologne, Germany, to boost funding for national AIDS efforts. At Durban, Dr Piot called on governments in the south to invest more resources in AIDS, and on governments in the north to greatly increase their contributions to fight AIDS in the developing world.

About 95% of HIV-infected people live in developing countries, most of them in sub-Saharan Africa. At the same time, African governments together owe more than US\$ 230 billion in debt, with repayments costing Africa a staggering US\$ 15 billion each year – the equivalent of 5% of the region's income and about 15% of its export earnings.

HIV/AIDS has single-handedly caused a profound reversal of development gains made over the past three decades in a number of countries, especially in Africa. Studies presented in Durban last week show that countries with the highest number of HIV-infected persons stand to lose up to a fifth of their economic output because of AIDS over the next ten years. Therefore, UNAIDS says, spending the

"savings" from debt relief on effective programmes to prevent the spread of HIV makes sound economic sense.

In addition to debt relief, UNAIDS has called for making sure the basic tools of prevention and care are available in the neediest countries. In many instances, basic health systems exist but there are few or no commodities to distribute, including condoms, testing kits, and drugs for both prevention and care.

In a letter to the G8 leaders earlier this month, UNAIDS urged wealthy countries to agree that no African country should be unable to mount prevention campaigns or provide basic care for its population because of lack of basic commodities. It called on G8 countries to make available an additional US\$ 1.5 billion a year to provide and distribute HIV/AIDS commodities. UNAIDS further urged the G8 to support accelerated action in Africa under the framework of the International Partnership Against AIDS in Africa negotiated by governments, the UN, donors, civil society and the private sector.

The call for broader and increased action on HIV/AIDS is part of a wider UN effort to intensify G8 action against communicable diseases such as HIV/AIDS, malaria, and tuberculosis.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577 or Andrew Shih, UNAIDS, New York, (+1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).

USAID Press Conference

"LIFE One Year Later"

9:15 - 10:15 AM

ICC - Press Room

It is recommended that you arrive a few minutes early to meet with the other panelists.

Format There will be a long table where the panel will sit - podium in the middle.
 Presenters are not preparing formal remarks but will have talking points.

Agenda Paul Delay will give welcoming remarks and moderate the panel...

Sandy Thurman

5 minutes

- You will be presenting the general overview, setting the stage for more specific information about USAID and CDC involvement;
- What is it?
- Where did it come from?
- Why is it important?

Vivian Derryck

5 minutes

- I'm in the process of contacting Buck to get Vivian's talking points
- Specific view from USAID perspective.

Helene Gayle

5 minutes

- Specific view from CDC perspective.

Contact Gabrielle Bushman 27 83 468-8489

. NAIDS PRESS RELEASE

GENDER IS CRUCIAL ISSUE IN FIGHT AGAINST AIDS, SAYS HEAD OF UNAIDS

New York, 5 June 2000 - Gender inequality is a fundamental driving force of the AIDS epidemic and therefore must be addressed centrally in responding to the epidemic, according to Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Biological and social factors make women and girls more vulnerable to AIDS than men, especially in adolescence and youth, when in many places HIV infection in young women has been found to be 3-5 times higher than among boys. Violence – or the threat of violence – against women increases their vulnerability to HIV and reduces their ability to protect themselves against infection.

"The slow, piecemeal reform we have seen in the past is not sufficient if women's rights and needs are to be taken seriously," said Dr Piot. "Equity in all fields – health, education, environment, the economy – are essential if women are to act to protect themselves when it comes to HIV and AIDS." Dr Piot was speaking at the UN General Assembly Special Session on the follow-up to the Fourth International Conference on Women.

Central among the issues of the Platform for Action elaborated at the Fourth International Conference on Women in Beijing in 1995 are those related to women and poverty, education and training, health violence, the economy, and power and decision-making. These issues also have a major impact on the spread of HIV and AIDS.

Today, women's increased vulnerability to HIV is becoming better understood. Women's economic dependence on men makes women less able to protect themselves, while social norms limit their access to information about sexual matters. At the same time, greater social acceptance of high-risk male sexual behaviour can expose both men and their partners to infection.

"Slowing down the spread of HIV means important changes are needed in relationships between men and women," said Dr Piot. "Men have a crucial role to play in bringing about this kind of radical change."

That change in men's behaviour can influence the course of the AIDS epidemic is the theme of this year's World AIDS Campaign, launched in March to involve men more fully in preventing the spread of HIV, the virus that causes AIDS.

"We must stop seeing men as some kind of problem and begin seeing them as part of the solution," said Dr Piot. "Working with men to change their behaviour and attitudes has tremendous potential to slow down the epidemic. It will also improve the lives of men themselves, not to mention those of their families."

The World AIDS Campaign challenges harmful concepts of masculinity and contends that changing long-held beliefs and attitudes must be part of any effort to slow down the spread of

AIDS. Efforts to raise awareness among men are focusing on how adult men look on risk and sexuality and how boys are socialized to become men.

Men and women should be encouraged to explore their own perceptions of gender roles and to recognize how stereotypes of both masculinity and femininity can be oppressive, Dr Piot said. He added that AIDS prevention programmes should give greater emphasis to the role of men in health care, and better ways should be found to give men and women the tools they need to communicate and take responsibility for issues of concern to them in preventing HIV/AIDS.

Gender awareness must focus on the needs of both men and women. According to 1999 estimates, by the end of the year 33.6 million men, women and children were living with HIV or AIDS, and 16.3 million had already died from the disease. In 1999 there were 5.6 million new infections worldwide, of which 3.8 million were in sub-Saharan Africa, and 1.3 million in South and Southeast Asia.

For more information, please contact Dominique de Santis, UNAIDS, Geneva, (+41 22) 791.4509 or Andrew Shih, UNAIDS, New York, (+ 1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).

By Greg LaFreniere

Nairobi, Kenya — The stories are everywhere. As you casually talk with people in Kenya, and in most of Africa, there is a silent realization that indeed an unbelievable number of them are infected with the HIV-AIDS virus. While there have been strides made in the United States and Europe in treating the HIV virus, in Africa it is still a death sentence.

More than 80 percent of all who are infected there will develop full-blown AIDS, which will end in death. The basic problem is the people of Africa and their caregivers cannot afford the newer drugs that stall the progress of the disease, often extending life. Most can't even afford basic antibiotics needed to fight the opportunistic diseases that attack their fragile immune systems.

The HIV-AIDS statistics for Africa are absolutely staggering. If this were a war, the nations of the world would demand an end to the killing. In Kenya alone, there are estimates that 500 people die from AIDS daily. There is also the reality that many deaths are not recorded as AIDS-related due to the stigma that still exists.



Vision and Goals

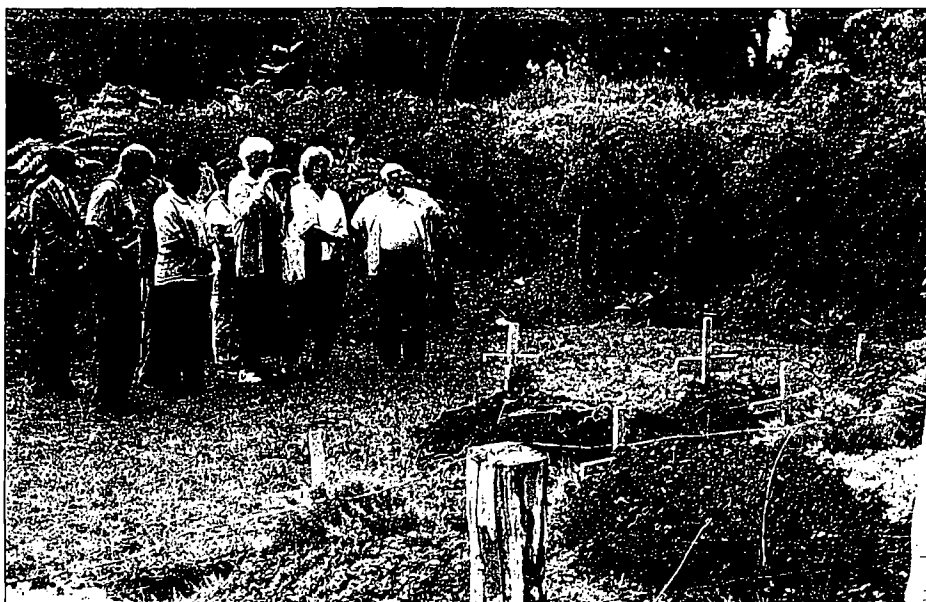
It doesn't matter which agency one talks with about the AIDS pandemic in Africa, the goals and vision are pretty basic — reduce the prevalence; increase human dignity; and improve the quality of life for those living with HIV-AIDS and for their families.

Jesuit Father Angelo D'Agostino, a Providence, R.I., native and founder of Nyumbani (a hospice for HIV positive orphans in Nairobi), minces no words in summing up their effort. "We give them a chance to die with dignity."

Father D'Agostino says most of the 70 children at Nyumbani (a Swahili word which means "to raise the child") were abandoned in hospitals or had no one to care for them. Many are brought to the center by social workers.

At Nyumbani, the children live in group homes, where there is an effort to develop that missing sense of family. They eat, play and live together. There is a house mother and about 12 to 14 children in each home. He emphasizes that each unit is "run like a home." There is also a common school and playground — an in back, a cemetery.

Nyumbani has probably the best-equipped medical lab in the country. Father D'Agostino says the lab can constantly monitor the progress of the virus in his young charges. He adds that the children in his care "live longer with good nutrition and care." Without hesitation or apology, Father D'Agostino says the imminent death the youngsters face is based on economics. **"If we had the funds for the new drugs most of these 70 children would not have to die."**



This excerpt was taken from *The Long Island Catholic* April 26, 2000 issue with the permission of Greg LaFreniere, the author and photographer.



JULY 10, 08:23 EDT

AIDS Cutting Africa Life Expectancy

By DANIEL Q. HANEY
AP Medical Editor

DURBAN, South Africa (AP) — The populations of some AIDS-stricken African countries will soon begin to fall as millions die of the disease, and by 2010 life expectancy will plunge to around 30 — a level not seen in at least a century, according to new estimates.

The figures released Monday are demographers' latest attempt to grasp the devastation of the AIDS epidemic, which has swept across southern Africa during the past few years with staggering speed.

“It's hard to comprehend the amount of mortality we will see in these countries,” said Karen Stanecki of the U.S. Census Bureau, which compiled the projections.

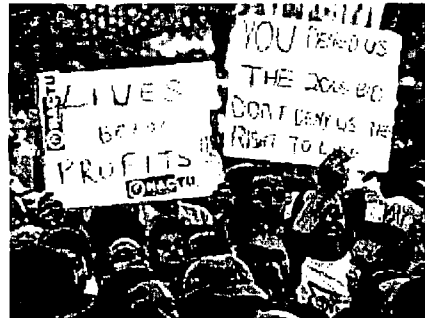
Stanecki presented the new figures at the 13th International AIDS Conference, which is being held for the first time in Africa, ground zero of the epidemic. Thousands of AIDS experts from around the world are participating.

Speakers at Monday's meeting struggled for superlatives to describe the scope of this disease in the poorest parts of the globe, especially sub-Saharan Africa, where nearly three-quarters of all HIV-infected people live.

“The problem will get much worse before it gets better,” said Dr. Roy M. Anderson of Oxford University. “This is undoubtedly the most serious infectious disease threat in recorded human history.”

Dr. Kevin DeCock of the U.S. Centers for Disease Control and Prevention called the epidemic “Africa's worst social catastrophe since slavery.”

Experts estimate that 25 million Africans are already infected with HIV, the AIDS virus, and most of them will die within the next five to eight years. In Botswana, the world's worst-hit country, more than one-third of all adults carry the virus.



Protesters demand affordable access to AIDS drugs
AP/Themba Hadebe [34K]



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Stanecki said that by 2003, the populations of Botswana, South Africa and Zimbabwe will begin to fall because of AIDS deaths and dropping fertility resulting from the epidemic. In those countries, the populations will drop between one-tenth and three-tenths of 1 percent. Without AIDS, they would have grown between 1 percent and 3 percent.

Stanecki said this is the first time the census bureau has projected negative population growth due to AIDS. The population growth of several other countries — including Malawi, Namibia, Swaziland and Zambia — will be near zero because of the disease.

AIDS already has sharply reduced life expectancy in many African countries. For instance, it is now 39 in Botswana, instead of 71, as it would have been without the disease. And the numbers will only get worse, experts said.

Stanecki projected that by 2010, life expectancy will be 29 in Botswana, 30 in Swaziland and 33 in Namibia and Zimbabwe. Without AIDS, it would have been around 70 in those countries.

“These are a level of life expectancy that have not been seen since the start of the 20th Century,” she said.

Experts note that programs to educate people about condoms and other ways of avoiding infection clearly can work in southern Africa. Because of early efforts, the epidemic never occurred in Senegal, and Uganda has reversed its high infection level.

AIDS medicines have dramatically improved survival in the United States and Europe, but the drugs are simply too expensive and hard to deliver for most of the world's infected. Five drug companies have pledged to lower their prices in the developing world, but health officials in poor countries note they still lack the health care services necessary to offer the medicines to the sick.

On Monday, the Bill & Melinda Gates Foundation, created by Microsoft's founder, said it will spend \$50 million in Botswana to strengthen that country's health care system. Merck & Co. said it will match the donation in Botswana, mostly by providing AIDS drugs.

A day earlier, at Sunday's AIDS conference opening ceremony, South African President Thabo Mbeki defended his government's AIDS policies by saying he is simply looking for an African solution to the scourge.

Mbeki has endured a hail of criticism since he convened a panel of scientists to investigate whether the HIV virus causes AIDS — a fact long-accepted by most AIDS experts — and refused to provide medicine to pregnant women to reduce risks for mother-to-child transmission of the disease.

“Some in our common world consider the questions that I and the rest of our government have raised around the HIV/AIDS issue ... as akin to grave criminal and genocidal conduct,” he told delegates. “What I hear said repeatedly, stridently is 'Don't ask questions.'”

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As Mbeki spoke, hundreds of people walked out of the ceremony.

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(EMBARGOED UNTIL JULY 13)

Contact: Michael Petrelis at 415-621-6267

HIV Positive Piss to be Thrown at CDC Panel;

Activist to protest anti-queer, sex-negative "voodoo epidemiology"

SAN FRANCISCO, CA -- This Thursday, an HIV positive activist will throw a gallon of his urine at representatives of the Centers for Disease Control and Prevention's (CDC) HIV Prevention Planning Council as a form of political protest. The meeting is scheduled for 3:00 p.m. July 13 at the majestic Unitarian Church (1187 Franklin Street, at Geary).

Michael Petrelis has gathered his HIV positive urine in a bucket since June 30 when the San Francisco Chronicle splashed across the front page, in blatant yellow journalistic style, unsubstantiated increases of HIV among gays. According to the outraged activist, Dr. Willi McFarland, epidemiologist for the SF Department of Public Health (DPH), employed "voodoo epidemiology" to concoct a supposed tripling of HIV. While McFarland spouted off in the Chronicle that HIV rates suddenly skyrocketed to "sub-Saharan African levels of transmission," AIDS writer Bruce Mirken derided the paper as "The Comical" in the May issue of POZ Magazine, because of its piss poor AIDS coverage.

"The anti-queer, sex negative statistical blame game manufactured by the DPH and the University of California at SF using CDC funding is nothing less than an overt war against gays. We're bombarded with endless campaigns on bus shelters, Chronicle scare stories quoting UCSF employees failing to cite hard numbers, placards for AIDS Walks and Rides, and through drug company propaganda everywhere gays gather," Petrelis said. "I'm pissed off and prepared to spray my aromatic disgust!"

Petrelis also cited 35,000 copies of a DPH ad in gay papers featuring a ticking time-bomb alleging a syphilis outbreak among gay males cruising web chat rooms. He stated that such alarmist imagery is proof the DPH and federal agencies cook up HIV and STD statistics demonizing gay sex to maintain high levels of federal funding.

According to Mayor Willie Brown's 1998 AIDS Summit report, UCSF "is the largest center for AIDS research outside of the National Institutes of Health itself. More than \$50 million federal dollars will support over 200 research programs in San Francisco." Furthermore, in 1998 The City received \$55.3 million in NIH funding, \$37.5 million for Ryan White programs, \$19.2 million for AIDS drugs, \$9.1 million for CDC efforts, and \$7.2 million for housing subsidies. A total of \$128.3 million taxpayer dollars administered through the DPH and UCSF. "The AIDS industry in San Francisco is piggier than the Pentagon when it comes to feeding at the public pork trough," Petrelis asserted.

The angry activist anticipates that after tossing his HIV positive body fluid 14 AIDS researchers will study the color of the liquid for doctoral theses and 3 case management workers will inquire about his techniques for AIDS anger management. UCSF AIDS careerist Michael Scarce then declares a devastating new epidemic of "Piss Tossing." Expect queer academia to convulse and ejaculate esoteric essays soon published in book form.

"My piss elegant act comes after wading through years of toxic mud heaped on the backs of queers who demand sexual liberation. Gay men's personal safety and mental health are under attack by bogus CDC science that continually paints us as diseased petri dishes," Petrelis said. "I can't hold it anymore. This Thursday will be a golden opportunity to see one gay Golem fight the barrage of DPH/UCSF anti-gay attacks. Bring your umbrellas!"

**LEADING CAUSES OF DEATH
SAN FRANCISCO RESIDENTS**

CAUSE	1997		1996	
	NUMBER	%	NUMBER	%
TOTAL DEATHS	6,789	100.0%	7,446	100.0%
HEART DISEASE (390-398,402,404-429)	1,912	28.2%	2,131	28.6
CANCER (140 -208)	1,504	22.2%	1,545	20.7
CEREBROVASCULAR DISEASE	562	8.3%	532	7.1
PNEUMONIA AND INFLUENZA	474	7.0%	397	5.3
UNINTENDED INJURIES (E800-949)	293	4.3%	284	3.8
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	270	4.0%	262	3.5
* AIDS (042-044)	239	3.5%	699	9.4
MENTAL DISORDERS (290-319)	156	2.3%	124	1.7
DIABETES MELLITUS	141	2.1%	136	1.8
SUICIDE	114	1.7%	124	1.7
CHRONIC LIVER DISEASE AND CIRRHOSIS	92	1.4%	97	1.3
ILL DEFINED & UNKNOWN CAUSES (797-799)	91	1.3%	143	1.9
HOMICIDE	53	0.8%	57	0.8
ALL OTHER CAUSES	888	13.1%	915	14.2

Crude Resident Death Rate for 1997 (using est . pop. of 777,400) is 8.7 per 1,000 population. For 1996 (using, 768,200) the Rate is 9.7 per 1,000.

Note: Drop of 657 deaths or a 8.8% decrease from 1996

Note: Percents are rounded independently and do not add to totals.

Source: California Dept. of Health Services, Death Records, PHIS file.

Table prepared by SF Dept. of Public Health, BEDC-A. 12/97 Rev 3/99

LEADING CAUSES OF DEATH
SAN FRANCISCO RESIDENTS

CAUSE	1998		1997	
	NUMBER	%	NUMBER	%
TOTAL DEATHS	6,649	100.0%	6,789	100.0%
HEART DISEASE (390-398,402,404-429)	2,030		1,912	28.2%
CANCER (140 -208)	1,459	21.9%	1,504	22.2%
PNEUMONIA AND INFLUENZA	506	7.6%	474	7.0%
CEREBROVASCULAR DISEASE	500	7.5%	562	8.3%
UNINTENDED INJURIES (E800-949)	309	4.6%	293	4.3%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	255	3.8%	270	4.0%
* AIDS (042-044)	181	2.7%	239	3.5%
MENTAL DISORDERS (290-319)	162	2.4%	156	2.3%
DIABETES MELLITUS (250)	104	1.6%	141	2.1%
SUICIDE (E950-959)	92	1.4%	114	1.7%
CHRONIC LIVER DISEASE AND CIRRHOSIS	72	1.1%	92	1.4%
HOMICIDE	47	0.7%	53	0.8%
ILL DEFINED & UNKNOWN CAUSES (797-799)	38	0.6%	91	1.3%
ALL OTHER CAUSES	894	30.5%	888	13.1%

Crude Resident Death Rate for 1997 (using est . pop. of 777,400) is 8.7
per 1,000 population. For 1998 (using, 789,500) the Rate is 8.4 per 1,000.

Note: Percents are rounded independently and do not add to totals.
Source: California Dept. of Health Services, Death Records, PHIS file.
Table prepared by SF Dept. of Public Health,

LIST8DTH



Mbeki justifies government's approach to Aids

By Phindile Ngubane and Patrick Leeman

There was no substance to the allegation that there was any hesitation by the government to confront the challenge of HIV/Aids, President Mbeki said in Durban on Sunday night.

Opening the 13th World Aids Conference during a colourful ceremony watched by thousands at the Kingsmead cricket stadium, Mbeki went to considerable lengths to justify his recent appointment of a special committee to probe the causes of Aids.

He said that as he pondered the subject, it seemed South Africa could not blame everything on a single virus.

Humane response promised to people with HIV/Aids

One of the questions he had asked was whether safe sex, condoms and anti-retroviral drugs were enough response to the health catastrophe the country was facing?

He said he was looking forward to the results of the deliberations of the panel of experts, especially regarding the reliability of the information communicated by HIV tests and the improvement of South Africa's disease surveillance system.

South Africa would continue its campaign against Aids, including promoting a sustained public-awareness campaign encouraging safe sex and the use of condoms, a better-focused programme targeted at the reduction and elimination of poverty, and the improvement of the nutritional standards of South Africans.

The campaign would include a concerted fight against the so-called opportunistic diseases, including TB and all sexually transmitted diseases, a humane response to people living with HIV/Aids, as well as Aids orphans, contributing to the international effort to develop a vaccine, and further research on anti-retroviral drugs.

Winnie's stance seen as challenge to president

Mbeki said the world's biggest killer, and the greatest cause of ill-health and suffering across the globe, was extreme poverty.

"Is there more that all of us should do together, assuming that in a world driven by a value system based on financial profit and individual material rewards, the notion of human solidarity remains a valid precept governing human behaviour?" asked Mbeki.

- A media conference to launch the Durban Declaration was called off abruptly on Sunday - apparently because of strong pressure from the government on the 16 South African members of the committee and the 120 South African scientists who signed the document.

A media release prepared for publication in tandem with the release of the declaration stated that more than 5 000 scientists from around the world had united to prepare an assertion that HIV caused Aids.

The publication of the document follows a heated controversy in medical and political circles, with Mbeki appearing to side publicly with dissidents who reject the

theory that HIV causes Aids.

According to several informed sources, who declined to be named for fear of victimisation, certain government officials maintained that the holding of the media conference at that time could have been construed as "inflammatory".

A source close to the organisers denied this was the case. He said the tone of the media conference was intended to be "reconciliatory". He said there had been "intense government" pressure for those responsible for the declaration to cancel the media conference.

The source denied there had been a "political agenda" at any stage on the part of those who drew up the declaration.

Salim Abdul Karim, the chairperson of the scientific programme of the Aids conference, said the organisers of the media conference had not given him any reasons for the sudden cancellation.

He said that, to the best of his knowledge, there had been no government or other official interference placed on those who were to have held the media launch.

Prof Karim said the conference organisers had made it clear to the scientists that they were free to use the facilities of the International Convention Centre for their conference.

Meanwhile, African National Congress MP Winnie Madikizela-Mandela proclaimed that "HIV causes Aids" when she took part in a march of about 5 000 activists, organised by the Treatment Action Campaign.

Observers saw this as a direct challenge to the president.

THE MERCURY

Published on the Web by IOL on 2000-07-09 21:55:07

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Aids media conference 'stopped by pressure'

Signatories to the Durban Declaration, a statement by 5 000 local and international doctors and scientists that HIV was the cause of Aids, were allegedly pressured by the South African government to cancel a media conference.

The news conference had been scheduled to discuss the Durban Declaration. It affirmed scientific evidence supporting the link between HIV and Aids was "clear-cut, exhaustive and unambiguous" and was published in the July 6 issue of scientific journal, Nature.

The reason for the cancellation was that "the SA government put pressure on us" and threatened to dismiss any signatory who worked for the government, said Dr Charles van der Host, a professor of medicine at the University of North Carolina who signed the declaration.

Van der Host declined to name the government official who made the call and said the SA scientist who received it was a signatory to the Durban Declaration. The unidentified official allegedly spoke on behalf of President Thabo Mbeki, Van der Host said he was told.

'HIV causes Aids. It is unfortunate a few vocal people continue to deny the evidence'

Mbeki spokesperson Tasneem Carrim denied knowledge of any such threat. The declaration came in response to Mbeki's decision to appoint a panel to review the claims of dissidents who did not believe HIV caused Aids.

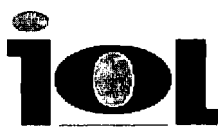
Mbeki singled out extreme poverty, rather than Aids, as the leading killer across Africa.

The Durban Declaration states: "HIV causes Aids. It is unfortunate a few vocal people continue to deny the evidence. This position will cost countless lives." - New York Times News Service and Star Reporter

The Star

Published on the Web by IOL on 2000-07-10 09:55:08

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HIV judge attacks SA government

A gay, white South African judge infected with HIV declared on Monday that his continued existence embodied the injustice of Aids in Africa, "because I can afford to pay for life itself".

High Court Justice Edwin Cameron, in a searing, acclaimed address to the 13th International Aids Conference in Durban, likened silence on Aids in developing countries to Germans' lack of response to the Holocaust during World War 2 - and white South Africans' acceptance of apartheid.

Cameron said he took two anti-HIV tablets twice a day "because, on the salary of a judge, I am able to afford their cost".

"My presence here embodies the injustice of Aids in Africa because, on a continent in which 290 million Africans survive on less than one US dollar a day, I can afford medication costs of about \$400 (about R2 700) per month," he said.

Cameron, who had already triggered a national sensation last year when he revealed he was homosexual and had been infected with HIV, declared to the conference: "I am proudly gay."

His was the keynote speech at the conference, whose theme is "Break the Silence" - to smash the taboo and end the stigma that still prevails about Aids in many minds.

In Africa south of the Sahara, 24,5 million people are suffering from HIV or full-blown Aids, more than 70 percent of the world total of 34,3 million, and the death rate is high.

Cameron noted that in the West, as a result of medication, "Aids can now be compared with other chronic conditions," but that in Africa "the implications of the epidemic remain as fearsome as ever."

He accused manufacturers of imposing prices which made drugs "unaffordably expensive," adding that the international patent and trade regime sought to choke off any large-scale attempt to produce and market the drugs at affordable levels.

Experience in India, Thailand and Brazil showed that most of the critical drugs could be produced at a cost putting them within reach of the developing world, he said.

Cameron described finding affordable drugs "the most urgent challenge."

"International agencies, national governments, and especially those who have primary power to remedy the inequity - the international drug companies - have failed us in the quest for accessible treatment," he said.

The judge slammed the South African government of President Thabo Mbeki as having mismanaged the pandemic at almost every conceivable turn in a country where one in five adults carries the virus and 1700 people are infected every day.

"So grievous has governmental ineptitude been that South Africa has since 1998 had the fastest-growing HIV epidemic in the world," Cameron said.

He called for a national programme to limit mother-to-child transmission as "a basic and affordable measure," saying that for lack of it, 5000 babies were born with HIV every month in South Africa.

Mbeki's "flirtation" with dissident scientists disputing the aetiology of Aids "has shaken almost everyone responsible for engaging the epidemic," Cameron added.

"It has created an air of unbelief amongst scientists, confusion among those at risk of HIV, and consternation amongst Aids workers," he said. - Sapa-AFP

Published on the Web by IOL on 2000-07-10 12:07:00

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July 10, 2000

Amid Controversy, South Africa Opens World AIDS Forum

By RACHEL L. SWARNS and LAWRENCE K. ALTMAN

DURBAN, South Africa, July 9 -- Opening the first international conference on AIDS held in a developing country, President Thabo Mbeki today singled out extreme poverty, rather than the disease ravaging his country and continent, as the leading killer both here and across Africa.

South Africa is the country with the largest number of people infected with H.I.V., the virus that causes AIDS -- 4.2 million. And its president, who has become embroiled in an international dispute over the disease, pledged to intensify his response to the AIDS epidemic. But he dashed the hopes of thousands of participants, and noisy protesters, who wanted to hear him state clearly that H.I.V. causes AIDS.

Instead, President Mbeki skirted the discussion that has arisen because he has questioned the use of certain drugs in treating H.I.V. and



Agence France-Presse

South African dancers performing during the opening ceremony of the world AIDS conference in Durban.

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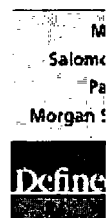
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has even questioned whether the virus causes AIDS.

• Health: The AIDS Epidemic

Forum

• Join a Discussion on The AIDS Epidemic

Among the many researchers he has contacted in his quest to understand the epidemic are two American biochemists, Peter Duesberg and David Rasnick, who argue that poverty and malnutrition, not H.I.V., cause AIDS. When word of this consultation became public, international consternation arose.

As Mr. Mbeki described his attempts to understand how one of the worst epidemics in history had enveloped his country just as it had freed itself from apartheid, he reflected on AIDS and a long list of other diseases afflicting his country.

"As I listened and heard the whole story told about our own country, it seemed to me that we could not blame everything on a single virus," Mr. Mbeki said.

The 13th international conference on AIDS is being held here as United Nations officials have been intensifying the alarm about H.I.V., which infects 34.3 million people in the world, mostly in Africa.

Minutes after Mr. Mbeki finished, Dr. Peter Piot, the head of Unaid, a United Nations program that monitors the spread of AIDS, said it would require at least \$3 billion a year to take basic measures in Africa to deal with the disease and tens of billions of dollars more each year to provide in Africa the standard drugs used in developed countries.

The \$3 billion figure is 10 times what is now being spent in Africa, Dr. Piot said. Unaid estimates that 90 percent of people with H.I.V. do not know that they are infected.

"We need billions, not millions, to fight AIDS in the world," Dr. Piot said, and "we can't fight an epidemic of this magnitude with peanuts."

In news conferences and interviews, Dr. Piot said he welcomed a pledge of \$500 million from the World Bank this weekend as a positive step. The rest, he said, needs to come from the affected African countries and the developed countries.

He urged developed countries to cancel the \$15 billion in debt repayments that African countries owe each year, so the countries could use the money for health care and social services for AIDS and other diseases.

But political will is as important as money in stopping the AIDS epidemic, he said.

In the last six years, scientists and AIDS activists have repeatedly accused South African leaders of a lack of leadership in combating

the AIDS epidemic. In 1993, H.I.V. infected 4 percent of South Africa's adult population. Now, the figure is 20 percent.

Tonight, as those taking part in the conference drifted out of the cricket grounds where Mr. Mbeki spoke, many left feeling disappointed.

"We, the majority of South African scientists, would have liked a clear, unequivocal statement about the relationship between H.I.V. and AIDS rather than the hints he made," said Alan Whiteside, who heads the AIDS research program at the University of Natal in Durban.

Mr. Whiteside and others said they were encouraged by Mr. Mbeki's pledge to intensify his recently announced program to encourage safer sex practices and to sponsor additional research into drug therapy and a possible vaccine.

Thousands of people held a protest rally at City Hall before the meeting opened, with Winnie Madikizela-Mandela and others in the crowd berating the government for failing to speak frankly about the link between H.I.V. and AIDS and lagging in its efforts to fight the epidemic.

"AIDS exists," said Mrs. Madikizela-Mandela, the ex-wife of former President Nelson Mandela and a political leader in her own right. "H.I.V. causes AIDS. We cannot proclaim this century the African century and then ignore the AIDS pandemic as some political leaders are."

Mr. Mbeki did speak about the heavy toll that H.I.V. and AIDS take on young people. He also spoke about the toll from malaria, cholera, syphilis and "other illnesses with complicated Latin names," along with vitamin A deficiency, which he said were among the diseases of poverty.

The text of Mr. Mbeki's remarks released in advance of his speech said: "The world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty."

He omitted that passage when he spoke but cited a 1995 report by the World Health Organization that described poverty as the world's largest killer. "Five years later," he added, "the essential elements of this story have not changed."

A strong hint that Mr. Mbeki would disappoint most of those taking part in the AIDS conference in not saying that H.I.V. causes AIDS came earlier in the day when scientists canceled a news conference because of what they said was pressure from the South African government.

The news conference had been scheduled to discuss a statement signed by 5,000 scientists around the world, known as the Durban Declaration. It affirmed that scientific evidence supporting the link

between H.I.V. and AIDS was "clear-cut, exhaustive and unambiguous" and was published in the July 6 issue of the scientific journal *Nature* after review by scientific peers.

But the news conference was unexpectedly canceled minutes before it was to have begun. The reason was that "the South African government put pressure on us" and threatened to dismiss any signer who worked for the government, said Dr. Charles van der Horst, a professor of medicine at the University of North Carolina who signed the declaration.

In an interview, Dr. van der Horst declined to name the government official who had made the call and said the South African scientist who had received it was a signer of the declaration. Dr. van der Horst said he had been told that the official had spoken on behalf of Mr. Mbeki.

Tasneem Carrima, a spokeswoman for Mr. Mbeki, denied knowledge of any such threat. "We certainly would not threaten anybody," she said.

The declaration came in response to Mr. Mbeki's decision to appoint a panel to review the claims of dissidents who do not believe that H.I.V. causes AIDS, Dr. van der Horst said. The panel included such dissidents as well as signers of the declaration.

"We thought no one would give the denialists credence, and we were wrong," Dr. van der Horst said.

He criticized the scientific community for not having published a summary statement earlier of all of the scientific evidence that H.I.V. causes AIDS. Now, by giving a platform to a small group of dissidents, Mr. Mbeki has helped to divert efforts to fight AIDS, Dr. van der Horst said.

Several scientists say that becoming embroiled in new arguments over the causes of AIDS diverts attention and resources from finding a solution.

The declaration was intended as a scientific statement, Dr. van der Horst said. But he said the South African government viewed it as a political statement. After the declaration was released last week, a spokesman for the president, Parks Mankahlana, said it should be thrown in the dustbin.

This week, Mr. Mbeki's government tempered its stringent criticism of anti-H.I.V. drug therapy by announcing that it had reversed its view about AZT, a drug it had deemed unsafe for pregnant women.

In discussing his administration's plan to battle AIDS and responding to critics, Mr. Mbeki said that "there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of H.I.V.-AIDS."

Dr. Piot said developing countries, though poor, would have to spend more on AIDS, because "it is about the survival of the nation."

Mr. Mbeki and Dr. Piot are leaving the conference early to attend a meeting of the Organization of African Unity in Lomé, Togo, at which AIDS is to be discussed.

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Winnie upstages Mbeki at Aids conference

By Judith Soal

The world was presented with two contradictory images of South Africa's approach to the HIV epidemic in Durban on Sunday.

Hours before an unrepentant President Thabo Mbeki berated delegates at the 13th International Aids Conference for closing their minds to questions about HIV and Aids, ANC Women's League president Winnie Madikizela-Mandela donned an "HIV-positive" T-shirt and demanded treatment for the 4,2 million South Africans living with the virus.

Madikizela-Mandela's actions made her the darling of the world's activists, but Mbeki's opening speech won him few friends among the 11 000 delegates.

"Some in the world consider the questions I and the rest of our government have raised as akin to grave criminal and genocidal misconduct," he said. "What I hear being said repeatedly, stridently, angrily is 'do not ask any questions'."

Mbeki reiterated the claim by so-called Aids "dissidents" that poverty was the reason for the health problems facing Africa.

"It seems to me we cannot blame everything on a single virus," he said, defying the growing pressure on him to acknowledge HIV as the cause of Aids.

Mbeki said that while he was waiting for reports from his hand-picked advisory panel, whose members include arch-dissidents like Peter Duesberg, the campaign against Aids would be intensified.

"This includes a sustained public awareness campaign encouraging safe sex and the use of condoms," he said.

The criticism surrounding Mbeki's flirtation with discredited scientists has threatened to overshadow the work of the Aids conference. But Mbeki himself was upstaged by Madikizela-Mandela, who is no stranger to controversy.

To chants of "Winnie, Winnie, Winnie", Madikizela-Mandela addressed about 3 000 people attending a rally outside the Durban City Hall on the conference's other main theme: Providing access to life-saving drugs for people in developing countries.

She was careful to begin her address with a chant in support of the president, but proceeded to condemn the government's failure to provide treatment for people with HIV.

"More than 1 600 people in South Africa become infected with HIV every day and 16 000 people die every year," she said. "This is a social holocaust. Yet the government has wasted its time with Sarafina, Virodene and right-wing rebel scientists." (This last was a reference to the Aids dissidents.)

Comparing the fight for Aids treatment to the fight against apartheid, Madikizela-Mandela said the government had betrayed the people who voted it into power.

"This government, for which so much blood has been shed, has become an obedient servant to the multinational (pharmaceutical) companies that continue to put their profits above our people."

The rally, which was organised by a lobby group, the Treatment Action Campaign (TAC), ended in a march led by Madikizela-Mandela, PAC MP Patricia de Lille, Gender Commission member Farid Esack, Catholic Archbishop Denis Hurley, Archbishop of Cape Town Njongonkulu Ndungane and TAC leader Zackie Achmat.

CAPE TIMES

Published on the Web by IOL on 2000-07-09 21:40:15

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Mbeki's speech enrages Aids activists

By Maggie Fox

Aids activists have reacted angrily to South African President Thabo Mbeki's speech opening an international Aids conference on Sunday night, saying he blatantly passed up an opportunity to end a debate on the causes of the disease.

Mbeki has dismayed many scientists and campaigners by appointing so-called "Aids dissidents", who deny HIV exists or question whether the virus causes Aids, to a presidential panel.

It had been widely speculated that Mbeki would lay the issue to rest on Sunday night, when he opened the 13th International Aids Conference being held in Durban.

'He talks about a plan ... he doesn't talk about action'

"I was hoping and praying he would find a way to gracefully back out of this madness," Phill Wilson of the African-American Aids Initiative told reporters.

However, others said the activists were expecting too much of Mbeki.

"He said all that could be said and I am quite happy with it," said Dr Malegapuru Makgoba, head of South Africa's

Medical Research Council, to the SABC. "The president has given clear leadership."

Mbeki did not say explicitly what he thought about HIV's role in Aids, although he did refer to HIV vaccines and to "HIV-Aids".

Panel gave Mbeki some very clear, specific goals

He mentioned the debate and said he was glad that mainstream scientists had agreed to sit down with the dissidents as part of an advisory panel.

He promised to intensify the campaign against Aids with a public-awareness campaign encouraging safe sex, programmes against poverty and poor nutrition and treatment of the opportunistic infections that mark Aids, and to work on a vaccine and drugs that can keep HIV-infected

people healthy.

"I think it is an important step in the right direction," said a United States congresswoman Barbara Lee, who has sponsored Aids legislation.

"He went absolutely as far as he could, given the history of the past couple of months," added one United Nations official, who asked not to be named.

The World Health Organisation (WHO) welcomed the speech. "We are very pleased that he recognised the magnitude and severity of the problem in South Africa," said Gregory Hartl, spokesman on Aids for WHO.

"Aids is definitely a socio-cultural phenomenon and the fact that Mbeki spoke at such length about poverty as at the root of Aids is very much in keeping with WHO's belief that you have to address the socio-cultural roots of the disease and offer comprehensive solutions for all countries."

But activists, including a member of Mbeki's own advisory panel, were enraged.

"We all had high hopes. We gave him a beautiful opportunity to turn around and he didn't," said Dave Scondras, a freelance journalist specialising in Aids who sat on the presidential panel.

He said the panel gave Mbeki some very clear, specific goals, such as on using anti-HIV drug nevirapine to help prevent mothers from giving HIV to their babies.

It also proposed ways of treating people for sexually transmitted diseases so they would be less likely to transmit HIV, suggested ways to get drug cocktails to people in the late stages of HIV and made suggestions on making drug companies help make cheaper drugs available.

These would include compulsory licensing, which would oblige a company to license its secrets to a rival, which could then make the drug more cheaply.

Mbeki mentioned none of these recommendations.

"The house is on fire and Mbeki is sitting around trying to decide whether it was started by a lighter or a match," said Wilson. "He talks about a plan. He doesn't talk about action. This should have been a call to action." - Reuters

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Poverty, not Aids, the real killer - Mbeki

By Sharda Naidoo

The world's biggest killer and greatest cause of ill-health and suffering was extreme poverty, and not the HIV/Aids pandemic, President Thabo Mbeki said on Sunday night at the opening of the five-day 13th International Aids Conference in Durban.

"We cannot blame everything on a single virus ... but poverty is the underlying cause of reduced life expectancy, handicap, disability, starvation, mental illness, stress, suicide, family disintegration and substance abuse," he told thousands of people gathered at Kingsmead Cricket Stadium.

Quoting World Health Organisation (WHO) statistics, he said each year 12,2 million children from developing countries under the age of five died - most of them from causes which could have been prevented for just a few US cents per child.

"They die largely because of world indifference, but mostly because they are poor."

'The hopes and lives of the breadwinners, providers and parents of the future are in jeopardy'

In some of the poorest countries life expectancy was expected to decrease to 42 years, whereas in the richest countries it was predicted to reach 79 years by the end of 2000, he said.

HIV and Aids had a devastating effect on young people, with up to two-thirds of all new infections in developing countries threatening people aged between 15 to 24, he said.

It is estimated that half of the global HIV infections were among people under the age of 25, with 60 percent of female infections occurring by the age of 20.

Mbeki said: "The hopes and lives of the breadwinners, providers and parents of the future are in jeopardy."

"Many of the most talented and industrious citizens who could build a better world ... face tragically early deaths because of HIV infection."

Mbeki has recently been criticised for questioning whether HIV caused Aids, but the International Aids Society earlier on Sunday said they expected him to declare in his opening speech that HIV did cause Aids.

However, he maintained that poverty, malnutrition and poor socio-economic conditions were major contributors to fatal infections and diseases in Africa.

Reacting to criticism, he said: "As an African speaking at this conference convened to discuss the grave human problem such as Aids, I believe we should speak to one another honestly and frankly, with sufficient tolerance to allow all voices to be heard."

He said the questions he and his government had raised around the HIV/Aids issue

were considered by some as "akin to grave criminal and genocide misconduct".

"But, what I hear being said repeatedly, stridently, angrily is 'do not ask any questions'."

He said it was hoped that the "extraordinary" gathering of health experts at the conference would map a plan of action to assist Africa to "disperse the menacing and frightening clouds" of the increasing HIV/Aids pandemic that threatened to destroy people worldwide.

He said if African countries had the developmental level which enabled them to gather accurate statistics about their own countries, the morbidity and mortality figures would be too frightening to contemplate.

"Africans are confronted by an enormous health crisis ... and we have a desperate and pressing need to wage a war on all fronts to guarantee and realise the human right of all our people to good health."

He said while international experts were finding answers to whether safe sex, condoms and anti-retroviral drugs was a sufficient response to the health catastrophe, South Africa would continue to intensify its Aids campaign.

The country's Aids action plan included: sustained public awareness which encouraged safe sex by using condoms, a more focused poverty alleviation and health improvement programme and a concerted fight against the "opportunistic" tuberculosis and other sexually transmitted diseases.

"We are also looking at a humane response to people living with HIV and Aids and those orphaned by these epidemics," said Mbeki. - Sapa

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SA 'failed to act in time' to curb AIDS

The South African government had failed to intervene timeously enough to curb the spread of the HIV/AIDS epidemic, British scientist Professor Roy Anderson told delegates at the 13th International AIDS Conference in Durban on Monday.

In reference to the recently released UNAids report, which stated that South Africa had one of the highest HIV/AIDS incidences globally, the South African Press Association reports he said political will and leadership could act as catalysts to slow down the spread of the scourge.

Anderson, from Oxford University, was also critical of the school of dissident theorists, who have questioned whether the humane immune virus (HIV) causes AIDS. He said the basis of his research was formulated on the premise that the virus did in fact cause AIDS.

While not targeting the present South African leaders, Anderson said the explosive spread of AIDS in Africa, of which South Africa has one of the highest rates, over the past 13 years could have been curtailed if nipped in the bud, since it was already known back in 1987 how to prevent the transmission of AIDS.

Uganda and Senegal were success stories in Africa when it came to fighting the disease. Anderson noted the decline of AIDS figures among 15- to 19-year-olds in Uganda, attributing this to the "hard work" of the government there.

Similarly, in Senegal, Cuba and Thailand there were more people dying of AIDS than those getting infected with the illness because of successful awareness campaigns.

Anderson said once the epidemic had spread, it was far more difficult to contain.

Research had shown that changing the behaviour of sexually active people, by way of awareness campaigns, had to be done early in the spread of the epidemic.

"Actions taken now and early can help to dramatically reduce the epidemic."

In the developed world, where the incidence of HIV/AIDS has declined over recent years, the use of anti-retroviral therapy had improved the quality of life of sufferers. Anderson urged the industrialised world to assist developing nations with

affordable anti-retroviral medicine so that the "patchy" pattern of the global fight against AIDS could change.

In the long-term, Anderson said that a cure for AIDS was still not nearing a reality. "Vaccines are the only hope for the future ... and that is not going to happen quickly."

● **Judge's searing speech slams Mbeki's AIDS stance**

Meanwhile, a gay, white South African judge infected with HIV declared that his continued existence embodied the injustice of AIDS in Africa, "because I can afford to pay for life itself".

High Court Justice Edwin Cameron, in a searing, acclaimed address to the 13th International Aids Conference in Durban, likened silence on AIDS in developing countries to Germans' lack of response to the Holocaust during World War 2 - and white South Africans' acceptance of apartheid.

Cameron said he took two anti-HIV tablets twice a day "because, on the salary of a judge, I am able to afford their cost".

"My presence here embodies the injustice of AIDS in Africa because, on a continent in which 290 million Africans survive on less than one US dollar (about R7) a day, I can afford medication costs of about \$400 per month," he said.

Cameron, who had already triggered a national sensation last year when he revealed he was homosexual and had been infected with HIV, declared to the conference: "I am proudly gay." His was the keynote speech at the conference, whose theme is "Break the Silence" - to smash the taboo and end the stigma that still prevails about AIDS in many minds.

In Africa south of the Sahara, 24.5 million people are suffering from HIV or full-blown AIDS, more than 70% of the world total of 34.3 million, and the death rate is high.

Cameron noted that in the West, as a result of medication, "AIDS can now be compared with other chronic conditions", but that in Africa "the implications of the epidemic remain as fearsome as ever".

He accused manufacturers of imposing prices which made drugs "unaffordably expensive", adding that the international patent and trade regime sought to choke off any large-scale attempt to produce and market the drugs at affordable levels.

Experience in India, Thailand and Brazil showed that most of the critical drugs could be produced at a cost putting them within reach of the developing world, he said.

Cameron described finding affordable drugs "the most urgent challenge".

"International agencies, national governments, and especially those who have primary power to remedy the inequity - the international drug companies - have failed us in the quest for accessible treatment," he said.

The judge slammed President Thabo Mbeki's government as having mismanaged the pandemic at almost every conceivable turn in a country where one in five adults carries the virus and 1700 people are infected every day.

"So grievous has governmental ineptitude been that South Africa has since 1998 had the fastest-growing HIV epidemic in the world," Cameron said.

He called for a national programme to limit mother-to-child transmission as "a basic and affordable measure", saying that for lack of it, 5000 babies were born with HIV every month in South Africa.

Mbeki's "flirtation" with dissident scientists disputing the aetiology of AIDS "has shaken almost everyone responsible for engaging the epidemic", Cameron added.

"It has created an air of unbelief amongst scientists, confusion among those at risk of HIV, and consternation amongst AIDS workers," he said. - Sapa-AFP-I-Net
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Hundreds Walk Out On Mbeki

By David Brown and Jon Jeter
Washington Post Staff Writers
Monday, July 10, 2000; A01

DURBAN, South Africa, July 9 — Hundreds of delegates to an international AIDS conference walked out on a speech by South African President Thabo Mbeki tonight when he failed to renounce his skepticism about what causes the disease and how it is treated.

In a lengthy and eagerly anticipated address, televised live on national television, Mbeki spoke of poverty, malnutrition and inequity as the driving forces behind the great burden of disease shouldered by Africans. He mentioned many diseases, including AIDS.

Mbeki's blunt questioning of lifesaving medicines commonly used in the West and his insistence on an African solution to the AIDS epidemic have been at the center of the 13th International AIDS Conference--the first in Africa--which began here today.

Medical experts and activists say that by courting opinions from dissident scientists who contend that HIV does not cause AIDS, Mbeki has reopened a debate that most in the medical community considered closed years ago. And in doing so, they say, he is wasting time that this country--which has more people infected with HIV than any other in the world--cannot afford. Twenty percent of adults in this country of 41 million people are infected with HIV, and it has one of the fastest growing rates of infection.

Mbeki told about 10,000 people gathered in a cricket stadium here that "there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of HIV-AIDS." He called specifically for a "sustained public awareness campaign" on safe sex practices, a "concerted fight against opportunistic diseases" and for research on the accuracy of the standard HIV test in African populations.

The conference is being attended by scientists presenting the latest medical research and by AIDS activists who are trying to improve health care services for HIV sufferers. Organizers expect as many as 15,000 people from around the world to attend.

"I'm just fed up with it," said one delegate, Lindsey McKenna, an HIV counselor in Britain, as he walked out while Mbeki was delivering his opening address. "We've heard it all before, and it's just distracting attention away from the real issue, which is stopping HIV."

"He blames AIDS on capitalism and imperialism, and people continue to die," said Alexandra Calmy, a doctor who treats AIDS patients in Geneva, who also walked out on the speech. "The whole poverty thing is worth examining, but you've got to do something until you can work it all out."

Jennifer Ann Geel, a South African physician who treats AIDS patients in Cape Town, said Mbeki's public scrutiny of AIDS drugs has fueled a dangerous skepticism among her patients. "People come into the clinic where I work and say: 'The president says that HIV doesn't cause AIDS. So why are you telling me to wear a condom?' We can't afford his contemplation."

As with Mbeki's other statements on AIDS in recent months, tonight's remarks were enigmatic and subtly defiant. He did not express explicit doubt that HIV causes AIDS, but his language encouraged skeptics to doubt the link between the two. He portrayed himself at one point as only an "insufficiently educated" observer seeking answers.

"What I hear being said repeatedly, stridently and often angrily, is: Do not ask any questions!" he said.

To many AIDS experts, however, his words bear the imprint of a long-discredited view that AIDS is the product of numerous deficiencies, toxins and other causes--but not HIV.

"One of the consequences of this crisis is the deeply disturbing phenomenon of the collapse of the immune systems among millions of our people, such that their bodies have no natural defense against attack by many viruses and bacteria," Mbeki said. "As I listened and heard the whole story told about our own country, it seemed to me that we could not blame everything on a single virus," he said.

He did not mention another issue that many delegates consider important--a call for greater access by developing nations to antiviral drugs.

"What he says is that there are some issues that are up to debate, and that is not true," said Charles van der Horst, an American AIDS researcher. "He is a well-meaning man who obviously cares deeply for his people, but on this issue he is wrong, wrong, wrong." Van der Horst was one of the organizers of a statement, signed by 5,000 scientists and released last week, that asserts that HIV indisputably causes AIDS.

Mbeki was followed to the rostrum by an 11-year-old boy with AIDS, Nkosi Johnson, who in occasionally halting tones told of how he entered a foster home when his mother could no longer care for him, of her death and his subsequent first meeting with his father at the funeral, and of the prejudice in his school that news of his disease created. He ended with a plea to the government to provide the antiviral drug AZT to pregnant women.

"It is amazing to me that an 11-year-old boy can hit all the nails on the head, but his president couldn't," van der Horst said.

Others, however, offered more charitable assessments. "Mbeki's speech, I think, is very truthful, linking poverty to so many of these diseases," said Abraham Alabi, a 40-year-old Nigerian microbiologist working in Gambia. He said that he, too, believes all pregnant women should be offered antiviral medicines to lower the risk of transmitting infection to their newborns--a policy the South African Health Ministry currently opposes.

This afternoon, before the conference opened, about 5,000 people gathered outside the Durban city hall to hear more than a dozen speakers call for free medicines for poor countries. Not a single person questioned the connection between HIV and AIDS, and unlike occasional hecklers during the opening ceremony, none uttered harsh words for the South African president.

"Viva Thabo Mbeki!" said Winnie Madikizela-Mandela, former wife of Nelson Mandela, South Africa's first post-apartheid president. "Let me start by asserting what appears to have become less obvious in Africa in recent months. AIDS exists. HIV causes AIDS."

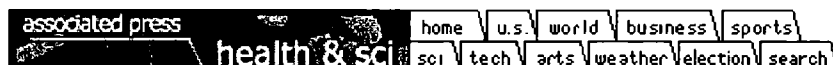
The crowd eventually marched to the cricket ground. One of the people who stopped to watch it pass was Thembaka Ngubane, 32, an unemployed teacher who was with her small son and niece. Until a few months ago, "AIDS was something that was far away from me," she said. "Now there are ads on TV; now we realize it's really existing."

Still, her most personal contact with the disease was cloaked in the denial and euphemism that marks much discussion here. Her 28-year-old cousin spent three weeks in a hospital in Durban last month. He was treated for tuberculosis, but relatives who visited whispered he had AIDS. Ngubane does not know if he was told he has AIDS, or if, in fact, he does. "TB and AIDS--they are different, but they

are similar," she said.

At a visit to the same hospital this morning, Sandra Thurman, director of the White House Office of National AIDS Policy, was told by Umesh G. Laloo, a professor of medicine, that most of the adults now admitted have AIDS.

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JULY 12, 13:15 EDT

AIDS Experts Cite Common Spermicide

By DANIEL Q. HANEY
AP Medical Editor

DURBAN, South Africa (AP) — The widely used spermicide nonoxynol-9, long recommended as a way to stop the spread of AIDS, may actually increase the risk of catching the virus, at least among women who use it frequently, according to the surprising findings of a large study.

As a result, health officials said condoms used solely to prevent disease should not be coated with nonoxynol-9, although a condom with the spermicide is certainly safer than no condom at all. And they said the spermicide should also not be used for birth control by anyone at high risk of catching HIV.

Nonoxynol-9 is widely used around the world for contraception, and about one-third of lubricated condoms sold in the United States are covered with it. Nonoxynol-9 is a detergent formulated to kill sperm, but in the test tube it also wipes out HIV, and many have long assumed it helps protect people from the virus.

However, a study on prostitutes released Wednesday at the 13th International AIDS Conference showed just the opposite: Women using a nonoxynol-9 gel increased their risk of contracting HIV rather than lowering it.

Urban HIV

A 1994-1998 study of young gay or bisexual men in seven large U.S. cities shows a nearly 10 percent HIV infection rate within that group.

Infected with HIV

Infected with Hepatitis B

Baltimore

357 men studied

8.5%



Photos of African children with HIV at an exhibit in Durban, South Africa

AP/Obed Zilwa [19K]

"It is an understatement to say that we were extremely disappointed," said Dr. Lut Van Damme of the Institute of Tropical Medicine in Antwerp, the study's director.

The researchers now assume that nonoxynol-9, or N-9, increases the risk by irritating the vaginal lining, causing tears that give the virus a way to enter the body.

The prostitutes in the study applied N-9 up to 20 times a day, and there is no



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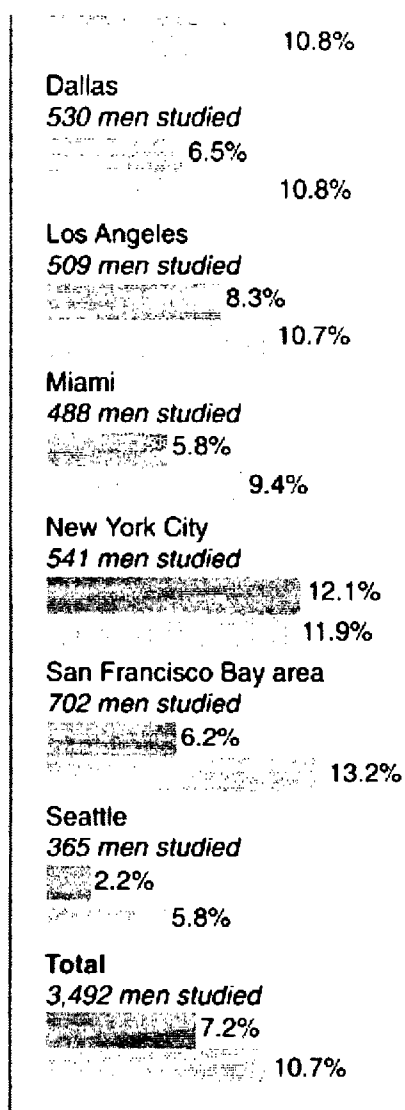
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Source: JAMA

AP

evidence that women who use it once or twice a day increase their risk of HIV. Nevertheless, Van Damme recommended that N-9's long-term safety as a contraceptive be re-evaluated.

The study began in 1996 on 990 prostitutes in South Africa, Benin, Thailand and Ivory Coast. They were randomly given either an N-9 gel called Advantage-S or a similar-looking but inactive vaginal moisturizer. The women were also urged to use condoms and given a free supply.

The study ended May 31, and the researchers were surprised by the results. Fifteen percent of the women using the N-9 gel had become infected with HIV, compared with 10 percent in the comparison group.

"This convincingly shows this product is not a good idea in a high-risk population," said Dr. Joseph Perriens, who heads microbicide research at UNAIDS. "If you use nonoxynol-9, you are wasting your money, and you may be wasting your life."

Dr. Ann Duerr, HIV chief in the reproductive health division at the U.S. Centers for Disease Control and Prevention, said the effects of the low amounts of N-9 on condoms are unclear.

But given a choice, people who want to protect themselves from HIV should select those without the spermicide, even though condoms with the spermicide are safer than avoiding condoms entirely.

"For sexually transmitted disease prevention, our recommendation has been to use condoms with or without nonoxynol-9," Duerr said. "Now it's clear that N-9 does not add protection and may be harmful."

Advantage-S spermicide is sold in the United States and China and manufactured by Columbia Laboratories of Miami. Howard Levine, its research director, said the company's work shows the product is safe when applied up to four times a day. He attributed the study's results to the prostitutes' high use.

Despite the widely held assumption that N-9 stops HIV, earlier research raised doubts. The most recent, a study of 1,170 prostitutes in Cameroon, found a spermicide film did not prevent infection, although it offered no hint that it increased the risk, either. An earlier study found a higher infection rate in Kenyan prostitutes using an N-9 sponge, but the increase was not statistically meaningful.

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Van Damme said two other large studies involving an N-9 gel called Conceptrol, being done on non-prostitutes in Africa, may have to be stopped. The CDC said Wednesday it had halted a study involving N-9 in Miami and Los Angeles.

Finding an HIV-killing lotion is a major goal of AIDS research, since it would offer an alternative to condoms. Several novel products are in early-stage human testing. Among these are PC-515 and Pro2000, both derived from seaweed.

The Bill & Melinda Gates Foundation, started by the Microsoft founder, said Wednesday it would donate \$25 million to develop and test products to prevent the spread of AIDS and other sexually transmitted diseases.

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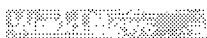
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UPDATE 2-Young people bear brunt of AIDS, UNICEF says

DURBAN, South Africa, July 12 (Reuters) - Every minute six people under the age of 24 are infected with the HIV virus and many young people in the worst-hit countries do not know they are at risk, the UNICEF children's agency said on Wednesday.

In its annual Progress of Nations report issued at the International Aids Conference in Durban, UNICEF said girls and young women worldwide were 50 percent more likely to contract HIV than young men.

And in sub-Saharan Africa, almost half of girls aged 15 to 19 did not know that a person who looked healthy could still be carrying HIV and pass it to them through sex.

More women than men were infected with the virus in the developing world, but scientists presented new evidence about how pregnant women could avoid passing the virus to their babies.

Some 600,000 babies are infected every year by their mothers either in the womb, during birth or through breastfeeding.

South African research shows that a drug called nevirapine, which is given to the mother during labour and to the child within 48 hours of delivery, is just as effective and much cheaper than the drug zidovudine, or AZT.

But Belgian researchers said a spermicide that had been touted as a possible means for women to protect themselves from infection did not work and could even increase the risk of getting the virus.

The United Nations said it would continue to press for products that women could use when their partners refused to use condoms.

Delegates also heard of unorthodox ways to boost condom use.

One U.S. study asked bartenders who the most popular people in gay bars were and these men were then educated about AIDS, the benefits of using condoms and other ways to avoid infection.

Researchers found condom use more than doubled in those bars where the study was conducted.

In separate approach, researchers found condom use went up dramatically when women shared their secrets for getting men to use condoms.

UNICEF PAINTS GRIM PICTURE

The UNICEF report painted a grim picture for youth in Africa, where the majority of the world's 34.5 million people infected with HIV live.

In Botswana, one in three women and one in seven men aged 15 to 24 are infected with HIV. In Lesotho, South Africa and Zimbabwe, the ratio is one in four women and one in 10 men.

"The HIV infection rates among young people are a searing indictment, documenting failures of vision, commitment and action of almost unimaginable proportions," the report said.

"They tell the story of leadership unworthy of the name and the virtual abandonment of sub-Saharan Africa, at a time of dire need, to a disaster that may soon engulf other regions as well."

UNICEF executive director Carol Bellamy urged heads of state to lead a "war of liberation" against the spread of AIDS.

"We believe what's required is the largest mobilisation of resources in history," she said.

The education system, which is crucial in promoting awareness programmes, is also buckling under the epidemic, particularly in sub-Saharan Africa where an estimated 860,000 children lost their teachers to AIDS in 1999.

UNICEF said some parents were keeping their daughters out of school for fear that they might become infected.

"Particularly disturbing is the evidence that large numbers of young people in HIV-prevalent countries are not clear on how to protect themselves," Bellamy added. "Many don't know they are at risk at all -- especially girls -- and that's a disaster."

Researchers at the conference said violence against girls and women increased their risk of contracting the HIV virus.

Charlene Smith, a South African journalist and a victim of rape, called for more studies to combat myths in some countries that having sex with a virgin cures the disease.

A disturbing legacy of the disease is the rising number of AIDS orphans. Around 13.2 million children worldwide have lost their parents to AIDS, and Bellamy said the number of orphans was expected to rise to 20 million in the next decade.



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Bisexuals "bridge" infecting women with HIV - study

DURBAN, South Africa, July 12 (Reuters) - Bisexuals can act as a "bridge" to carry the HIV epidemic from a gay population to women, U.S. researchers said on Wednesday.

A series of studies done by the U.S. Centres for Disease Control and Prevention (CDC) shows that, in the United States at least, people are returning to risky behaviours that help spread the virus.

Linda Valleroy and colleagues did a five-year CDC study of 3,492 men in seven U.S. cities who have sex with men, and found one in six also had sex with women.

A quarter of those men, aged 15 to 22, said they recently had unprotected sex with both men and women, Valleroy's team told the 13th International AIDS Conference. She said nearly seven percent of the men in the study were HIV positive.

"The study confirms that young bisexual men are a 'bridge' for HIV transmission to women," the CDC said in a statement.

CDC researchers said they were confirming studies that show a worrying rise in risky behaviour among gay and bisexual men -- who are still the main victims of HIV in the United States.

Dr Paul Denning of the CDC and colleagues said they had interviewed 1,942 gay or bisexual men living in 12 cities who had just been diagnosed with HIV.

They said 19 percent had at least one episode of unprotected anal sex -- the riskiest sexual behaviour -- in the year before in 1997 and 1998. That is a 50 percent rise from 1995 and 1996, when only 13 percent of men said they had unprotected anal sex.

"Gay men of all ages remain at an alarming risk," Dr David Holtgrave of the CDC told a news conference.

He said one problem was that men believed drug cocktails that suppress the virus prevented its spread. "They perceive that sex partners with low viral loads present less risk than men with high viral loads," Holtgrave said.



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UPDATE 1-Swapping secrets helps people dodge HIV -studies

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DURBAN, July 12 (Reuters) - Two studies, one conducted in U.S. gay bars and another on methods women use to persuade men to wear condoms, show that unorthodox approaches can help people guard against AIDS, researchers said Wednesday.

They said both studies showed that cheap programmes taking advantage of local culture could have a big impact.

Dr. Steve Hyman, head of the U.S. National Institute of Mental Health (NIMH), said researchers were testing an approach based on a University of Wisconsin study done in gay bars.

The Wisconsin team asked bartenders who the most popular people in the gay bars were. These men were then educated about AIDS, about the benefits of using condoms and on other ways to avoid infection, and asked to then talk to their friends.

The researchers counted how many condoms were purchased from dispensers in the bars and asked customers how many times they had unprotected sex. Condom use more than doubled.

Teams funded by NIMH are now testing similar approaches in in India -- where prostitutes and truck drivers are the target -- Peru, Russia, Uganda and Zimbabwe.

"Some people who are the most recalcitrant to public health messages might well be influenced if respected, cool colleagues said 'you ought to wear a condom'," Hyman said in an interview.

"Condoms have, quite frankly, not been seen as cool."

The NIMH's Ellen Stover said in dormitories used by male workers in some Russian cities, the chosen peer leaders liked the idea.

"In Russia, the people in these settings were eager to get started," Stover said.

SWAPPING SECRETS

In a separate approach, Dr. Ann O'Leary of the U.S. Centers for Disease Control and Prevention (CDC) and colleagues at the University of Zimbabwe found when women shared their secrets for getting men to use condoms, use went up dramatically.

This is tricky. "If a woman requests a condom, it might mean she has been unfaithful...or that she is aware of his infidelity," O'Leary said.

"We asked men why they used them and women how they convinced the men to...They shared their own ideas with others who might not have thought of them."

At the start of the study two percent of women said a condom was used at least 75 percent of the time when they had sex. At the end, 70 percent of the women said their partners used condoms that often.

"These data dispute the hopelessness that many express about women being able to protect themselves," O'Leary said.

A nurse counsellor talked to the very few women whose partners or husbands had ever agreed to use a condom and asked them what arguments they had used successfully.

Some of their suggestions included saying: "I know that women entice you all the time and I just don't want to have to worry," or "Remember who died of AIDS. I don't want our children to be orphans."

Then she talked to the rest of the women, giving them these examples and helping them think of their own arguments.

"The fact that they practised what to say in the interview and that the nurse said 'go ahead' gave the women confidence," O'Leary said.

She said U.S. women used very different arguments, showing that it was important to work within each society. In the U.S., O'Leary said, people are more concerned about avoiding pregnancy.

"I had a client who was on the (birth control) pill and she said to her husband 'the pill is not 100 percent (effective) and if I have another kid I'll crack up'," O'Leary said.

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Gates Foundation announces \$90 million for AIDS

DURBAN, South Africa, July 12 (Reuters) - A foundation set up by Microsoft chairman Bill Gates said on Wednesday it would donate \$90 million for AIDS research and treatment, including programmes to help women protect themselves and their children from infection.

The largest chunk of money, \$50 million, would go to help pay for a collaboration between drug maker Merck and Co. and Botswana, where 29 percent of the adult population is HIV-positive.

"The partnership will endeavour to significantly advance HIV/AIDS prevention, healthcare access, patient management and treatment of HIV in Botswana, where an estimated 29 percent of the adult population is HIV-positive," The Bill & Melinda Gates Foundation said in a statement to the 13 international AIDS conference.

"The public-private partnership will also include universities, U.N. agencies, as well as other pharmaceutical and non-pharmaceutical companies. "

The foundation also announced a \$25 million grant for research into microbicides, which are gels or creams that men and women could use as "invisible condoms" to guard against HIV and other infections.

The money goes to the CONRAD Program's Consortium for Industrial Collaboration in Contraceptive Research (CICCR), a programme at the Eastern Virginia Medical School. CICCR will work with the World Health Organisation and Family Health International to come up with studies.

The Elizabeth Glaser Pediatric AIDS Foundation got \$15 million to help women get drugs that have been shown to protect their babies from infection during birth.

The conference heard more news about how a single drug, nevirapine, can protect up to half of babies from infection. Drug combinations also work.

A U.S. group called Childreach, which works with agencies such as Save the Children, will be given \$1 million to help an African initiative to bring medical and educational resources to children infected with or orphaned by AIDS.

The Palliative Medical Institute will get \$455,000 to help provide comfort to South Africans dying of AIDS.

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AIDS dissidents hail Mbeki as their hero

DURBAN, South Africa, July 12 (Reuters) - AIDS dissidents acclaimed South African President Thabo Mbeki as their hero on Wednesday after he defended the rights of all scientists to be heard in a debate on the disease.

Mbeki has courted controversy by appointing so-called dissidents -- some of who deny that HIV leads to AIDS -- to his own advisory panel on the disease, with which 4.2 million South Africans are infected.

"Mbeki should be considered a hero for bringing these issues to the forefront," said Lynn Gannett, a former data manager for trials of the drug.

Mbeki again defended his decision to open the AIDS debate to dissidents, saying it was an issue of free speech that took on special significance in the context of his country's apartheid history.

"Exclusion of ideas, simply because they are different from mine, I don't think is very healthy," Mbeki told Reuters at the annual Organisation of African Unity summit in Togo on Tuesday.

"In our own case, just in terms of the political transition in South Africa, we wouldn't have achieved what we achieved if we excluded certain views."

Mbeki's opening speech at the 13th International AIDS Conference in Durban provoked anger among many activists, health experts and leading scientists when he ducked the issue of the link between HIV and AIDS.

Top AIDS researcher David Ho urged Mbeki to stop the debate, or find that his legacy was that he had allowed millions to die.

"FIGURES EXAGGERATED"

But the small group of dissidents attending the conference gave their full backing to Mbeki.

Charles Gesheker, a scientist on Mbeki's panel, said estimates of nearly 34 million people living with HIV-AIDS were hugely exaggerated and that only a small fraction were actually dying of AIDS.

"AIDS in Africa has become a catch-all word. A name for a series of clinical symptoms for malaria, tuberculosis, dysentery," he told reporters.

Major outbreaks of disease, including AIDS, were fuelled by massive income disparities related to South Africa's modern history, including apartheid, he said.

Virtually all leading scientists say that HIV causes AIDS and is spread through sexual contact or blood use. Leading bodies

such as UNAIDS, the United Nations Aids programme, estimate that nearly 35 million people are living with the disease which has ravaged large parts of Africa and Asia.

Gannett supported Mbeki's scepticism about the efficacy of the widely used drug AZT, and believed it should not be used. The government has denied AZT to pregnant women and rape victims on cost grounds.

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Child deaths to rise unless AIDS drugs provided

DURBAN, South Africa, July 12 (Reuters) - The AIDS epidemic could reverse progress in child survival rates in the developing world unless drugs are provided to prevent mothers from passing the virus to their babies, AIDS experts warned on Wednesday.

Up to 600,000 babies are born each year with the virus, or 1,800 each day. Ninety percent of these cases are in the developing world.

Without HIV drugs the child mortality rates in some African countries will double by the year 2010, experts predict.

"This is unacceptable knowing we have interventions today that can reverse this trend," Dr Chewe Luo, of the University Teaching Hospital in Zambia, told a conference on AIDS in Durban.

HIV drugs have successfully reduced the number of women infecting their children in industrialised countries but the treatments are expensive and difficult to administer and monitor in the developing world.

Most babies are infected in the womb, at birth or through breastfeeding. Up to 43 percent of African HIV women will pass the virus to their babies.

NEVIRAPINE SEEN AS BEST TREATMENT

A short course of the Glaxo-Wellcome drug zidovudine, or AZT, given to mothers late in pregnancy and shortly after delivery has cut mother-to-child transmission rate by up to 50 percent or more in some studies.

But the drug, which suppresses the virus in the mother, is still too expensive for most African countries.

South African research presented at the conference showed that another drug called nevirapine, which is given to the mother during labour and to the child within 48 hours of delivery, was just as effective and much cheaper than AZT.

"It is the most practical and feasible option for the majority of women in the world today," said Luo.

Dr Daya Moodley, of the University of Natal in Durban, agreed. "Intervention around the time of labour and delivery reduces HIV transmission significantly," He said.

Boehringer Ingelheim, the German company that makes nevirapine under the name Viramune, said on Friday it would provide the drug to the developing world for free for the next five years.

Luo even suggested that giving all pregnant women nevirapine, without screening them for HIV, would be the most effective way of halting the spread to children.

Two-thirds of babies are infected with the virus in the womb or during birth.

A Caesarean section has been shown to reduce the risk of mother-to-child infection but Luo said this was not an option for women in poor countries.

Breastfeeding poses the biggest problem for doctors trying to reduce the risk of HIV in babies in the developing world.

Clean water is scarce and formula feed is expensive so most mothers breastfeed. Research has also shown it can also reduce the effects of AZT.

Luo and other AIDS experts at the conference recommended that women who breastfeed give their children only breast milk, no other liquids or solids, for the first six months. A study found that this lowered the risk of infection.

"Preventing mother-to-child transmission is possible worldwide with intervention options. It is unacceptable that many children are getting infected today," said Luo.

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