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67

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1

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1

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1



[Advance Paradigm buying battered Rite Aid unit](#)
[Africa agrees Union plan, Gaddafi says makes history](#)
[Senegal shuts shrimp exporter for health reasons](#)
[Eli Lilly may donate TB drugs to WHO project](#)
[Bisexuals "bridge" infecting women with HIV -study](#)
[Young people bear brunt of AIDS, UNICEF says](#)
[US panel says Centocor drug reduces joint damage](#)
[U.S. tech stocks at highs of day on Yahoo earns; Dow up](#)
[Swapping secrets helps people dodge HIV -studies](#)
[Summers calls on U.S. Congress to fund debt relief](#)
[Traditional healers demand role in AIDS battle](#)
[Danish shares hit new record, party could be over](#)
[GeneScan to offer shares from 35.50 to 39.50 euros](#)
[Two cholesterol drugs bid for over-the-counter status](#)
[France's Voynet questions motives of GMO seed firms](#)
[Bucharest bourse closes higher after interrupted trade](#)
[Storm halts search for bodies at Manila dump](#)
[S.Africa urges business to join fight against AIDS](#)
[Bayer H1 drug sales rise 23 pct](#)
[New tainted milk scare as children fall ill](#)
[**HIV may increase sexual desire, study finds**](#)
[Germany backs Ukraine on IMF despite Chernobyl row](#)
[Abbott profits up 6.2 percent](#)
[Software company Informax files \\$75 million IPO](#)
[Salomon releases "TEN+ Exceptional Names" list](#)

Last Updated: 19:11 GMT 12th July

[Return to main News page](#)

HIV may increase sexual desire, study finds

DURBAN, South Africa, July 12 (Reuters) - Infection with the AIDS virus could make men more amorous, which could make them more likely to pass on the virus, U.S. researchers said on Wednesday.

A team at the University of California, Berkeley, said they were checking out one of the basic premises behind natural selection -- that organisms that happen to create conditions favourable to themselves will out-compete other organisms and thus become more numerous.

"From an evolutionary perspective, HIV would benefit by influencing its human host to increase sexual activity," they said in a presentation to the 13th International AIDS Conference in Durban.

Philip Starks and colleagues checked studies that measured testosterone levels in male and female HIV patients. The hormone affects sex drive in both men and women.

"Although testosterone levels generally decrease during later stages of the disease, testosterone levels appear to be elevated in early stages of infection for HIV positive males," they said.

They did not find the same effect in women, but men needed to be told about the risk.

"Males at risk, or in early stages of infection, should be counselled that HIV infection may increase sexual desire."



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Health News

[Advance Paradigm buying battered Rite Aid unit](#)
[Africa agrees Union plan, Gaddafi says makes history](#)
[Senegal shuts shrimp exporter for health reasons](#)
[Eli Lilly may donate TB drugs to WHO project](#)
[Bisexuals "bridge" infecting women with HIV -study](#)
[Young people bear brunt of AIDS, UNICEF says](#)
[US panel says Centocor drug reduces joint damage](#)
[U.S. tech stocks at highs of day on Yahoo earns; Dow up](#)
[Swapping secrets helps people dodge HIV -studies](#)
[Summers calls on U.S. Congress to fund debt relief](#)
[Traditional healers demand role in AIDS battle](#)
[Danish shares hit new record, party could be over](#)
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[Two cholesterol drugs bid for over-the-counter status](#)
[France's Voynet questions motives of GMO seed firms](#)
[Bucharest bourse closes higher after interrupted trade](#)
[Storm halts search for bodies at Manila dump](#)
[S.Africa urges business to join fight against AIDS](#)
[Bayer H1 drug sales rise 23 pct](#)
[New tainted milk scare as children fall ill](#)
[HIV may increase sexual desire, study finds](#)
[Germany backs Ukraine on IMF despite Chernobyl row](#)
[Abbott profits up 6.2 percent](#)
[Software company Informax files \\$75 million IPO](#)
[Salomon releases "TEN+ Exceptional Names" list](#)

Last Updated: 19:11 GMT 12th July

[Return to main News page](#)

S.Africa urges business to join fight against AIDS

JOHANNESBURG, July 12 (Reuters) - A top South African official urged business leaders on Wednesday to join the battle against the spread of AIDS.

"It would be naive in the extreme for business planning or strategy to take place without HIV/AIDS being focussed on as the most important issue," said Bongani Khumali.

Khumali heads the National HIV/AIDS programme from the office of Deputy President Jacob Zuma.

"It is something we must look at. It is a business imperative," he told an investment conference in Johannesburg.

Describing AIDS as the biggest killer on the African continent, Khumali said that it was vital to find ways of containing the epidemic by the end of the decade.

A Harvard University study released at the International Conference on AIDS in Durban warned that South African companies may have to set aside 7.5 percent of their annual payroll to fund losses caused by AIDS.

An HIV-positive employee would cost an employer five to eight times his or her annual salary, often over a seven-year period, the survey said.

Research released at the conference by the U.S.-based International Aids Economics Network showed that the AIDS epidemic could wipe out 15 to 20 percent of the national wealth of the worst-hit African countries during the coming decade.

"We are in a state of war. We can't go on as if it's business as usual. We must find ways of changing behaviour. We must find a vaccine against HIV and a cure for AIDS," he said.

"I would like to encourage as many companies as possible to join the fight," Khumali added.

Khumali's comments were in stark contrast to remarks from President Thabo Mbeki, who sparked fresh controversy when he opened Africa's first global AIDS conference on Sunday by saying that poverty was the continent's biggest killer.

More than two thirds of the estimated 34.3 million people suffering from HIV/AIDS live in sub-Saharan Africa. South Africa has one of the highest infection rates in the world, with an estimated 10 percent of the population living with HIV.

Khumali said it was very likely that accepted figure of 12 million AIDS-related deaths in Africa had been underestimated.

Economists have warned that the escalating AIDS epidemic was the biggest threat to the poverty-stricken continent's economy.



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[Senegal shuts shrimp exporter for health reasons](#)

[Eli Lilly may donate TB drugs to WHO project](#)

[Bisexuals "bridge" infecting women with HIV -study](#)

[Young people bear brunt of AIDS, UNICEF says](#)

[US panel says Centocor drug reduces joint damage](#)

[U.S. tech stocks at highs of day on Yahoo earns; Dow up](#)

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[Summers calls on U.S. Congress to fund debt relief](#)

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[GeneScan to offer shares from 35.50 to 39.50 euros](#)

[Two cholesterol drugs bid for over-the-counter status](#)

[France's Voynet questions motives of GMO seed firms](#)

[Bucharest bourse closes higher after interrupted trade](#)

[Storm halts search for bodies at Manila dump](#)

[S.Africa urges business to join fight against AIDS](#)

[Bayer H1 drug sales rise 23 pct](#)

[New tainted milk scare as children fall ill HIV may increase sexual desire, study finds](#)

[Germany backs Ukraine on IMF despite Chernobyl row](#)

[Abbott profits up 6.2 percent](#)

[Software company Informax files \\$75 million IPO](#)

[Salomon releases "TEN+ Exceptional Names" list](#)

Last Updated: 19:11 GMT 12th July

[Return to main News page](#)

Traditional healers demand role in AIDS battle

DURBAN, South Africa, July 12 (Reuters) - Up to 100 traditional healers chanted and danced to the sounds of African drums on Wednesday as they marched to the 13th International AIDS Conference to demand a role in battling the disease.

While delegates presented the latest scientific findings in Durban's high-tech conference centre and drugs companies displayed an arsenal of weapons that can suppress but not destroy the HIV virus, healers dressed in African robes and animal skins said they could help where modern medicine has so far failed.

They don't claim to have a cure, but they said they could play a part in preventing the spread of the virus and in treating the infections that kill sufferers.

"Traditional medicine can deal with the opportunistic sicknesses that arise from HIV/AIDS. It has a role to play there," said Credo Mutwa, a South African sangoma, or holy man.

"Until the white scientists can come up with a vaccine or cure we must fight this disease."

FIRST PORT OF CALL FOR MOST AFRICANS

For the majority of people in sub-Saharan Africa where 24.5 million people are living with HIV/AIDS, traditional healers are the first port of call for most people.

"We know that 90 percent of people go first to traditional healers. It is difficult in Africa to promote any health systems when they don't involve traditional healers," said Erick Gbodossou, a Senegalese healer and head of Prometra, an international organisation promoting traditional medicine.

In addition to promoting safe sex, Gbodossou said the plants, herbs, animal skins and bones healers use in their medicines and rituals can improve the quality of life for people suffering from HIV/AIDS.

"Modern medicine cannot find a solution alone. We need to bring together our common knowledge to find a solution to fight this pandemic. This is our goal," he added.

Noerine Kaleeba, of UNAIDS and the founder of an AIDS support group in Uganda, said that like it or not traditional healers command authority in communities.

UNAIDS, the UN agency charged with fighting the epidemic, is already reaching out to traditional healers.

"One of the elements UNAIDS is taking up really aggressively is working with countries to define a process through which traditional healers can be brought officially onboard," she told Reuters.

An important lesson UNAIDS has learned in Uganda is that there has to be a process through which the mutual suspicion between western-trained doctors and traditional healers can be broken.

"Traditional healers are very willing to learn and they are very willing to be partners providing there is an environment of mutual respect," she added.



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Quick action on rape bill worries some in House

ASSOCIATED PRESS

Rape victims could demand HIV tests of their suspected assailants upon arrest, and adults could be jailed for 10 years for sending pornography to 17-year-olds or younger under a last-minute flurry of bills in the House.

Currently, rape victims have no legal right to demand that a suspect be tested to find out whether the person has HIV, the virus that causes AIDS, lawmakers said. Under the bill introduced by Rep. Dave Weldon, Florida Republican, a person accused of rape must be tested for HIV or AIDS, if the victim asks, within 48 hours of an indictment, and the results given to the victim.

"No longer will a victim have to wait for months or years for such a test of the accused," Mr. Weldon said. "No longer will the perpetrators of these crimes be allowed to bargain for lighter sentences in exchange for undergoing HIV testing."

While most Democrats say they support the idea — the bill passed the House 380-19 — Rep. Robert C. Scott of Virginia said Mr. Weldon's bill was rushed through without giving them a chance to study it and perhaps offer amendments he says would have made the bill better.

Under the bill, an accused person has no chance to prove innocence before having to take an AIDS test. "It requires a person to be subjected to an AIDS test, even if they're innocent," Mr. Scott said.

Also, the test results would be given immediately to the reported victim and the victim's lawyers, who are not required under the bill to keep the results confidential. "Before you can say, 'It wasn't me,' ... it's spread across the world," Mr. Scott said.

The rush, Mr. Weldon said, is to take advantage of new AIDS drugs that can reduce chances by about

80 percent of getting the disease if taken shortly after HIV infection.

The House also passed by a 397-2 vote a bill to prosecute people for sending pornographic material to 16- and 17-year-old children. Both 'no' votes came from Democrats — Mr. Scott and Rep. Melvin Watt of North Carolina.

The bill is aimed at closing a loophole in the 1998 Protection of Children from Sexual Predators Act, which specified 10 years in prison and fines for anyone who knowingly gives pornography by e-mail, telephone or mail to juveniles younger than 16. The age of consent normally is considered 18.

The Stop Material Unsuitable for Teens Act, or SMUT bill, introduced in March by Rep. Tom Tancredo, Colorado Republican, alters the definition of a minor in the bill to someone younger than 18, instead of someone younger than 16.

"We should make sure that those who would seek to spread this filth knowingly to our children be ready to pay the price of up to 10 years behind bars," Mr. Tancredo said.

Mr. Scott complained again that Democrats had been given too little time to study the bill, and it might have unforeseen consequences. "If an 18-year-old were to have consensual sex with a 17-year-old, that would not be a federal crime nor a crime in most states," Mr. Scott said. "But if they shared dirty pictures, that would be a federal crime."

Bills the House passed unanimously yesterday include:

- The Enhanced Federal Security Act, which makes it a federal crime to use a fake police badge or identification to enter federal property like an airport or a courthouse, or to sell fake or real police badges.

- The DNA Analysis Backlog Elimination Act, which gives states \$170 million to help clear backlogs of DNA samples in storage.

WT, AG - 10/3/00
Washington Times

AIDS Experts: The Worst Is To Come

Story Filed: Tuesday, June 27, 2000 8:20 PM EDT

GENEVA (AP) -- AIDS has killed 19 million people worldwide, but the worst is yet to come, the United Nations predicted Tuesday: the disease is expected to wipe out half the teen-agers in some African nations, devastating economies and societies.

"There is a whole generation which is being taken out," said Peter Piot, head of the U.N. Joint Program on HIV/AIDS. He said vulnerable countries in Asia, Eastern Europe and the Caribbean risk a similar catastrophe unless they act now to control infection rates.

In its 135-page report released Tuesday, UNAIDS estimates:

- The virus has killed 19 million people worldwide, up from 16.3 million at the end of 1998. It has infected 34 million more, including 5.4 million last year alone.

- More than 13 million children have been orphaned by AIDS.

- In 16 sub-Saharan African countries, more than one-tenth of the population ages 15-49 carries the Human Immunodeficiency Virus, or HIV.

- In seven of those countries, at least one-fifth of the population is infected.

One of the countries where 20 percent of the population is infected is South Africa, which has 4.2 million people who are HIV positive -- the largest single national total. The southern African nation of Botswana has the worst rate, with more than one in three adults infected. That is the equivalent of 90 million people out of the U.S. population of 270 million.

"The probability that you die from AIDS when you are 15 today is over 50 percent in these countries," Piot told a press conference.

"We are going into societies where there are more people in their 60s and 70s than there are in their 40s and 30s," he said. "This is unheard of."

With dwindling numbers of economically active adults left to support the rest of the population, the impact on poor African nations is devastating.

Agricultural production in nations like Zimbabwe, where 2,000 people die each week of AIDS, is falling. Businesses are going bankrupt because of the deaths of skilled, educated staff members, according to the report.

Hopes of better education are also in tatters. The number of new teachers trained in Zambia is just keeping pace with the number felled by AIDS. Children are leaving school because they are orphaned or forced to work to support their families.

Hospitals are overwhelmed by AIDS patients. Many have inadequate supplies of even basic antibiotics to fight the pneumonia, tuberculosis or mouth fungus that accompany AIDS, let alone the sophisticated drugs which have eased suffering in rich countries, the report said.

Denial continues to be a problem. The report cited a 1999 survey of 72 minors orphaned by AIDS in a hard-hit Kenyan community: Although all knew of the disease, none of them believed their parents had died of it. Most thought witchcraft or a curse was to blame.

Piot said one of the reasons for the explosion of cases in southern Africa is the legacy of apartheid, which separated men from their families in rural areas and forced them to work in towns, with only prostitutes for relief. But he said governments were also to blame for ignoring the problem for too long.

"What is happening in southern Africa should be a lesson for countries today which don't have a big problem yet," he said. "I'm thinking of Asia, I'm thinking of eastern Europe, I'm thinking of the Caribbean."

About \$4 billion is needed annually for prevention and education programs to turn the tide, Piot said. He called for debt-relief programs for poor countries.

Sandra Thurman, director of President Clinton's White House Office of National AIDS policy, said the report urgently underscores the need for government leaders to face the crisis head on.

"It will take the engagement of all sectors of all societies if we want to win the battle against AIDS," Thurman said in a statement from Washington.

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Last Updated: 03:02 GMT 28th June

[Return to main News page](#)

US urges strong anti-AIDS efforts after UN report

WASHINGTON, June 27 (Reuters) - The United States on Tuesday said a new United Nations report on the AIDS epidemic should spur greater efforts to prevent the global spread of the deadly disease.

"The terrible truths documented in the new UNAIDS report must not become a cause for surrender. Instead these facts must embolden our efforts to prevent the further spread of HIV and to get treatment to those already infected," said Sandra Thurman, director of the White House Office of National AIDS Policy. HIV is the virus that causes AIDS.

A grim report released on Tuesday by the UNAIDS program said the AIDS epidemic continues to ravage Africa, where one in five adults is living with the deadly virus in some countries.

In Kenya, South Africa, Zimbabwe and Botswana, at least one in every two 15-year-old boys will die of AIDS, it said.

Thurman said Uganda, the epicenter of the epidemic in the 1980s, had cut its infection rate in half, and its formula could be made to work elsewhere.

"With powerful, determined leadership, the silence about AIDS, and the stigma attached to the disease, can be broken and the facts about how it is spread and how it can be prevented can be shared," Thurman said in a statement.

She said efforts to combat AIDS in Africa had dramatically increased, but the U.N. report underscored the need for the United States and other countries to do more.

"The U.S. cannot and should not do this alone. It will take the engagement of all sectors of all societies if we want to win the battle against AIDS," she said.



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CHAIRMAN'S CORNER

A FIGHT FOR LIFE

AIDS is at epidemic levels in Africa, and the ramifications affect the entire human community. BY STEPHEN M. WOLF

IMAGINE, if it is possible to imagine such a thing, a place where there are more people in their 60s and 70s than there are people in their 40s, a place where as many teachers pass away as retire, a place where one-third of the 15-year-olds face death at an early age.

Surely, such images are somewhere in a gruesome novel so absurd that none of us could even begin to think them real.

Unfortunately, the images are not from a work of science fiction but from a terribly disturbing United Nations report. The images are from contemporary Africa, where the scourge of AIDS has become a threat to entire societies. The data come from the second Report on the Global HIV/AIDS Epidemic by UNAIDS, the organization that coordinates the efforts of various U.N. organizations, and they serve as a wake-up call for all of us.

According to the report, the vast majority of those with HIV/AIDS today are in sub-Saharan Africa, home to more than two-thirds of the 34.3 million infected adults and children worldwide. To give some perspective to these numbers, there are 900,000 people with HIV/AIDS in all of North America.

With our educational outreach and community awareness, our highly advanced medical system and, importantly, our wealth, we in the U.S. not only are more aware of HIV/AIDS but we have begun to do a great deal about it. Not so in Africa, a point driven home to those attending the XIII International AIDS Conference, held this summer in South Africa, where a stunning 20 percent of the population—4.2 million people—are HIV-positive, the largest number of people for any single country in the world.

Nor can we look at HIV/AIDS only as a health problem.

"A decade ago, HIV/AIDS was regarded primarily as a serious health crisis. Estimates in 1991 predicted that in

sub-Saharan Africa, by the end of the decade, 9 million people would be infected and 5 million would die—a three-fold underestimation. Today, it is clear that AIDS is a development crisis, and in some parts of the world is rapidly becoming a security crisis, too," Peter Piot, the executive director of UNAIDS, writes in the preface to his group's report.

"There is now compelling evidence that the trend in HIV infection will have a profound impact on future rates of infant, child and maternal mortality, life expectancy and economic growth. These unprecedented impacts at the macro-level are matched by the intense burden of suffering among individuals and households. AIDS is unique in its devastating impact on the social, economic and demographic underpinnings of development."

Indeed, how can a country develop when its teachers are dying and its population is made up of more elderly people than those in the prime of their working lives? And how can a country even begin to find the resources to deal with a medical crisis of such proportions when its already struggling economy is even further devastated?

Yet, that is what is happening already in many parts of Africa. In 10 months in 1998, two-thirds as many teachers died in Zambia as the country trains in an entire year. In Zimbabwe, almost half of the young people orphaned by AIDS dropped out of school. According to the *Christian Science Monitor*, there may be as many as 40 million "AIDS orphans" in Africa by the year 2010, most of whom will have grown up with little or no social structure.

And in the Ivory Coast, households containing an adult with AIDS spent half as much on education and four times as much on medical care as households without AIDS.

The numbers and prospects are so daunting that one is tempted to despair of any hope. Certainly, the challenge is enormous. As the U.N.'s Piot says:

"The task of rolling back the burdens that the AIDS epidemic has already brought is enormous.... Protection of another generation of young people from

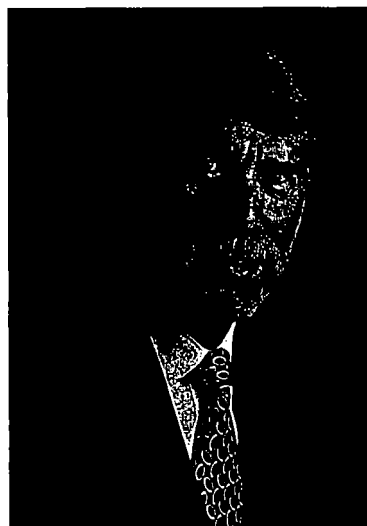
premature illness and death is a responsibility of the highest order, and is in many countries, the greatest leadership challenge."

Yet, Piot does not despair, and neither should we. It is possible to make inroads against this dread epidemic, as we have demonstrated with our will and our wealth in this country. In Africa, however, today the will often is broken by the sheer economic burden.

"The task now is

to increase, massively, the political will, resources, systems and social commitment needed to turn the tide of the epidemic," Piot says.

Surely this is a challenge none of us can turn away from. The images of 15-year-olds wasting away demand our attention. The Peace Corps is focusing training for its Africa volunteers on AIDS education. At the AIDS conference, the U.S. government announced massive new loan support for African governments to fight this scourge. These are small but important steps in a struggle that will require many, many such steps. They are steps we all should support. ★



US Airways Chairman
Stephen M. Wolf

U.S. treating AIDS as a threat to global security

By Steve Sternberg
USA TODAY

Worried that AIDS threatens global stability, White House officials say they will use a U.S.-European Union summit this month and a July meeting in Japan of major industrialized nations to plead for a unified fight against the disease.

The decision, announced Sunday, is the latest in a flurry of federal efforts to focus global attention and resources on a disease

estimated to affect 34 million people, 95% of them in poor countries. Each day, 15,000 people are newly infected with HIV, the virus that causes AIDS, and more than 11 million have died over the past two decades, the United Nations joint AIDS program reports.

"We'll ask the nations to increase their financial commitments to the fight against AIDS," White House AIDS policy director Sandra Thurman says. "We'll need billions if we're going to have an impact. The U.S. cannot, and

should not, do that alone."

Worldwide, 21 countries have adult infection rates nearing 10%. U.S. officials have become particularly concerned about a looming crisis in India, a nuclear power with an infection rate approaching 5%.

In the USA, the infection rate is estimated at one-third of 1%.

Federal health officials have regarded AIDS as a threat to U.S. national security for more than a year, Thurman says. And in January, Vice President Gore told a Na-

tional Security Council session on AIDS that the disease had become "a security threat of the greatest magnitude."

However, Senate Majority Leader Trent Lott, speaking on the television program *Fox News Sunday*, said he did not agree that AIDS poses a threat to U.S. security.

"No. I guess this is just the president trying to make an appeal to certain groups, but no, I don't view that as a national security (threat), not to our national security interests," Lott said.

 FAX Transmission

From: JOEL FALLIK
Questions? Call 914-375-0816
Fax 914-375-2750
To: Sandra Thurman

MicroWay LLC.
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YONKERS, NY 10701

FAX

Date: July 10, 2000
Time: 1:43 PM

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For Sandra Thurman:

It Seems That My Invention Has A Great
Deal More Potential Than I Thought.



Eastchester High grad researching AIDS vaccine

VACCINE, from 1A

ence being held this week in Durban, South Africa.

Vaccines work by stimulating the body to make antibodies to prevent a foreign invader such as a virus from taking hold. A vaccine can also produce what is called a cellular response to kill off cells that are already infected.

"Our vaccine is the first derived from a killed AIDS virus to achieve both in the laboratory," Grovit-Ferbas said.

To create the vaccine, the UCLA researchers used a traditional technique similar to the one used in creating the polio vaccine. They took a live HIV virus and neutralized it by applying heat, but maintained its outer coating, or envelope. The process also exposed hidden areas in the envelope that play a role in stimulating HIV antibodies.

"What is unique about the UCLA finding is that they have found a way to preserve certain structures in the virus," Dieffenbach said.

Only one other AIDS vaccine from a deactivated virus is in clinical trials, but the envelope is not present.

Keeping the virus intact may increase the chances that it offers broad protection against different strains of HIV, Grovit-Ferbas said.

Grovit-Ferbas said she started out to make a vaccine that would prevent AIDS. To be thorough, she tested the vaccine on blood samples from three people already infected with HIV.

To her surprise, she found that once the cells from the donors were exposed to the vaccine, they secreted a protein that has been proven to clear and protect against viral infection.

"That was totally unexpected," she said.

Grovit-Ferbas is working to start a clinical trial of the vaccine in those already infected with HIV. She is also testing the vaccine on animals to prevent AIDS and said results look promising.



Mark Vergari/The Journal News

Kathie Grovit-Ferbas, an Eastchester High School graduate, has written a paper on her AIDS research at UCLA.

"What is unique about the UCLA finding is that they have found a way to preserve certain structures in the virus."

Carl Dieffenbach

Grovit-Ferbas, 36, has been working on the vaccine for the past 18 months, but her interest in AIDS started just after graduating from Eastchester High School in 1981.

During summer breaks from Franklin & Marshall College, she worked at Memorial Sloan Kettering Cancer Center in Manhattan. There, gay men were infected with a disease not yet recognized as AIDS.

"All these young men were just dy-

ing all by themselves," she said. "Their families had completely shunned them."

Grovit-Ferbas said she started AIDS research the day she entered graduate school at the University of Pittsburgh. She received a doctorate in microbiology and infectious diseases and began post-graduate work at UCLA in 1993. She is now an assistant professor of medicine at the university.

Among the collaborators on the vaccine research is her husband, John Ferbas. The two met as lab partners in graduate school and have since worked together on several projects.

Grovit-Ferbas said she was drawn to work with infectious diseases because they present a kind of mystery.

"There are just so many things to solve," she said.

Eastchester High grad researching AIDS vaccine

Work at UCLA lab
yields positive results,
but clinical trials still
more than a year away

MELISSA KLEIN
The Journal News

It was not the kind of call a microbiologist who spends long hours tucked away in a laboratory usually receives.

"You are the goddess of West Hollywood," the man on the phone told Kathie Grovit-Ferbas late last month.

"I don't think so, but thank you," Grovit-Ferbas replied.

Such was the fervor that Grovit-Ferbas sparked last month in West Hollywood, the center of the gay community in Los Angeles, after news outlets reported on her research into a promising AIDS vaccine.

Some 100 people called the UCLA AIDS Institute wanting to enroll in a clinical trial for the vaccine, which is at least 18 months away, if it receives federal approval at all.

"This is what scares me. I don't want to give people false hope," said Grovit-Ferbas, who was visiting the Eastchester home of her parents, Melvyn and Linda Grovit, last week.

Grovit-Ferbas is the principal investigator on an AIDS

■ AIDS conference held
in South Africa, 7A

vaccine study, the results of which were published July 1 in the Journal of Virology. The vaccine shows promise in both treating people infected with HIV, which causes AIDS, and in preventing infection.

"It's a really nice piece of work," said Carl Dieffenbach, chief of the vaccine research branch of the National Institute of Allergy and Infectious Diseases, which partially funded the study.

If the vaccine moves to clinical trials, it will join some 40 others currently in development or being tested on people. Most are in the preliminary testing stages, and only one vaccine has managed after 15 years of research to move to a large-scale trial.

Dieffenbach predicted that it could be another seven years before a vaccine becomes available to the general public.

"I don't think anybody can really answer that question," he said.

The results of vaccine trials will occupy a significant place on the agenda of 13th International AIDS Confer-

Please see VACCINE, 2A

Into Africa

Makers of AIDS Drugs Agree to Slash Prices For Developing World

Five Firms' Pact With U.N. Will Still Leave Medicine Unaffordable for Millions

Black Markets and Generics

By MICHAEL WALDHOLZ

Staff Reporter of THE WALL STREET JOURNAL

In a landmark response to the AIDS crisis in Africa, five of the world's largest pharmaceutical companies are offering to slash the prices of HIV drugs for people living in poor nations.

The companies' unprecedented joint agreement, which is expected to be announced by the United Nations today, should make it possible for considerably more people in the devastated continent to gain access to the life-saving but extremely costly drugs that have revolutionized treatment in the U.S. and Europe.

Following delicate discussions with United Nations officials on ways to mount

Assault on Drug Costs

The drug industry faces more political and legal attacks over drug prices and profits. Article on page B1.

a broad attack on AIDS in developing lands, several companies are pledging to sell their drugs there for as little as pennies above manufacturing costs. Some are considering prices as much as 85% or 90% below the prices Americans pay, or about one-fifth of the already-discounted prices now charged in some African nations.

"It's the first time the companies are collectively willing to discuss a truly significant decline in prices," says Peter Piot, director of the United Nations AIDS Program, who has been negotiating the agreement since early April. "It is something many of us have long hoped for."

Groundbreaking as the agreement is, it falls far short of a solution to the AIDS catastrophe in Africa, and it contains problems of its own. The pact may make it possible for tens of thousands of Africans, and someday maybe hundreds of thousands, to afford the drugs, yet the continent has an estimated 23 million people infected with HIV, the virus that causes AIDS. For most, even the new prices will remain too high.

Moreover, Africa has nowhere near enough of the trained medical people needed for the complex drug regimen, a failing the agreement says must be reme-

died. The AIDS therapy is a taxing program that must be followed to the letter; lapses risk not only a worsening of the disease in individual cases, but also the development of AIDS strains resistant to the drugs, with potentially deadly consequences for the whole world.

'Long Overdue'

"The companies' initiative is an excellent idea, long overdue," says Jose Zuniga, executive director of the International Association of Physicians In AIDS Care. But he adds: "If the offer isn't well thought-out and combined with funding to educate people about how to use the drugs or build health services to provide and monitor their use, the drugs' availability in Africa could be disastrous. These are potentially dangerous medicines."

For the companies, the initiative holds big risks. Cutting prices so deeply will expose closely guarded secrets about manufacturing costs and profit margins. This is likely to feed a clamor in the U.S. for curbs on drug prices. At the same time, companies fear that if they don't sharply cut prices for poor nations, those nations will turn en masse to generic AIDS drugs that are being produced in several countries in violation of corporate patents. Finally, the initiative holds the risk of spurring a black market in AIDS drugs.

The participants in the breakthrough drug-cost agreement are Bristol-Myers Squibb Co., Glaxo Wellcome PLC, Merck & Co., Boehringer Ingelheim GmbH and Roche Holding AG. Mindful of antitrust law, they haven't discussed specific prices among themselves but only in individual negotiations with U.N. officials.

Broad Effort Sought

Exact prices aren't likely to be settled upon for several more weeks. But Glaxo, for instance, has made clear it is willing to offer its Combivir for \$2 a day. This is a mixture of AZT and 3TC, two drugs that form the backbone of AIDS therapy. Two dollars is about one-third of Combivir's current daily cost in Uganda and one-fifth of its price in the U.S. People close to the negotiators say the company might be willing to go even lower in price. Long-term AIDS therapy often requires the addition of at least one other drug, such as a protease inhibitor, which could drive the price up to between \$5 and \$7 a day.

A "joint statement of intent" being released by the U.N. today makes clear that pricing is only one piece of the puzzle. It calls as well for new efforts in prevention, health-care infrastructure, international funding and political commitment by afflicted nations. A major obstacle to combating AIDS in sub-Saharan Africa is that many nations have been slow to acknowledge the extent of the epidemic, which has left millions of children orphaned, slashed life expectancies, swamped health-care services and crippled already-embodied economies.

As things stand, only the fortunate few in many developing countries have had access to modern AIDS therapy. Richard Constant Okou, 36 years old and infected

Please Turn to Page A12, Column 1

Wall Street Journal 5/11/00

Five Firms to Cut AIDS-Dr

Continued From First Page

since 1988, has been able to keep working at a bank in Uganda, and thereby keep paying for his children's education, because he takes daily doses of three anti-HIV medicines. "I can't afford the drugs," he says, noting his monthly salary of about \$500.

Mr. Okou, who wears loose-fitting sandals because one of the drugs produces a painful nerve condition in his feet, says he regularly receives a "care package" of the drugs from a doctor in Europe he once met. Several weeks ago, he had just enough drugs on hand to last a few more days. "I just got an e-mail saying a friend will be bringing me more drugs soon," he says. "It's not very reliable."

Mindful of the tremendous need, the U.N.'s Dr. Piot and others have implored the drug industry for more than three years to cut prices. Responses before today have been spotty and individual. Pfizer Inc. recently agreed to give away Diflucan, its costly drug for AIDS-related fungal infections, in South Africa. Bristol-Myers Squibb last year said it would donate \$100 million over five years to bolster health-care services in Africa. Other drug makers have made somewhat similar commitments, but the companies haven't previously worked together on the acute affordability problem.

What sparked today's five-company response was an impassioned plea by U.N. Secretary General Kofi Annan at a special session on AIDS in December. At the meeting, Glaxo Chairman Sir Richard Sykes said his company was committed to a policy of offering "preferential" prices to poorer nations. Afterward, Bristol-Myers Vice Chairman Kenneth Weg suggested that he and Sir Richard encourage a trade group to convene a series of private talks with executives from their companies plus Merck, Roche and Boehringer Ingelheim. Following a meeting in London in early March, the five agreed on a new system of preferential pricing, and on April 3, Mr. Weg presented the idea to Dr. Piot.

Even with the new prices, the combination of three or more drugs needed to quell the virus will cost perhaps \$150 or \$200 a month. That's far below the \$800 or so a month the combo now costs in Africa (or \$1,000 a month in the U.S.). But per capita income in Africa is less than \$50 a month, and few African countries or employers pay for any health care. Even much cheaper drugs for ills such as malaria, tuberculosis and sexually transmitted diseases other than AIDS aren't widely available outside Africa's urban areas.

The Patent Issue

Many in Africa will surely see the drug



Richard
Constant Okou

obstacles in Africa is that less than 5% of its HIV-infected people know their status. "How can you treat people who aren't aware they are infected?" he says. Lowering prices "is a good step forward, but it doesn't solve the problem, not by any means."

Other concerns about an influx of somewhat more-affordable AIDS drugs in developing countries are that this could tempt corruption among government employees or produce civil protest among those unable to get the medicines. And if the low-priced drugs fell into the wrong hands, the result could be black-market AIDS medicines showing up in developed nations where prices are much higher.

Pilot Program

The companies' price pledge is likely to startle many Africans battling AIDS. Just two weeks ago, Peter Mugenyi, who runs an AIDS clinic in Kampala, Uganda, went to Geneva to press Dr. Piot to organize an international effort to lower prices and improve services. "Can you even begin to imagine," Dr. Mugenyi says, "how a doctor feels when he knows there is treatment for a merciless disease but no way to get it to your patients simply because of its cost?"

Dr. Mugenyi has been involved in a pilot program set up by UNAIDS—which is linked to both the U.N. and WHO—to promote drug affordability. It is an effort by a small team of UNAIDS staffers who have struggled since 1997 to wrest significant price cuts from drug makers and prove that lower prices could blunt the African AIDS epidemic. Many believe this effort, led by a physician named Joseph Saba, helped lay the groundwork for the price promises now being made.

The idea actually came from a former Glaxo executive, Peter Young, who in 1996 was looking for a way to get Glaxo's AZT and 3TC into developing nations. He approached the U.N. in 1996 with a proposal: If it would make sure the drugs were used properly, Glaxo would offer them at reduced prices. Mr. Young sold the idea to his bosses at Glaxo by arguing that unless it cut prices, Africans would eventually buy large quantities of AIDS drugs from illegal generic producers, and then those patent violators, fattened by profits, might extend their sales to developed nations. That would threaten products generating about \$1 billion a year in revenue for Glaxo.

A U.N. group under Dr. Saba created test programs in Uganda and the Ivory Coast. Setting up a nonprofit company and wangling some funding from drug makers, Dr. Saba began bargaining for discounts on HIV drugs in return for making sure they didn't fall into black-market hands. The nonprofit company agreed to sell the drugs only to patients treated by doctors or clinics that could prove they knew how to use them.

Glitches Arise

Right off, the plan ran into problems. Doctors were flooded with requests for the drugs after UNAIDS announced the project

The Patent Issue

Many in Africa will surely see the drug companies' proposal as laudable but late and insufficient. Skeptics, especially some African governments long antagonistic to multinational corporations, are sure to view it as a cynical public-relations effort to mute the thunder of criticism in the U.S. and in poor nations over high drug prices. The action comes two months before the World AIDS Conference in Durban, South Africa, where activists have been planning noisy demonstrations to demand drug-company concessions.

One of their demands is that companies allow wider use of generic copies of their AIDS drugs. Over the past year, several African governments have threatened to buy these inexpensive generic versions, which are being produced in Brazil, Thailand and India without regard to company patents. In one dramatic example, a day's supply of AZT that sells for \$10 in the U.S. is sold by generics makers in Brazil for \$1.08.

One indication of the rising generic threat: The Clinton administration yesterday reiterated a trade policy that would allow African nations facing health emergencies to authorize companies to make generic AIDS drugs, regardless of U.S. patents.

Enforcing patents, even in desperately poor nations, is an important component in the five companies' agreement. Several say they agreed to take part only after the director-general of the World Health Organization, Gro Harlem Brundtland, gave a January speech in which she, too, appealed to the drug companies. In an effort to "inspire" an industry response, she says, she pointedly stated that to "stimulate innovation," WHO believes drug makers' "intellectual property rights" should be protected.

"We saw her statement as a call to action," says Per Wold-Olsen, president of Merck's Europe, Middle East and Asia operations. The joint agreement contains the same sort of promise to protect intellectual property. Mr. Wold-Olsen has declined so far to tell the U.N. or WHO exactly how much Merck will cut prices. "We have signaled that we will be flexible," he says. "We will be very flexible."

Profit Margins

The companies are reluctant to say they will price drugs at cost because doing so would reveal a coveted industry secret: that profit for these and other drugs, once research costs have been covered, can equal 90% of the prices charged. The drug makers already fear that pressure for price controls would rise with certain legislative proposals to have Medicare pay for outpatient prescription drugs. Offering much lower prices in other countries could also increase U.S. price-control pressures, they worry.

Within Africa, deep price cuts could set off a wave of other changes in health care. "With the prices so high, there was little incentive for the governments to build the health infrastructure to provide care," says James Wolfensohn, president of the World Bank, which is part of the new agreement. "The companies' offer may now stimulate that effort and inspire wealthy nations to help fund it." The World Bank has tentatively agreed to provide added grants and loans to help educate health providers and buy the medicines.

Mr. Wolfensohn says one of the biggest

Right off, the plan ran into problems. Doctors were flooded with requests for the drugs after UNAIDS announced the project at a news conference in Kampala in 1997. Doing so "was a very big mistake," says Dr. Mugenyi. "People came here saying they wanted the new medicines they'd read about in the papers and heard about on the radio. But we didn't have the medicines yet, and of course people didn't even understand how expensive they'd still be or that the drugs were going to have to be taken daily for the rest of their life."

It wasn't until mid-1998 that the non-profit company got its first shipment of discounted AIDS drugs from Bristol-Myers, Glaxo, Roche and several other companies. And then, the price discounts were wiped out when Uganda devalued its currency by almost half. As a result, a three-drug combination needed to keep AIDS at bay still costs \$800 to \$1,000 a month in Uganda. In a country where 1.5 million people are infected, fewer than a thousand are buying the drugs from the nonprofit.

However, research by Axios, a Dublin-based drug-marketing consultant that helped Dr. Saba, suggests that thousands more could afford the combination therapy if its price fell to \$100 or so a month. It's a critical point, because Dr. Saba's pilot program has come under intense criticism from international public-health providers, who argue that focusing so much effort on the enormously costly medicines is an impractical, wealthy-nation response to a poor-nation problem.

Far more Africans would benefit, this argument goes, if the continent's limited resources were used to buy low-priced drugs for sexually transmitted diseases or malaria, to improve water sanitation and nutrition and to educate people in how to avoid HIV infection. This, the critics say, could be accomplished with an influx of money supporting local healers, religious groups or the thousands of grass-roots non-government organizations that provide much of the social and health-care service on the continent.

"I understand that argument," says Dr. Saba, a Lebanese-born, French-trained physician who once worked for WHO in Rwanda. "But why should those who could use the drugs suffer because the drugs aren't the solution for most everyone else?"

Subsidies Sought

The companies and the U.N. hope that with drugs' prices brought somewhat closer to affordability, subsidies to help pay for them may be forthcoming from employers, African governments and donor organizations such as the World Bank or U.S. and European governments. The argument that Axios, the marketing consultant, makes to drug companies is that by lowering prices dramatically, they can spur a market for their products where one doesn't now exist.

"We've been advising the drug companies they need to do two things," says the head of Axios, Brian Elliott. "Drop the price and provide some funding to underwrite the cost of expanding health services, such as HIV testing or counseling programs, that will assure the drugs are used correctly."

Before the creation of the UNAIDS program, the few hundred people receiving HIV therapy in Uganda were those well-off enough to buy the drug abroad or people such as Mr. Okou using a wide number of creative techniques. What the UNAIDS

ug Prices for Poor Nations

program provides, at least in Kampala, is "reliability in access and price," says Sowed Musingo, who was hired by UNAIDS to be the general manager of the nonprofit company, Medical Access Ltd. "Even though the prices here are still too high for most people, the doctors who treat HIV patients know when they prescribe the drugs that we have a steady and secure supply at prices they can count on."

Indeed, the U.N. is using the Uganda project as an example of what can be done in Africa when the government, foreign aid organizations and drug makers cooperate on a grass-roots level. And the drug companies make clear they won't offer the deeply discounted prices without assurances of a secure distribution system. To speed things along, the pharmaceutical coalition has hired McKinsey & Co. to design these types of programs for other African countries.

Skimping on the Drugs

Mr. Musingo—a 30-year-old with an M.B.A., an entrepreneurial instinct and a salesman's cunning—has turned UNAIDS' Uganda nonprofit company into an efficient, two-person operation that negotiates prices with the drug makers, imports the drugs and keeps track of every physician who prescribes and every patient who uses the medicines. He does all this out of a tiny one-room office on the second floor of a medical-supplies warehouse. One floor below, the country's entire cache of AIDS drugs sits in bins in a specially locked floor-to-ceiling steel-caged closet, its contents literally worth their weight in gold at the prices predating the coalition's new offer.

One person who already is benefiting from the UNAIDS drug-access program is a shy 20-year-old called Prudence. She be-

lieves she became HIV-positive through rape two years ago by a fellow student, her only sexual encounter. In November, she learned she was infected after she began feeling weak and developed a severe rash. Prudence visited Gideon Rukundo, a 27-year-old physician at the publicly funded Mulago Hospital who only recently learned how to administer HIV drugs.

Dr. Rukundo says he would like to study in the U.S. someday to become better adept at helping his patients. Right now he treats about 21 patients with the drugs, buying directly from Medical Access, but only with cash given to him each month by his patients. Prudence began taking a three-drug combination in December, but her mother, who pays for the therapy out of her salary and savings, has said she is having trouble keeping up the payments.

"I don't want to be a burden to my mother, but I don't want to get sick," Prudence says.

Already, she has cut back to two medicines from three, reducing her mother's monthly bill by half to about \$300. To stretch out the drugs, Prudence says she often takes the drugs every other day instead of daily, behavior that concerns Dr. Rukundo because it could cause the virus inside her to mutate into a dangerous, drug-resistant form. "If my patients can afford the three drugs, that's what I give them, but I have to believe two drugs are better than none," he says.

So far, the drugs Prudence takes are keeping her infection in remission, but Dr. Rukundo frets that she can't pay for a \$150 test to detect if the virus is re-emerging. "Without the test, it's impossible for me to tell if the drugs are still working," Dr. Rukundo says.

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May 11, 2000, Thursday, Late Edition - Final

SECTION: Section A; Page 7; Column 1; Foreign Desk

LENGTH: 559 words

HEADLINE: Clinton Issues Order to Ease Availability of **AIDS Drugs** in Africa

BYLINE: By NEIL A. LEWIS

DATELINE: WASHINGTON, May 10

BODY:

President Clinton, in the face of strong opposition from the United States pharmaceutical industry, issued an executive order today to make **AIDS drugs** available far more cheaply throughout sub-Saharan Africa.

The order declares that the United States government will not seek to interfere with countries in that region that may violate American patent law in order to provide **AIDS drugs** at lower prices. The language of the executive order is nearly identical to an amendment that was deleted at the behest of the drug industry from an African trade bill that Congress is considering this week.

The order issued by President Clinton essentially extended to most of Africa a special arrangement provided last year to South Africa.

"This order is intended to help stop the spread of this devastating disease by making H.I.V./AIDS-related drugs and medical technologies more accessible and affordable in sub-Saharan African countries," Charlene Barshefsky, the United States trade representative, said today. She said she believed it struck a balance between fighting the disease and maintaining integrity of patents.

In practice, officials said, that means that Washington will not object if African countries move to greatly reduce the price of **AIDS drugs**, either by licensing local companies to produce generic versions or importing the drugs from third countries where they are available at lower cost.

Both practices may be challenged under United States patent laws. But Senator Dianne Feinstein, the California Democrat who had co-sponsored the amendment that was deleted from the Africa trade bill, said the two practices were "fully consistent with World Trade Organization rules, which allow countries flexibility in addressing public health concerns." Senator Feinstein said that the deletion of the amendment she sponsored with Senator Russell D. Feingold, a Wisconsin Democrat, threatened to impede the fight against AIDS in Africa.

She said that some 34 million people in sub-Saharan Africa have been infected with the disease since its onset and nearly 12 million have died. "The fatalities in sub-Saharan Africa represent 83 percent of the world's total H.I.V./AIDS-related deaths," she said.

Alan F. Holmer, the president of the Pharmaceutical Research and Manufacturers of America, the principal

trade group for the drug industry, said the executive order set a troubling precedent.

Mr. Holmer said that he agreed there was a great need to fight the disease vigorously and he welcomed the sections of the executive order that call for increased education and improvement of public health services. "However, the approach taken by the President's executive order sets an undesirable and inappropriate precedent by adopting a discriminatory approach to intellectual property laws and focusing exclusively on pharmaceuticals," he said.

Industry officials said that they believed it was wrong to carve out an exception for one disease and one region. "If Africa today, why not Asia tomorrow or even the United States," one official said.

The compromise version of the trade bill was approved by the House last week and is expected to win final passage in the Senate, possibly Thursday. It gives African and Caribbean countries broad new trading privileges by expanding duty-free access to American markets.

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To: Matthew Murguia, ONAP **Date:** October 5, 2000
Fax #: (202) 456-2438 **Pages:** 4 (including cover page)
From: Leigha Horton
Subject:

COMMENTS:

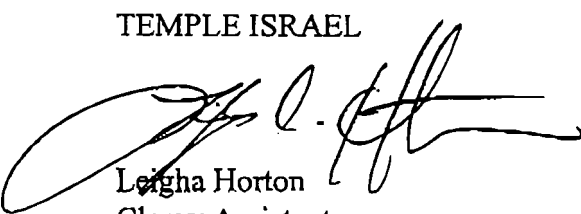
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Leigha Horton
Clergy Assistant

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The Atlanta Journal AND CONSTITUTION

TUES., DECEMBER 5, 1989.

More compassion toward AIDS victims urged

Religious leaders give tips on how Bush can pitch in

By Gayle White
Staff Writer

Calling AIDS "an affliction of the whole human family," more than 80 religious leaders signed a statement Monday demanding just and humane treatment for victims of the disease and advocating a more comprehensive and compassionate national approach to it.

In "The Atlanta Declaration," representatives of mostly Protestant and Jewish organizations meeting at the Carter Presidential Center vowed to work to eliminate prejudices that breed fear and persecution of people with AIDS.

Their declaration also called for dissemination of accurate, balanced educational material about the disease and its prevention.

It called on President Bush to "demonstrate moral and political leadership" by:

■ Admitting into the nation otherwise eligible foreign nationals who would be barred

because they may be infected with AIDS.

■ Expanding drug treatment programs to include all who choose to enter them.

■ Implementing risk-reduction programs for drug users that include providing bleach for the sterilization of hypodermic needles.

■ Placing highest priority on AIDS education and care programs for black, Hispanic, Asian and American Indian communities.

■ Providing housing and health care for AIDS sufferers.

But the group voted against a move to endorse civil disobedience on behalf of AIDS-related issues. And they defeated an attempt to include a description of AIDS as "a natural disaster, not a punishment," an attempt to openly repudiate statements by fundamentalist Christians that AIDS is God's retribution against homosexuals and drug users.

Those speaking against both amendments cited fear of divisiveness.

Leaders said they hope the statement will be a model for papers to be adopted by individual denominations.

The group Monday heard from medical experts, religious leaders and a panel of people directly affected by AIDS, including two men

diagnosed with the disease, a woman whose husband died from it after infecting her, and a mother who lost a son to AIDS.

Dr. June Osborn, dean of the school of public health at the University of Michigan and chairwoman of the National Commission on AIDS, said, "We are talking about sick people, not guilty people. Smokers of this world had better hope we don't get into the habit of looking at disease in terms of guilt."

The Rev. Cameron Alexander, president of the Georgia Missionary Baptist Convention and pastor of Antioch Church in Atlanta, said he is a product of "the fundamentalist fire-and-brimstone, God-will-get-you-if-you-do-wrong upbringing."

But he said he, too, has had to face dealing with people who have AIDS. He cited Christ's instructions to feed the hungry, visit the imprisoned and care for the sick, regardless of the disease.

"It's got to be done, and we've got to do it," he said.

The conference was sponsored by the Carter Center, the AIDS National Interfaith Network and the Atlanta AIDS Interfaith Network.

economic, political and religious - for the purpose of providing comprehensive attention to the Human Immunodeficiency Virus epidemic.

While the religious community has taken action to address the AIDS crisis through ministries that provide basic human needs of food, shelter, counsel, and companionship, the clergy and lay leaders meeting in Atlanta issued a call for expanded responsibilities.

The statement challenges the religious community to assure that all persons affected by AIDS receive compassionate, non-judg-

mental care; provide comprehensive AIDS education and values formation; affect public attitudes and policies in order that adequate care and appropriate preventive measures are available to all persons in need; and generate a prophetic vision of society whereby public, private, and voluntary sectors work together to guarantee general welfare.

Consultation participants discussed various means of implementing these expanded responsibilities. Issues discussed included the need for decent, affordable, and appropriate housing; the establishment of legal pro-

tection against HIV-related discrimination; the expansion of drug treatment programs; the distribution of clean IV needles and bleach; the call for an effective, equitable program of national health insurance for all citizens; and the need for readily available AIDS and HIV related prevention education in a context that promotes individual self-esteem and that teaches the fundamental goodness of sexuality, supports responsible, caring, intimate relationships and respects the integrity of such relationships.

The consultation was preceded by an interfaith

Service of Hope and Healing at Atlanta's Episcopal Cathedral of St. Philip sponsored by the AIDS National Interfaith Network and the Atlanta Interfaith AIDS Network.

The Carter Center is home to a consortium of nonprofit organizations that seek to alleviate conflict, reduce suffering and promote understanding among peoples through scholarly research, outreach demonstration and public policy programs. It is the only institution in which a former U.S. president is involved on a day-to-day basis.

The AIDS National

Interfaith Network is a coalition of religious organizations and individuals working to provide national leadership in AIDS ministry, to increase the religious community's efforts to address the AIDS crisis and to stimulate religious dialogue about social issues related to AIDS.

The Atlanta Interfaith AIDS Network, made up of a wide variety of clergy and lay people, provides services, information and resources to ensure a compassionate response to the pastoral and spiritual need of HIV infected and affected persons.

THE SECOND STONE
January/February, 1990

Religious Leaders Formulate AIDS Response

ATLANTA - More than 100 national religious leaders gathered at The Carter Center to discuss a unified religious community response to the challenges posed by AIDS.

The consultation, entitled "AIDS - The Moral Imperative: A Call to National Leadership," was sponsored by The Carter Center of Emory University, the AIDS National Interfaith Network and Atlanta Interfaith AIDS Network.

The group was addressed by former President Jimmy Carter, Presiding Bishop Edmond Lee Browning of the Episcopal Church, other prominent members of the religious community, and June

R. Osborn, M.D., Chairperson of the National Commission on AIDS and Dean of the University of Michigan School of Public Health.

The Christian, Jewish, Unitarian, and interfaith leaders attending the consultation recognized the need for a new understanding of the relationship between physical disease and social responsibility.

Affirming the belief that AIDS is not a punishment from God, consultation participants adopted the "Atlanta Interfaith Statement on AIDS." The statement called for creative action from all institutions - medical, social,

Continued -- over



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10/12/2000 02:46:38 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:

Subject: NYT article on proverty of Russian science

Dear Sandy and Cheryl: Interesting news article attached below - FYI. (I have also forwarded this to Andrei - especially because it refers to the need for building new laboratories and investing more in science in Russia).

Though brief, it was good to see you both yesterday.

My best regards,
Paul

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New York Times October 12, 2000

Nobel Winner Laments Poverty of Russian
Science

By MICHAEL WINES

OSCOW, Oct. 11 - One day after becoming the first Russian since 1978 to win a Nobel Prize for science, Zhores Ivanovich Alferov bitterly charged the Kremlin today in a speech before Parliament with failing to spend enough money on basic scientific research.

His speech to the lower house, or Duma, where he is a member of the Communist faction, underscored the bittersweet nature of his award, for physics research conducted almost entirely when Russia was under Communist rule.

Since the Soviet Union collapsed in 1991, sending the economy into a tailspin from which it has only briefly emerged, state funding for science has slowed to a trickle.

In his remarks today, Dr. Alferov (pronounced ahl-FYO-roff), 70, was unsparing. He noted at one point that the Kremlin's proposed budget for 2001 would spend far more money on free housing for Duma legislators - about \$40 million - than on research buildings and equipment for the nation's once cherished scientists.

"Just think again," he said. "Think one more time. How can it be that the draft budget foresees 50 percent higher allocation for the Finance Ministry, tax services and other financial bodies representing pure bureaucrats than for the whole of Russian science?"

"How can it happen - and I hope that the deputies will support me - that the draft budget foresees allocating 1.1 billion rubles for the construction of a special block of flats for the deputies? The amount is more than four times higher than all capital investments for Russian science. This block of flats alone might give us an opportunity to build several laboratories."

It was far from the first time that Dr. Alferov, who has directed the Ioffe Physico-Technical Institute in St. Petersburg for the last 13 years, has criticized the Moscow government for neglecting science. In a 1996 interview, he said that the Ioffe Institute's budget had been slashed since the Soviet collapse five years earlier. In 1998, after the ruble plunged in value, he said that "the situation in the scientific sphere is

catastrophic."

"The electronics industry, which I know very well, has been destroyed,"

he said. "Scientists, including at our institute, continue to work. But they are mainly filling orders coming in from other countries."

In a telephone interview on Tuesday evening from his country home outside St. Petersburg, he said the nation still had a strong scientific

tradition. But "to our pity, frequently our leadership in the old time - and especially right now - did not understand really how important science is for Russia." He added: "I hope the awarding of the Nobel Prize will help to change that."

He said he has known President Vladimir V. Putin, a fellow St. Petersburg native, for 10 years, and said he hoped to persuade him to

devote more money to research. He was scheduled to meet Mr. Putin again on Thursday, in a ceremony honoring his achievement. But he sidestepped a question asking if he believed that the president would grant his wish. "I like to joke that we are a country of optimists, because the pessimists have all left," Dr. Alferov said.

The Nobel Prize is both a personal achievement and a vindication of the importance of the St. Petersburg research center he directs, one of the leading scientific centers of both Soviet and Russian times.

Three other Nobel awards have been given to scientists who worked at the institute or began their careers there, including the last Russian to win a science prize, the physicist Pyotr Kapitsa.

For Russians, the prize was a patriotic tonic at a time when back-to-

back technological disasters - the sinking of the nuclear submarine

Kursk and a huge fire at the 1,772-foot Ostankino television tower - have created something close to a scientific inferiority complex.

While Dr. Alferov comes from a family of committed Communists, he was a member of the centrist Our Russian Home political bloc until

it

began to fragment in the second half of the 90's.

His scientific life has been distinctly international in tone, distinguished by close cooperation and, he said, fierce competition with physicists in the United States, Germany and elsewhere.

One scientific history recalled that in 1970, scientists at one of the United

States' premier research institutes, Bell Laboratories, privately celebrated a landmark advance in creating a room-temperature laser - only to discover that Dr. Alferov's lab had done the same a month earlier.

It was Dr. Alferov's work on lasers in the 1960's and 70's that produced many of the scientific breakthroughs that led to the Nobel award this week.

Dr. Alferov was born on March 15, 1930, in the Soviet town of Vitebsk, in what is now Belarus, to a sawmill worker and his wife. He graduated from the Lenin Electrotechnical Institute in Leningrad (now St. Petersburg) in 1952 and immediately began work at the Ioffe Institute, later earning a doctorate there in physics and mathematics.

Since then, he has produced more than 50 inventions in semiconductor technology and collected an array of awards, including the 1972 Lenin Prize - one of the Soviet Union's highest honors - and the 1978 Hewlett-Packard Europhysics Prize. He spent six months in the United States in 1970 and '71 working at the University of Illinois.

He is married to a sociologist and has two children, a son in Russia and a daughter in California.

Like many scientists, he was a strong supporter of Mikhail S. Gorbachev's effort to overhaul Soviet society, and was elected to the Soviet Congress of People's Deputies in 1990 on a platform of freeing scientific research from government control and restrictions on foreign cooperation. That came to pass with the collapse of the Soviet government, but hardly in the manner scientists had hoped.

Dr. Alferov re-entered politics in 1995, going to Parliament as a representative of the scientific community. But he quickly became a critic of the Kremlin's financial conduct and commitment to science.

He said he would give much of his share of the money from the Nobel award - about \$228,000 - to educational programs at the institute.

END.

Report Harshly Criticizes the Government's Policy on AIDS

By LAWRENCE K. ALTMAN

WASHINGTON, Sept. 27 — Saying that more effective AIDS prevention could avert thousands of new infections each year in this country, the nation's leading science organization sharply criticized the Clinton administration today for what it said was a failure to develop a comprehensive and effective plan to combat the disease.

"There is a definite lack of federal leadership with regard to H.I.V. prevention," and "there is no time to lose," the organization, the Institute of Medicine of the National Academy of Sciences, said in a strongly worded report that called for a new national strategy in combating H.I.V., the virus that causes AIDS.

The report called on the government to improve its tracking of new H.I.V. infections to help communities better implement appropriate prevention services, develop better sex education programs, help deliver more public health messages to overcome complacency about the seriousness of the epidemic and provide more money for needle exchange and treatment programs for injecting drug users. It also called on health insurance organizations to pay for the time it takes for doctors to deliver prevention messages as part of clinical care.

Federal, state and local laws and policies that hinder proven prevention strategies should be abolished, the report said. It said the government spends \$250 million over five years for sex education programs that emphasize only abstinence without any evidence that such efforts are effective in preventing H.I.V. infections.

"Yet comprehensive sex education and condom availability, which have been shown to reduce the risk of H.I.V. and other sexually transmitted diseases without promoting sexual activity, are not always supported," said Dr. Harvey V. Fineberg, the provost of Harvard University and co-chairman of the committee that wrote the report.

The report also urged the government to revise the way it spends the \$775 million for prevention each year and to adopt a specific plan to sharply reduce the estimated 40,000 new cases a year, a figure that has been stable since 1992. The figure contrasts with the 160,000 new infections that occurred at the peak of the epidemic in this country in the mid-1980's, according to the Centers for Disease Control and Prevention.

"It is outrageous that the rates of new H.I.V. infections in the United States have stayed consistently at 40,000 a year," Ronald Johnson, the associate executive director of the Gay Men's Health Crisis of New York City, said.

Dr. Fineberg, who is an expert in public health, said that "thousands of new H.I.V. infections could be avoided each year if we gave greater emphasis to prevention and were smarter in the way we spent our prevention dollars."

While the goal may seem obvious, "many current H.I.V. prevention efforts do not operate with this objective in mind," Dr. Fineberg said at a

ing infections among newborns than developing tests to screen for tainted blood, which can be very expensive.

The report said that testing and treating pregnant women cost about \$32,000 for each infection prevented and that needle exchange programs cost \$3,000 to \$50,000 for each infection prevented but that screening blood for transfusions cost \$7.5 million for each infection averted.

"It is difficult to reconcile a difference of such magnitude," the report said.

Dr. Edward H. Kaplan, a professor at the Yale School of Management, said the report, which he co-wrote, should be regarded as a blueprint for the next White House administration.

tion and "there is no explicit strategy that currently guides the overall investment of federal H.I.V. prevention funds," the panel said.

The basis of financing should be preventing the greatest number of infections for a given amount of money, the report said, adding that the government "should be held accountable" for such decisions.

The report urged wider application of a testing method C.D.C. has developed that tells more accurately than current tests when a person was infected, allowing public health officials to determine where the epidemic is heading.

The report said it would be more cost-effective to spend money on needle exchange programs and prevent-

AIDS program at the centers, said her agency was in general agreement with the recommendations.

For example, Dr. Gayle said, the agency has issued a draft of its plan that aims to reduce by half the annual incidence of new H.I.V. infections by 2005.

The report said "there must be a strong, clear leadership structure in the Department of Health and Human Services."

Because many agencies share responsibility for federal H.I.V. prevention activities, the agencies compete for resources and public atten-

The report said women, young people and members of minorities now accounted for a growing proportion of new AIDS cases.

The report renewed calls to increase financing so more drug abusers could be enrolled in treatment and needle exchange programs.

The Centers for Disease Control and Prevention, the federal agency in Atlanta responsible for tracking the AIDS epidemic, commissioned the study and asked the committee to come up with a framework for H.I.V. prevention. Responding to the report, Dr. Helene Gayle, the director of the

news conference at the institute's headquarters here.

Sandra L. Thurman, who directs the White House Office on National AIDS Policy, said in an interview that "the report is important because it gives us a yardstick to measure our progress and to take a hard look at our current investments at C.D.C."

"We need to look at the criticism and take it very seriously," Ms. Thurman said. "We have a fluid epidemic, and there is a sense of urgency particularly among minority and other communities hardest hit."

NDINGS

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Report Asks for Battle On AIDS Complacency

The government should do a better job of tracking the spread of AIDS and battling the complacency that allows the deadly disease to spread, a new report said yesterday.

While the spread of AIDS among gay men has declined over the last 15 years, there has been an increase among women, minorities and adolescents, according to the report from the Institute of Medicine, which is part of the National Academy of Sciences.

There have also been recent reports of an increase in risky behavior by men who have sex with men.

The current tracking system does not provide a complete and accurate picture of how widespread HIV infection is, the report said.

It called on the Centers for Disease Control and Prevention to establish a system to identify new HIV infections.

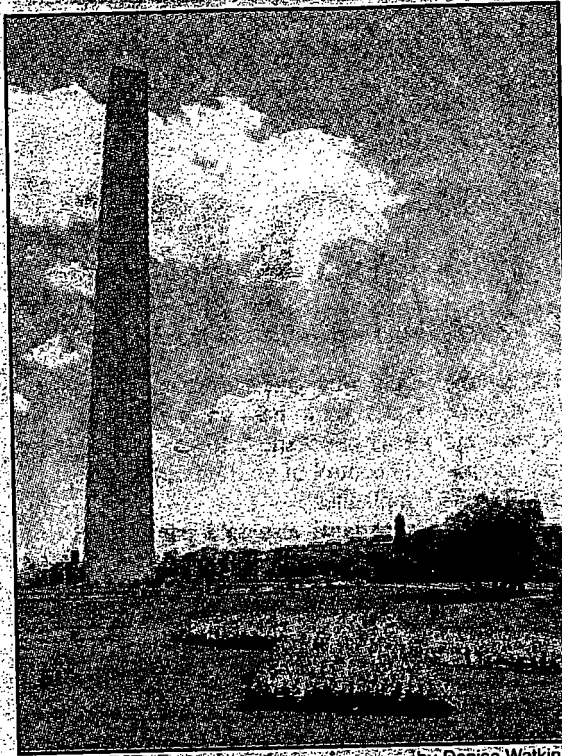
The report also stressed the need for increased prevention programs and was critical of federal spending of \$250 million to promote abstinence "without any evidence that this approach is effective."

Instead, the report said, comprehensive sex education and condom availability "have been shown to reduce the risk of HIV and other sexually transmitted diseases without promoting sexual activity."

It also called for a lifting of legal barriers to programs that supply clean needles to drug addicts, as HIV is often spread by needle reuse.

— Compiled from reports by the Associated Press

Local News



Participants in Whitman-Walker Clinic's annual AIDS Walk formed a giant red AIDS awareness ribbon during the closing ceremonies. The event drew about 6,000 participants.

by Denise Watkins

AIDS Walk falls short

Fundraising event does not reach goals

Despite efforts to "reconfigure" the 14th annual AIDS Walk Washington, which took place Sunday, Oct. 8, with a human-formed AIDS ribbon and four different starting points, event organizers say they are "disappointed in the results."

The event generated 5,000 registered walkers — about a 23 percent decrease from last year — and raised just under an estimated \$1 million for HIV and AIDS services in greater Washington.

Although the number of registered walkers was down, event organizers noted that the number of participants who registered *before* the walk went up by 1,600 walkers from last year. Roughly 6,000 people, registered and non-registered, actually attended the walk, still a decrease from last year. Pledges and donations from the walk are expected to be less than last year's \$1.3 million, which itself was a decline from the 1998 Walk's \$1.8 and \$2.2 million in 1997.

Cover said the Clinic has "taken immediate steps to restructure the fiscal budget."

Cover said the AIDS Walk has also been taken out of the Clinic's 2001 fiscal year budget, although plans are still under way for next year's walk. He said if the Clinic does not budget income from next year's walk and does make money, it will be a bonus to the budget, rather than a negative. Cover said this way, the Clinic "will not be spending money we don't have."

"We are prepared to make the necessary changes and move on," Cover said.

Cover emphasized that despite the disappointment in funds raised through the walk, the Clinic is "on solid ground" and client services will continue. He said funds cut from this year's restructured budget would be administrative.

He also emphasized that he believes the walk raised awareness about AIDS at a time that Cover said is "critical."

Those who participated in the walk



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All proceeds from the walk will benefit Whitman-Walker Clinic, the area's largest HIV/AIDS service provider, which organizes the annual event. The Clinic's director of communications, Michael Cover, attributed the decline in registered walkers to a complacency surrounding AIDS issues that he says has pervaded society. Cover said the \$25 mandatory fee that was required this year to enter the walk also added to the decline of walkers.

"We wanted to put an emphasis on fundraising this year," Cover said.

Cover added that he knows the Clinic can "do better" and said other AIDS Walks across the country have also not been as successful as in previous years.

"We needed to reconfigure the AIDS Walk and this wasn't it," Cover added.

According to Cover, the Clinic budgets how much they expect to make off the Walk each year using the figure from the previous year, so Clinic estimates anticipated \$1.3 million from this year's event, more than \$300,000 lower than the actual figure made. Because of this,

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Those who participated in the walk Sunday did so from one of the four starting points around the metro area: Meridian Hill (Malcolm X) Park, Anacostia Park, Stanton Park, and the Pentagon. Participants carried flags and signs and donned AIDS Walk T-shirts. The four points symbolized Whitman-Walker's four treatment centers. Those who raised the most money were given red ponchos and formed a human AIDS ribbon at the bottom of the Washington monument, made up of approximately 2,000 people.

The closing ceremonies consisted of speeches by Sandy Thurman, director of the White House Office of National AIDS Policy; Cornelius Baker, executive director of the Clinic; Carol Schwartz (R-At-Large), Clinic board member and D.C. councilmember; and Barbara Harrison of the local NBC station. Bob Hattoy, an advocate for those living with HIV/AIDS and a former presidential appointee, received the Courage Award, an award given annually by the Clinic to someone who is a resident of Washington, D.C., who has made a contribution to the HIV/AIDS community.▼

PHOTOCOPY
PRESERVATION

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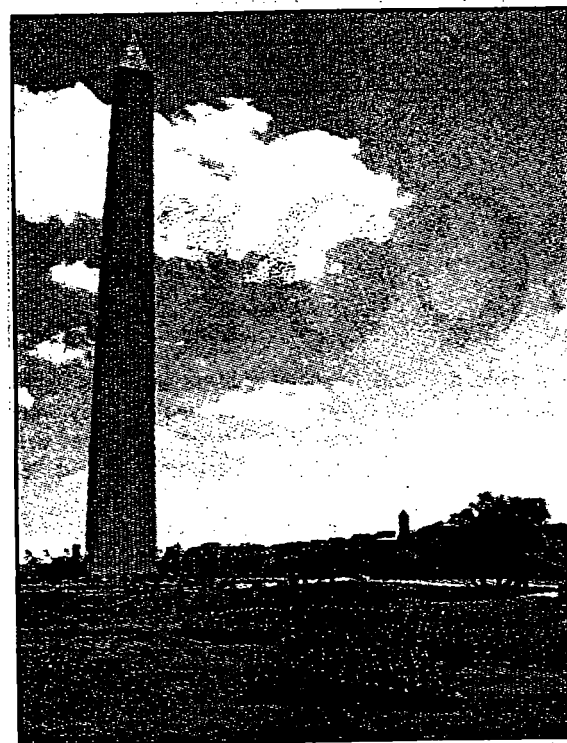
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Journey to the epicenter of AIDS

SOWETO, South Africa - When the AIDS virus detonates in this black township of 3 million in a decade or so, the disease will wipe out about 600,000 souls - almost six times as many people as the atomic bombs killed in Hiroshima and Nagasaki. But unlike a nuclear blast or world war, the AIDS crisis is an explosion in slow motion, a creeping chain reaction with no end in sight. There is no sound, no searing heat, no mushroom cloud, no buildings reduced to rubble. Just one mute death after another. Sandra Thurman has come here to break that silence. Director of President Clinton's Office of National AIDS Policy, Thurman hopes to bring home to the American people and to Clinton the immensity of the crisis in South Africa. To this end, Thurman and a team of U.S. officials recently traveled through South Africa, Zambia, Zimbabwe and Uganda. A USA TODAY reporter and photographer accompanied them to document the ravages of what is now the No. 1 cause of death in Africa.

Time bomb ticks south of Sahara

By Steve Sternberg, USA TODAY

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Sandra Thurman has come here -- to the country where AIDS is spreading faster than in any other on Earth - to break that silence.

Director of President Clinton's Office of National AIDS Policy, Thurman hopes to bring home to the American people and to Clinton the immensity of the crisis in South Africa and the other countries south of the Sahara that form the epicenter of AIDS.

To this end, Thurman and a small team of U.S. officials recently traveled through South Africa and three other countries at the heart of Africa's AIDS epidemic: Zambia,

Zimbabwe and Uganda. A USA TODAY reporter and photographer accompanied them to document the ravages of what is now the No. 1 cause of death in Africa.

In all, 11.5 million people have died in sub-Saharan Africa since the epidemic emerged in the early 1980s, and 22.5 million now living with the virus are expected to die in the next 10 years, according to UNAIDS, the United Nations' AIDS agency.

Staggering as the numbers are, Thurman believes that the sub-Saharan epidemic has been met with indifference by Americans and, to some extent, by their government, which spends \$74 million a year on AIDS programs in the region. In contrast, Congress this month voted to spend \$1.1 billion to assist roughly 750,000 Kosovo refugees.

"When you're looking at whole generations of adults and children in jeopardy - we ought to be able to hold hands and sing Kumbaya around that," Thurman says. "We can't do anything if we can't do this."

To gauge the social and political costs of AIDS here, Thurman visited cities and shantytowns, orphanages and hospitals, taking in scenes from an epidemic.

One of Thurman's first stops was at the Javabu clinic, headquarters of the Soweto Project - an effort to unite medical care, social support and AIDS prevention.

The project is the brainchild of Mark Ottenweller, 10 years ago a prosperous internist in a leafy suburb of Atlanta. Today, at 47, he works in Johannesburg as a medical director of Hope Worldwide, the relief arm of the International Church of Christ.

The clinic is housed in a small cluster of brick buildings on a broad lawn, bordered by brilliant splashes of jacaranda and bougainvillea. To its beneficiaries, it's a lifeline.

Mary Mudzingwa, 35, mother of Chipso, 9, and Gift, 5, credits the Soweto for helping her adapt to life with HIV. "I lost my job. I lost a place to stay. Now I stay with friends, but there's no toilet, no water. Maybe that's why my 9-year-old is always sick." She says that one of the most difficult things about having the virus is the way it changes how people respond to you. "Some people, I told them I am HIV-positive. They were afraid. I said, 'Don't be afraid. We look like other people.'"

Many of the people Mudzingwa was preaching to probably are infected themselves, though they don't know

it. Ninety-five percent of HIV carriers in sub-Saharan Africa have not been tested because tests are in short supply and many people deny they are at risk. Consider the men Ottenweller comes across a few days later, on an AIDS-prevention foray into the shantytown of Klipstown, near Soweto. They grow silent as Ottenweller approaches. "I'm Dr. Mark," he says, half in Zulu, half in English. "How many of you guys wear condoms?" Quizzical smiles bloom on embarrassed faces. Half the men raise their hands; half seem indifferent. "I never use a condom," one man says defiantly. "I stick to one partner." "But does she stick to you?" the doctor asks. "Come see me at the clinic when you get sick." "Ten years from now, one-fifth of these people will be dead," Ottenweller says later. "HIV is going to hit this place like an atom bomb."

Tests of women in prenatal clinics, a group believed to reflect the infection rate in the general population, show that at least one of every five people in South Africa, Zimbabwe, Zambia and Botswana is infected with the AIDS virus. That means those nations stand to lose at least one-fifth of their populations, a death toll that rivals the Black Plague in medieval Europe.

In some places, the infection rates are much higher. In South Africa, between 1991 and 1997, the infection rate on average soared from 2% to almost 18%. And in South Africa's most populous province, KwaZulu-Natal, the rate has reached 37%.

Alan Paton, in the classic 1948 novel *Cry, the Beloved Country*, described the province's rolling green hills as "lovely beyond any singing of it." Those lovely jade hills outside Pietermaritzburg are still there. But there also stands a massive brick building that is overflowing with human misery beyond any lamenting of it. The building is a hospital known as Edendale. During apartheid, it was for blacks only. That soon will change, as part of a massive South African health reform program under way. For now, the battered wooden benches lined up in corridors and the large anterooms in the hospital's wards are packed with black people. Some are waiting to deliver babies - 8,000 are born here each year, although there is just one obstetrician on the staff.

On average, 20 children are admitted to Edendale each day. More than 60% are infected with the AIDS virus, says pediatrician Johnny Ahrens, and they often are brought in by their grandmothers or aunts because their mothers have died. The nurses in the pediatric HIV ward, once accustomed to returning children to health, now are so overwhelmed with dying infants that they are on the

brink of cynicism.

Many nurses, Ahrens says, are beginning to think: "If there's nothing you can do to help, why bother? It's just one more dying child." Ahrens himself is furious because he thinks the government should have done something, anything, to stop HIV before it took hold. "We all knew that HIV was going to hit South Africa. It was coming down through Africa like a red tide. People were trying to warn us. But nothing ever happened."

Baby's touch pushed chief to front-line fight

By Steve Sternberg, USA TODAY

WASHINGTON -- Unlikely as it may seem, cuddling an abandoned, HIV-positive baby in Atlanta's Grady Memorial Hospital almost two decades ago set Sandra Thurman on the road to the White House.

Thurman, 46, is director of President Clinton's Office of National AIDS. But as someone raised in the maelstrom of Southern politics, she initially set quite a different course for herself. Her father was a businessman, her mother one of Atlanta's first female lawyers - the late, liberal chairwoman of Georgia's Democratic Party. Thurman learned politics from the rough-and-tumble members of the state legislature.

To achieve her goal of helping people, however, she took a more hands-on approach, studying counseling at Mercer University's Atlanta campus and working with imprisoned youthful offenders. After caring for her dying father at home, she took a course in hospice care and became a hospice volunteer. Then, at the suggestion of a friend, Thurman agreed to visit an HIV-positive baby at Grady Memorial. "It was a life-altering experience," she says. "To go to a hospital like Grady and care for a child who was clearly dying and had been abandoned really helped me understand what abandonment meant. Not only for this child, but for adults who had HIV and were abandoned by their families because they were gay or for any other reason." In 1988, Thurman decided to plunge full time into the battle against AIDS. She applied for a job running a nonprofit agency called AID Atlanta, which provided a safety net for thousands of AIDS sufferers. Five years later, seeking a new challenge, she accepted a post as director of child advocacy for the Carter Center Task Force for Child Survival.

But the respite from AIDS was temporary. Her work on Clinton's 1992 and 1996 campaigns earned Thurman her 1997 appointment as Clinton's AIDS czar. Officially the nation's No. 1 AIDS fighter, she must contend with a minimal budget, few paid staffers and responsibility for

coordinating the government's extensive but fragmented AIDS programs.

The task, Thurman says, was made tougher by sparring over budgets, turf and approaches to public health. In her view, this was only one reason why the U.S. government has moved slowly on AIDS. Another was a lack of leadership. "By the time an American president mentioned the word AIDS, there were 30,000 dead," she says. Acting on the same impulse that drew her to social work, Thurman decided to use her pulpit to attack AIDS worldwide. Her first priority: African children. "Children can't speak for themselves," she says. "They are the least of the least in this epidemic, and they are getting hit the hardest."

The global AIDS epidemic will have such a profound impact on families that Thurman believes it will become a bipartisan issue. The challenge, she says, is getting Congress to fund an aggressive prevention effort. That's why Thurman organized a trip to four African countries in February and a second, shorter trip with a congressional delegation in March. "If we can get Republicans and Democrats to agree on anything, we should be able to get them to agree on . . . caring for families, children and orphans," she says.

Sex, separation help HIV hitch ride

MTUBATUBA, South Africa - Gugu Zulu, 22, lives in a world of women, children and old men. The young men, desperate for work, have disappeared into the steamy depths of South Africa's mines. Gugu Zulu's 25-year-old boyfriend is one of 600 young men from this district in the heart of Zulu country who work about 400 miles away, near Johannesburg, in the Carletonville gold mine. They are the muscle and blood driving South Africa's century-old migrant labor system -- one of the more stubbornly persistent fuels spreading the brush fire of AIDS throughout southern Africa. Though Gugu Zulu would like to marry and have a family, she has a tough time envisioning the future with a man who returns home for visits that total just eight days a year.

All told, nearly 500,000 women share her plight, studies show. At least 88,000 South African men and 300,000 men from neighboring Botswana, Zimbabwe, Namibia, Mozambique, Lesotho and Swaziland are migrant workers in South Africa's mines and other industries. Many of the men live in barracks-style, single-sex hostels, often crammed beyond capacity.

After work, many men drop into taverns and hook up

with willing women, many of whom are prostitutes infected with HIV. An estimated 400 prostitutes work in Carletonville, lured by the gold miners' wages.

Many of the miners regard HIV as a distant risk, a viewpoint perhaps understandable because their jobs pose an even bigger risk. The average gold miner stands a 1-in-40 chance of getting crushed by a mine shaft cave-in, according to a study by the South African government. Given that risk, HIV may seem like a minor concern. But the disease is spreading faster here than anywhere else in the world.

The AIDS virus has infected one in 16 South Africans, an estimated 2.9 million people, says UNAIDS, the United Nations' AIDS program. More than 700,000 people were infected in 1997 alone, UNAIDS says. Tests of pregnant women indicate that the KwaZulu-Natal province, with population of migrant workers, has the heaviest concentration of HIV infections in South Africa. "It doesn't take a rocket scientist to figure out that if you want to create a sexually transmitted epidemic, you would find as many young, rural men as you could, move them into an urban area, house them in single-sex hostels and give them easy access to commercial sex and alcohol," says Mark Lurie of the Johns Hopkins University School of Public Health in Baltimore. And if you want to spread the disease to rural districts, he says, you would send the men home again.

Migrant laborers first were employed throughout sub-Saharan Africa by colonists seeking to extract the region's mineral riches from mines near predominantly white cities. South Africa formalized this trend by creating a nationwide system of pass laws. The government offered African workers passes that permitted them to travel between their homes and mines but barred them from settling down with their families near the white-dominated cities where they worked. Under this system, men typically worked in the cities, leaving their wives in rural areas. If they got too sick to work, they were fired and forced to return home.

Paradoxically, the relaxation of South African pass laws in the mid-1980s appears to have accelerated the spread of HIV by eliminating travel restrictions, researchers say. Studies in eastern Africa have shown that truckers, their mechanics and the assistants who traveled with them along the Trans-Africa Highway helped spread HIV throughout that region. Studies conducted between 1989 and 1992 found the highest infection rate, 30%, among people living near trading centers along the highway. A survey of bus and truck drivers in Cameroon found that 68% of the drivers had extramarital sex during their last

trip, and 25% had sex every night they were away, according to a report by the nonprofit public health group Family Health International. The average trip lasts 14 days.

Lurie, backed by the Wellcome Trust in London, plans to dissect the links between labor migration and HIV in the heart of South Africa's Zulu region. Although his study is just getting under way, Lurie says the evidence already suggests that men aren't the only ones who are helping to spread HIV. The evidence comes from a study of men who migrate to work and their home-bound sex partners. Of the first 31 couples enrolled in this study, Lurie has found, 11 couples are discordant, meaning that just one partner is HIV-positive. In six of those couples, the male is positive, indicating that the men brought HIV home.

But there are five couples in which the woman is positive and the man is negative, Lurie says. This suggests that prolonged separation prompts women to seek out other sexual partners. When Gugu Zulu questions her boyfriend about life in Carletonville, he concedes that he sometimes takes other lovers. "I'm a man," he tells her. But he insists that his other liaisons are simply a tonic to his daily ordeal of danger, fatigue and loneliness. Although she says she doesn't like this situation, there's not much Gugu Zulu can do. She says she has been tempted to sleep with other partners, increasing her risk. Neither her boyfriend nor other potential partners will use condoms, she says. "If they won't use condoms with me, they won't use condoms with anyone else," she says. "Can you tell someone has HIV by looking at them?"

Victims lost in battle over drug patents

By Steve Sternberg, USA TODAY

JOHANNESBURG, South Africa - For two years, the United States and South Africa have been locked in an unpublicized trade war. At stake is access to expensive AIDS drugs, which are as out of reach for most HIV sufferers here as ingots of South African gold.

At the heart of the conflict is a broader problem: the chronic shortage of drugs in poor countries. Although drugs are a simple, potentially low-cost remedy for such developing-nation ills as sleeping sickness, dysentery and tuberculosis, they often are priced beyond the means of most people who need them. The latest additions to the list are HIV drugs, the quest of desperate patients throughout sub-Saharan Africa.

Two years ago, the South African Parliament took what drug companies and the U.S. government consider radical

action: It passed legislation, signed into law by President Nelson Mandela, that allows local firms to make, market and sell generic versions of drugs patented by multinational drug companies. The drug companies then would be paid royalties set by the government. The plan provoked a swift rebuke from the United States, which leapt into the fray on behalf of drug companies. The companies contend that South Africa's action strikes at the heart of free-market capitalism and the patent system. If countries are permitted to make generic versions of drugs before the patents expire, their argument goes, companies will lose their incentive to develop lifesaving drugs. "Paying those prices isn't just a problem for poor people; it's a problem for the middle class," South African Health Minister Nkosazana Zuma says. "Even I, on my salary, couldn't afford triple-drug therapy" for HIV.

That the most powerful country in the world would spar with the most promising emerging democracy in Africa over access to AIDS drugs illuminates the daunting variety of challenges that the HIV pandemic presents worldwide. It also shows how fiercely drug companies will fight to protect profits from anti-HIV drugs, a rich market with sales totaling roughly \$3 billion a year.

Jeff Truit of the pharmaceutical trade group Pharma says the South African government has refused to negotiate directly with drug companies, which have offered South Africa concessions on most drug prices. Instead, Truit says, the country is mounting "a brazen assault on patent protection, the lifeblood of our industry." But Zuma and many of the world's public health officials regard HIV as an international emergency that should rise above patents.

"Pharmaceutical companies should be sensitive to public health issues," Zuma says. "No one wants them to go under. We're not quarreling with their profits at all. If they would make these drugs available in the Third World, they can make up their losses on volume." At the crux of the dispute is the South African Medicines Act, which legislators amended in 1997 to permit local manufacturers to make generic versions of AIDS drugs. Within months, the South African pharmaceutical trade group, backed by at least 40 drug companies, challenged the constitutionality of the amendments in court. That put the law on hold until a court decides. Meanwhile, the United States has tried a variety of tactics to get South Africa to withdraw or amend the 1997 law.

U.S. Trade Representative Charlene Barshefsky has argued that the 1997 amendments are so broad that they could be applied to other medicines. In an effort to apply more pressure, she denied South Africa tariff relief on

certain exports to the USA.

"There has been subtle and not-so-subtle international pressure on the South African government in regard to this legislation," South African diplomat Peter Goosen told the World Health Organization's executive board in January. "While we remain open to persuasion by rational arguments, our commitment to the principles that underpin our legislation is unwavering." Truit says the South African government's stand threatens the development of medicines. The average drug costs \$300 million to \$500 million to develop. One company, which Truit declined to name, spent approximately \$1 billion to create a single anti-HIV drug, he says. But those drugs are unavailable to 95% of the world's HIV sufferers, meaning all the money and effort involved in developing drugs for HIV serves just 5% of the people who need them.

Virus makes families pay twice

By Steve Sternberg, USA TODAY

Children, even if they never get HIV themselves, are poised to become helpless victims of the virus's march through sub-Saharan Africa. Over the next decade, the deaths of millions of parents will leave tens of millions of orphans to fend for themselves on the streets and in the countryside. Few families will escape.

One-fourth of the children in sub-Saharan Africa live in a family in which an adult is HIV-positive and in need of medical care, according to UNAIDS, the United Nations' AIDS organization.

"Children are the first to know a parent is sick. Often, parents won't admit it to themselves, much less to anyone else," says John Williamson, the author of a landmark study, *Children on the Brink*, and a consultant to the U.S. Agency for International Development (USAID). In sub-Saharan Africa, 40% of children are stunted by malnutrition. A parent's HIV infection puts the child in even greater jeopardy. As soon as a parent becomes ill, a child's school attendance drops because parents can't afford school fees, books and uniforms, or they need the child's labor to help feed the family and pay medical bills.

No one knows how many "child-headed" households are in Africa, though the clues are deeply disheartening. For example, studies show that in the Rakai district of Uganda, the heart of Africa's AIDS epidemic, 4% of the households are headed by children. And the AIDS epidemic in sub-Saharan Africa is just gathering steam. In nine countries, 20% to 33% of children will be

orphaned over the next decade as the death toll climbs. All told, UNAIDS expects 40 million children to be orphaned in coming years, a population equivalent to all the children living in the USA east of the Mississippi. Says Williamson: "We haven't seen anything yet."

Zambia: The cradle of Africa's crisis

LUSAKA, Zambia - Fountain of Hope resembles nothing so much as a refugee camp for children. And it is nearly that for 1,500 of the 128,000 orphans who live on the streets of this lush capital, with its broad boulevards and spreading trees.

This informal day school in a shabby recreation center downtown was the first stop outside South Africa for Sandra Thurman, the White House's top AIDS official, on a recent fact-finding mission to see the AIDS crisis in Africa. Each morning, the youngest victims of AIDS, ranging in age from 3 to 15, straggle in from the streets. They don't come for the books or the playground or the toys. There aren't any. And there's nothing distinctive about the rec center, built of unadorned concrete. They come because it's better to be here than in the lonely streets, where food is scarce and companionship often involves sex with an older child. Here, volunteers teach reading, arithmetic and music. And there's food -though only every other day.

Zambia once was one of the richest countries in sub-Saharan Africa. It supplied copper for the bullets the United States used during the Vietnam War. Now this country of 11.5 million is one of the poorest - and bears the distinction of having one of Africa's largest orphan populations. In 1990, Zambia had roughly 20,000 orphans. By next year, says UNAIDS, the United Nations' AIDS organization, there will be 500,000. "The numbers of orphans are increasing by the day," Zambian President Frederick Chiluba tells Thurman. "Street kids are everywhere, and we don't have the funding to care for them."

And they're not just concentrated in the cities. For example, the shantytowns called St. Anthony's and Mulenga's compounds, in Kitwe near the Congolese border 150 miles from Lusaka, have huge numbers of orphans - about 20% of each town's 10,000 residents. Eventually, many orphans find their way here to Lusaka. In 1996, when the Fountain of Hope school started, there were 50 children, outreach coordinator Goodson Mamutende says. Just three years later, 30 times that many attend classes in two shifts. Fountain of Hope staffers estimate that half the children have been abandoned; the other half have lost parents to HIV. And with 700 HIV-related deaths each week in Lusaka alone -

- a number so large it has caused weekend traffic jams and day-long waits in the cemeteries - the number of orphans and abandoned children continues to multiply.

Dirty-faced, wearing the cast-off clothes that are their only possessions, the children eagerly cluster around a makeshift blackboard to learn arithmetic and the alphabet. They learn to sing in unison, acting out the songs enthusiastically. "Fight child labor with an AK-47," they shout, thrusting their arms as if they were firing guns. Nicholas Mwila, 23, who has written the words for many of their songs, is the art director. "I take them as they are, the way I find them," he says. "I want them to dress as they do on the street. I don't encourage them to take a bath."

These "gutter kids," Mwila says, project a message to Thurman and the visiting foreigners: "The problem is real." After school, when they return to the streets, the children beg, steal and, in many cases, sell sexual favors for food. At night, they sleep in culverts along a thoroughfare called Cairo Road. Most prized, especially in winter, are the culverts across from a gas station. On cold nights, volunteers say, the children fight the chill by getting high on gasoline fumes or on methane inhaled from bottled, fermented excrement.

Jack Phiri, 14, traveled 150 miles to Lusaka from Ndola, in the copper belt, where statistics show that 46% of young pregnant women are infected with HIV. Jack says his mother died in 1996 of tuberculosis - the leading killer of people with AIDS in Africa. He says he doesn't know what killed his father; staffers at Fountain of Hope are convinced the culprit was HIV.

Fiddling with the ragged edges of his cut-off jeans, Jack says he has lived on the streets since 1997. His brother has been taken in by relatives and has vanished from Jack's life. The "auntie" who took Jack refused to feed him and made him sleep outside her hut. So he stowed away aboard a train and ended up here. The other kids in the street told him about Fountain of Hope. "I like being here because I can go to the school," he says. "And they give you food." Asked whether he remembers what it's like to have a family, Jack's eyes flood with tears. "He cries very easily," Fountain of Hope staffer Rogers Mwewa says. "He hasn't developed the survival skills of most of the other kids."

When he grows up, will he have a big family? "I don't know if I'll live that long," Jack says. Jack spends most of his nights sleeping near fast-food restaurants on Cairo Road. After dark, children clog the sidewalks, chasing

anyone who might be persuaded to part with money for food.

One night recently, staffers from Fountain of Hope and an official from the Dutch Embassy dug into their pockets for money to feed 78 starving children. Buoyed by the prospect of a meal, the children waited patiently on the sidewalk while an older child counted them. Tomorrow night, they knew, they might not be so lucky.

Zimbabwe: Kids forced into manhood

By Steve Sternberg, USA TODAY

MUTARE, Zimbabwe - At 15, Willard Tinete is the man of his house, single-handedly caring for brothers Joseph, 14, and Cloud, 12. The boys' mother died of AIDS, but Willard doesn't know when. "She died a long time ago," he says sadly. The boys' father disappeared after his wife became ill. An older sister married and moved in with her husband's family, abandoning her brothers. A community volunteer, Maris Kazewube, believes that the boys have been living alone since 1994.

But the Tinete children are luckier than some orphaned by AIDS; they have a place to lay their heads. Thousands of others live on the streets. For Willard, today is special because he is receiving an eminent guest in his home: Sandra Thurman, the White House's top AIDS official. It is Thurman's third stop on her mission to four sub-Saharan countries devastated by AIDS.

Clad in rags, Willard sits cross-legged on the floor of the family's tiny, boxlike concrete home. It is on the outskirts of Mutare, in the mountainous western highlands that border Mozambique.

The walls of the one-room cell are pale green, now chipped and stained. There are a few sticks of furniture and a filthy, mirrored armoire, a relic of happier times. Willard seems quiet, almost unaccustomed to speech. But at times the personality of an ordinary 15-year-old penetrates the awkwardness and silence. "How do you eat?" asks Thurman, sitting next to Willard on the concrete floor. "I prepare the meals," Willard answers through United Methodist Bishop Christopher Jokomo, whose grandfatherly appearance seems to reassure the boy.

Willard says he and his brothers grow some vegetables in the community garden. If all fails, they go to bed hungry. They also get weekly visits from Maris Kazewube and Elizabeth Chihota, volunteers from the Family AIDS Caring Trust (FACT) site at the St. Augustine mission in Mutare. "Sometimes I am here late in the day and there's nothing, no food," says Kazewube, who then goes out and

gets the boys something to eat. St. Augustine, one of the parishes over which Jokomo presides, is one of five FACT sites. All told, 137 FACT volunteers care for 4,000 orphans, from infants through 15-year-olds.

In this country of 12 million people, where one of every three sexually active adults is believed to be infected by HIV, the problem is certain to grow. UNAIDS, the United Nations' AIDS organization, estimates that one-third of the children here will lose one or both parents during the next decade. "Everybody in Zimbabwe has lost someone, either from their immediate or their extended family," says Shadreck Kagora, a pastor and coordinator of Families, Orphans and Children Under Stress, an offshoot of FACT.

Today, Kagora says, most of the nation's nearly 600,000 orphans live with grandparents or other relatives. But family circumstances and cultural barriers strand many orphans in a nether world of hunger, loneliness and neglect. For instance, Willard and his brothers are prisoners of their mothers' belongings, gathered in a small wicker basket suspended from the ceiling. When the boys' mother became ill, relatives from Mozambique came to get her, Chihota explains. "They took her to Mozambique to get well," she says. "They didn't believe she had AIDS." When the boys' mother died, her family failed to come back, collect her belongings and divvy them up among relatives, as Shona tribal custom dictates they should. Until they do, the boys will remain pariahs, shunned by those who would otherwise care for them. Relatives on their father's side of the family, for example, won't enter the until that ritual is completed, to avoid offending the Ngozi, or avenging spirits.

"Instead, the children suffer," Jokomo says.

As Chihota tells the story, Cloud bursts into the house. He stops short at the door, startled to see visitors. He barely speaks; he never smiles. When his apprehension wanes, Cloud's face becomes a mask of emotional desolation. Willard, when asked what he would like to be when he grows up, answers promptly, "A pilot."

Cloud sits on a chair, alone in a room full of people, saying nothing. He seems unable even to contemplate his future. Gently prodded by Jokomo, he mutters: "I don't know." "That little brother there," says Chihota, out of earshot, "what a lot of sadness in his face. Lord, have mercy."

Uganda: Deadly traditions persist
By Steve Sternberg, USA TODAY

KAMPALA, Uganda - Tom Kityo, the tall, animated manager of the AIDS Service Organization, stands before a map of his country, gesturing to one area after another, railing about the traditions that spread HIV. "Here," Kityo says, "the groom's father can have sex with the bride, and that's accepted. Here, other clan members may have sex with someone's wife, and no one says anything." Kityo blames these and other cultural practices for much of Uganda's AIDS problem. It's a situation that, while showing great improvement, still is marking this country with tragic consequences.

A year ago, U.S. officials estimated that 10% of Uganda's 20 million people are HIV-positive - with 67,000 of those infected younger than 15. Nearly 2 million people have died nationwide since what some call "slim disease" emerged here in 1982, leaving thousands of orphans. Government statistics suggest that 600,000 children have lost one parent - and that 250,000 have lost both parents - to AIDS. "We are fighting a lot of complex problems," Kityo says. "There are wars, cultural beliefs, a gender imbalance - these are very difficult things to change." But change is under way in Uganda, which has done more than almost any other country in the world to slow the spread of HIV.

The evidence lies no farther away than a palm-shaded hilltop above the crush of populous Kampala, inside a sprawling white stucco compound enclosed by a tall white wall. Once it was part of the palace of the Bagandan king, now a largely ceremonial figure whose domain straddles the equator and borders the legendary source of the Nile. Today it serves a vastly different purpose. Known as the Joint Clinical Research Center, it is the site of the first HIV vaccine trial in Africa.

On Feb. 8, a nurse guided the first hypodermic into a volunteer's arm -- the first of 40 in the trial. The man, whose name was withheld to protect his privacy, isn't just anybody.

He is a medical orderly on the staff of Ugandan President Yoweri Museveni, the most outspoken of the world's leaders on the threat posed by HIV. Museveni's AIDS awakening came in 1986. Soon after he seized power from dictator Milton Obote, Museveni got a call from Cuban military authorities who were training Ugandan troops. They told him that 25% of the men had HIV. For Museveni, fresh from a civil war, the news was alarming. An army hobbled by disease can't fight, and Museveni had yet to consolidate his power. By the end of 1986, he had established the nation's first AIDS Control Program. Museveni also issued an international call for help from

AIDS researchers and public health organizations. And he declared his intention that Uganda play a key role in any African AIDS vaccine trials. Five years ago, Museveni's prevention efforts began to pay off. Behavior surveys showed that Ugandans were reporting fewer casual sex partners, more frequent condom use and longer delays before young people became sexually active.

More recent studies of pregnant women demonstrate that infection rates have begun to drop. In Kampala, the infection rate among 15- to 19-year-old women fell to 8% in 1997 from 26% in 1992. But traditional practices still exact a steep toll. Indeed, they cost Justine Namuli her life.

Today, in a small family graveyard in a village two hours from Kampala, she will be laid to rest. Hillary Rodham Clinton met Namuli, then 25, two years ago while visiting Uganda. During the visit, Clinton planted a tree to commemorate the opening of the AIDS Information Center's headquarters. There, Elizabeth Marum, a former director of the information and HIV testing center, introduced Namuli to Clinton and Ugandan first lady Janet Museveni. "Justine was so beautiful," Marum says. "And so excited to meet Mrs. Clinton." Clinton and Museveni listened as Namuli told her life story. In Bagandan tradition, Namuli said, she was "heir to her aunt," meaning she was to take her aunt's place if anything happened to her.

When her aunt died of tuberculosis, Namuli was forced to drop out of school, marry her uncle and care for his children. She was 16. At the time, she didn't know that her aunt was infected with HIV or that her uncle was infected, too. Eventually, Namuli's husband died, but not before he infected her. She, in turn, unwittingly infected one of her two sons.

Namuli quickly sought an HIV test at the information center. Learning that she was infected, she joined the Post-Test Club, a support group that emphasizes safe sex, good nutrition and "living positively." And she joined the Philly Lutaya Initiative, an AIDS education and prevention program named for a local rock star who acknowledged publicly he was HIV-positive - the Magic Johnson of Uganda. Like others in the group, Namuli spoke out about HIV and how to guard against infection. "Imagine what this girl has gone through," Marum says. "Her mother died of AIDS. Her aunt died of AIDS. Her husband died of AIDS, and for 10 years she lived with the knowledge that she was HIV-positive."

About a dozen information center staffers and volunteers pile into two four-wheel-drive vehicles for the two-hour drive to Namuli's funeral. The little caravan drives down the truck route, the TransAfrica Highway, connecting Mombasa, Kenya, and Kinshasa, in the Democratic Republic of the Congo. The highway, which runs across southern Uganda, has spread AIDS here, too. The truckers carried HIV from one end of the road to the other, stopping regularly for paid sex with women who needed the money to feed themselves or their families. The women infected their boyfriends and husbands, who infected their wives and girlfriends.

Today, the villages along this road are outposts in an AIDS wasteland, almost entirely by grandparents and children. The middle generation lies in village graveyards. One grandmother, Benedete Nakayima, 70, says she has lost 11 of her 12 children to HIV - six daughters and five sons. She now cares for 35 grandchildren with the help of her surviving daughter. At the Namuli funeral, Marum reads a letter from the U.S. first lady, wishing Namuli a speedy recovery.

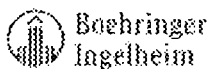
Sandra Thurman, the Clinton administration's top AIDS official, who is visiting here in her last stop in a tour of four sub-Saharan countries assaulted by AIDS, was to have delivered the letter to Namuli's bedside at Mulago Hospital on Feb. 7. She was too late.

Namuli died of pneumonia two days earlier - because Mulago Hospital lacked a working oxygen compressor that might have helped her through her respiratory crisis. Her two sons, Moses, 5, and Isaac, 7, have joined the ranks of Uganda's orphans.

"We are going to sing a song of thanks that she died in Christ," says the preacher, wearing a black suit in bold defiance of the searing midday sun. He consults a hymnal that has been translated into Lugandan, the Bagandans' native tongue. He leads almost 100 men, women and children in Jesus, I'm Coming. Soon, it is Lucy Mugoda's turn to speak.

Mugoda, one of Namuli's co-workers at the information center, wastes no time on platitudes or prayers. She has a message: HIV holds no respect for tradition; it seeks simply to perpetuate itself through any means possible. Namuli died, Mugoda says, not because she was promiscuous or willfully engaged in risky behavior, but because she accepted her traditional obligations as "heir to an auntie." "Let her death serve as an example that not all the old traditions are good," Mugoda says.

"This tradition is death."

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Boehringer Ingelheim Offers VIRAMUNE? (nevirapine) Free of Charge to Developing Economies for the Prevention of HIV-1 Mother-to- child Transmission

7 July 2000

Ingelheim, 7 July 2000 – Boehringer Ingelheim announced today that VIRAMUNE? will be offered free of charge for a period of five years for the prevention of mother-to-child transmission (MTCT) of HIV-1 in developing economies.

This initiative is part of Boehringer Ingelheim's commitment to the collaborative effort with five companies (Boehringer Ingelheim, Bristol-Myers Squibb, F. Hoffman-La Roche, Glaxo Wellcome and Merck & Co., Inc.), United Nations agencies (World Health Organisation (WHO), World Bank, UNICEF, UNFPA and UNAIDS) and committed governments to explore practical ways of working together to make HIV/AIDS care available and affordable to a significantly greater number of people in developing countries.

"VIRAMUNE can fill a critical need in the developing world," said Prof Rolf Krebs, Vice Chairman of the Board of Managing Directors at Boehringer Ingelheim. "We hope that our initiative for the prevention of mother-to-child transmission will help make an impact on the HIV/AIDS epidemic."

A recent publication in the June 17 issue of The Lancet presents hope for reducing newborn HIV infections in the developing world.¹ Findings indicated that antiviral intervention can have a significant impact on the prevention of MTCT. Researchers projected that if all pregnant women in South Africa took a short course of antiretroviral medication during labor, as many as 110,000 infant HIV infections could be prevented over the next five years.

Authors of The Lancet article cited that a single dose of VIRAMUNE to mother-baby pairs is likely the most cost effective, efficacious and most easily administered antiretroviral agent for the prevention of MTCT to date. Researchers have been investigating the drug since 1997 for this important use. The outcome of these investigations encouraged the WHO to place VIRAMUNE on its Model List of Essential Drugs for MTCT in December 1999.

"Viramune, which has been studied in women in Uganda and South Africa, holds great promise for reducing mother-to-child

HIV transmissions in the developing world because it represents a short and simple regimen, which can be easily administered in a resource-poor environment," said Dr. Brooks Jackson, principal investigator, HIVNET 012, Johns Hopkins University, Baltimore.

Boehringer Ingelheim will adhere to the WHO guidelines for drug donations to ensure that VIRAMUNE is donated to the developing countries with the greatest need. The WHO guidelines require that donations be based on an expressed need by the country in question. Further, donations must be relevant to the needs of the recipient country. Boehringer Ingelheim will rely on interested local governments that approve the use of VIRAMUNE in MTCT and global organisations, such as UNAIDS, UNICEF and the WHO to optimise existing infrastructures so that safe and proper administration of VIRAMUNE is possible.

Boehringer Ingelheim will make every effort to see that VIRAMUNE is available in every country around the world. VIRAMUNE has now been registered in more than 75 countries and registration packages have been submitted in almost every country worldwide.

"Providing Viramune is only one component of making prevention of HIV-1 mother-to-child transmission possible in the developing world," said Prof. Krebs. "However, a successful program to reduce MTCT of HIV entails additionally education of mothers and health service personnel, testing for infection, and counseling of infected mothers-to-be."

VIRAMUNE was shown to be a well-tolerated and effective option for the prevention of MTCT in the Ugandan HIVNET 012 trial.² The study was published in the September 4, 1999 issue of The Lancet and demonstrated that a simple regimen of one oral dose of VIRAMUNE given to an HIV-infected mother in labour and another dose to her newborn within three days of birth was almost twice as effective in reducing MTCT as a short course of zidovudine (AZT).

To date about 1700 mothers and babies have been treated with the simple one-dose treatment regimen of nevirapine in MTCT and no safety concerns have been raised. While there are still scientific questions to be answered, the overwhelming opinion of experts is strongly in favour of treatment.

The company acknowledges the importance of continued research into the role of VIRAMUNE in preventing MTCT. Boehringer Ingelheim is sponsoring the SAINT study, a large, multicenter trial designed to further evaluate the safety and efficacy of two doses of VIRAMUNE compared to a weeklong regimen of two drugs, ZDV+3TC, in reducing MTCT. Preliminary results of this study, as well as twelve-month HIVNET 012 data, will be presented at the 13th International AIDS Conference in Durban, South Africa (9 – 14 July).

A critical area of research into the prevention of MTCT is the extent to which HIV is transmitted during breastfeeding. Healthy babies born to HIV-infected mothers may contract HIV through breastmilk. This risk appears to be highest in the early months of breastfeeding.³

Another critical area of research is the development of drug resistance after treatment. An abstract presented at the 7th

Conference on Retroviruses and Opportunistic Infections (HINVET 006) suggests that a minority of patients may develop resistance to VIRAMUNE after a single dose.⁴ At least in some patients this resistance is transient.⁵ Further studies are evaluating the clinical relevance of these findings.

VIRAMUNE has been investigated for the MTCT indication because of its potency, pharmacokinetic profile and affordability. VIRAMUNE is rapidly absorbed and transferred across the placenta to the infant and is passed into breast milk. VIRAMUNE can be stored at room temperature, an important consideration in developing countries.

VIRAMUNE is registered for the chronic treatment of HIV-1 infection in combination with other antiretroviral agents. Major adverse events associated with VIRAMUNE in the treatment of chronic HIV infections are rash and increases in liver function enzymes. Hypersensitivity reactions have also been observed. Severe and life-threatening skin reactions and hepatotoxicity, with fatal outcome, have occurred in chronically infected HIV patients treated with VIRAMUNE.

VIRAMUNE was the first member of the non-nucleoside reverse transcriptase inhibitor (NNRTI) class of anti-HIV drugs to be approved for combination HIV therapy. VIRAMUNE's approval is based on analysis of changes in surrogate end-points, such as reduction in viral load or increases in CD4+ cell count. VIRAMUNE should always be administered in combination with other antiretroviral agents.

VIRAMUNE is a product of original research done at Boehringer Ingelheim Pharmaceuticals, Inc., a member of the Boehringer Ingelheim group of companies. VIRAMUNE is marketed world-wide by Boehringer Ingelheim and in the United States by Roxane Laboratories, also a member of the Boehringer Ingelheim group of companies. Boehringer Ingelheim recently acquired world-wide marketing rights to an additional anti-HIV drug, an investigational protease inhibitor, tipranavir.

Boehringer Ingelheim has focused a number of years on HIV drug research to prevent new infections and to treat HIV-infected people around the world. In addition to high investments in research and development and sponsoring initiatives (such as to the Elizabeth Glaser Pediatric AIDS Foundation), Boehringer Ingelheim supports training initiatives for the developing world as a partner of the IAS-SHARE Treating Program for Physicians.

For more information on Boehringer Ingelheim or VIRAMUNE, please see www.boehringer-ingelheim.com.

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Death Watch: The Belated Global Response to AIDS in Africa

By Barton Gellman
Washington Post Staff Writer
Wednesday, July 5, 2000; Page A01

First of three articles

From a seventh-floor office in Langley some 13 years ago, Katherine J. Hall kept vigil on the unraveling of societies and states.

As national intelligence officer at large, Hall supervised the CIA's taxonomy of upheaval overseas. What signs forecast a government's collapse, an economy's ruin, a civil war? Hall and her staff had a hunch that conventional indicators, heavy on politics and money, were missing something. In 1990, after three years of frustrated lobbying, she and colleague Walter L. Barrows got permission to study the burgeoning growth of AIDS.

Interagency Intelligence Memorandum 91-10005, distributed in classified channels the following July, foretold one of the deadliest calamities in human experience. Titled simply, "The Global AIDS Disaster," the report projected 45 million infections by 2000--inexorably fatal, the great majority in Africa. The number beggared comparison. There were not that many combatants killed in World War I, World War II, Korea and Vietnam combined.

Unlike the Black Death in 14th-century Europe, which took half as many lives, the means of controlling AIDS were known. Yet African and foreign governments, the report said, were making no more than a "modest level of effort." This would "have only a marginal effect."

The same might have been said for IIM 91-10005. The document landed near the top of the pile of incoming intelligence at the White House and Cabinet agencies. The reaction, said principal author Kenneth Brown, was "indifference--that's the right word." The authors prepared for the flurry of briefings that accompanies release of a major intelligence product. Save for then-Surgeon General C. Everett Koop and a Pentagon medical unit, no one asked.



Tanzanian Dorika Gabriel carries her son Joseph, 30, who is dying of AIDS. (Gideon Mendel - Network/Saba)

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Nine years later, a highly public awakening plays out in the Clinton administration, Congress, foreign capitals, the United Nations system and the offices of drug manufacturers. The premise of their new commitments on AIDS is that they are confronted for the first time with the magnitude of the disaster.

Yet for a decade, the world knew the dimensions of the coming catastrophe and the means available to slow it. Estimates ranged widely, but the World Health Organization in 1990 and 1991 projected a caseload, and eventual death toll, in the tens of millions by 2000. Individually and collectively, most of those with power decided not to act.

How and why they made their choices is the subject of this series of articles. It is a story of authentic doubts for a time because the disease concealed itself in years of latency and layers of social taboo. It is also a story, by turns, of willful ignorance and paralysis in the face of growing proof. Its direction is marked by wealthy nations' loss of interest once they understood they had escaped the worst, by racial undercurrents, and by poisonous turf battles among the multinational bodies charged with marshaling a response. At nearly every level, the process featured what some participants now see as shameful "demand management": reluctance to take available steps for fear of prompting still greater claims on time and money.

"The first reaction is, 'That's impossible. We could never spend those kinds of resources,'" said William H. Foege, who directed the federal Centers for Disease Control and Prevention (CDC) until 1983, speaking of 1990s estimates that it would take as much as \$3 billion a year to fund global AIDS prevention. "Then you have to remember, that's how much we spend on health care in the United States every day. It makes you wonder what's wrong with us, and how will history judge our response."

If today marks a turning point, it is too late for nearly all the 34.3 million people now living with HIV and AIDS, and for the many who will follow. Fewer than 2 percent of them have access to life-prolonging therapies of antiretroviral drugs, or even basic treatment for secondary disease. "They're all dead already," said one despairing U.S. health official. "They're just still walking around."

Nor has the wave begun to crest. The number of new infections with HIV, the human immunodeficiency virus that causes AIDS, is estimated at 15,000 a day--and still growing. The United Nations has set a goal to cut new infections by 25 percent by 2005, but even that improbable feat would not stop the toll from doubling and doubling again.

"We are at the beginning of a pandemic, not the middle, not the end," said Sandra Thurman, director of the White House Office of National AIDS Policy. "We certainly know before we're able to stop this pandemic we'll have hundreds of millions of people infected and dead, and that's the best case scenario."

James Sherry, director of program development for the Joint United Nations Program on HIV/AIDS, or UNAIDS, finds it difficult to speak of the wasted lives without bitterness.

"I can't think of the coming of any event which was more heralded to less effect," he said. "It still hasn't changed. It hasn't changed. In terms of real redeployment of resources, it hasn't changed. The bottom line is, the people who are dying from AIDS don't matter in this world."

'Under Their Noses'

The 1990 CIA projection turned out to be optimistic. Less than 20 years after physicians first described its symptoms, HIV has infected 53 million people. So far, 19 million have died, roughly the population along the Amtrak route from New York to Washington. Especially in Africa, but also elsewhere in the developing world, basic measures of well-being are marching backward. AIDS, by itself, is reversing decades of slow improvement in child survival, adult longevity, educational attainment and economic growth.

When Brown and Hall first proposed to study the phenomenon in 1987, they could not obtain CIA approval for use of personnel and computer modeling resources. Internal critics declared global AIDS an unfit subject of intelligence, or said the impact on U.S. interests would be benign.

Speaking of one military colleague at the National Intelligence Council, Brown said, "His penetrating analysis was, 'Oh, it will be good, because Africa is overpopulated anyway.' Others were saying, 'It may be big, but what are you going to do about it?' " Still others, Brown recalled, discounted the likelihood of damage to allied militaries. If officers began dying of the disease, they said, "That boosts morale, because there's more room for advancement."

Another security official, recalling those debates, said critics reasoned that Africa's limitless pool of unemployed men left armies with plenty of reinforcements. "If you have one 18-year-old with a Kalashnikov [rifle] and he dies, you find another 18-year-old," he said. "The cold truth was that the impact on military stability was minimal."

But the chairman of the intelligence council, Fritz Ermarth, saw a winning argument in the AIDS pitch. "I said, 'This is one of those new-age issues, and nobody else is doing it,' " he recalled.

Ermarth's only hesitation, shared by William H. Webster, then the director of central intelligence, involved the "propaganda liabilities of associating this painful topic with the CIA." Soviet era disinformation charged the CIA with brewing the virus for germ warfare. Barrows remembers anxieties that "somebody would try to imply that we're only monitoring our own dastardly deeds."

In the end the CIA agreed to undertake the work and let the State Department publish unclassified portions as a white paper. In that form in 1992, it reached a wider readership with predictions of "life expectancy at birth reduced by 15 years or more" and infection rates of "10 to 30 percent of the sub-Saharan African population," both of which closely match today's reality.

By any account, little or no fresh response followed the report.

"You've got to have a critical mass of people that are primed to see a problem like this in strategic terms," Ermarth said. "Just to put the words under their noses . . . doesn't get their attention. It's kind of remote, it's distant, it's not obvious what you do about it anyway. And here you're talking 1991, and that critical mass didn't exist."

In the first U.S. budget submitted after IIM 91-10005, appropriations for

AIDS control overseas measured \$124.5 million, just over half of what Americans pay annually for baldness therapy. Spending remained flat at that level for seven years. And those budgets, in global context, were considered high. The combined assistance from Europe, Australia and Japan barely surpassed them. The Bush and Clinton administrations entertained no proposal to increase the funding.

Over that seven-year period, as best can be calculated from U.N. data, 17,873,939 men, women and children--three-fourths of them in Africa--contracted an infection that has or will soon cut short their lives.

Discovery, Doubt, Denial

Summoned by improbable theory, a small team of foreign scientists touched down in Kinshasa, Zaire (now Congo), on Oct. 18, 1983. People were dying mysteriously at Mama Yemo Hospital, the 2,000-bed facility named for the president's mother. Bila Kapita, chief of internal medicine there, had followed medical reports of a new immune disease identified in San Francisco and New York. He wanted to know whether he could be seeing it in Zaire.

Peter Piot, a 34-year-old Belgian who had co-discovered the Ebola virus in his twenties, led the team of specialists from the CDC and the National Institutes of Health. He had been to Mama Yemo in the Ebola days, and he saw at once how much had changed.

"In 1976, there were hardly any young adults there except for traffic accidents in orthopedic wards," Piot recalled. "Suddenly--boom--I walked in and saw all these young men and women, emaciated, dying."

There was not yet an antibody test for the AIDS virus. It took three weeks of makeshift laboratory work--counting T-cells and lymphocytes in blood samples, confirming secondary infections associated with the new disease--to validate Piot's snap diagnosis. There were some three dozen AIDS cases in the hospital, and they were divided almost evenly between women and men.

The implications staggered Piot and his American colleague, Joe McCormick.

"There were so many women, it said to me it's heterosexual," Piot said. "That means everybody's at risk. . . . Until then I never thought a whole country, a whole population, could be involved."

Few believed the report from Zaire. The illness had been known since 1981 as Gay-Related Immunodeficiency Disease. Only homosexual contact, apart from direct exposure to infected blood, was thought to transmit the virus.

Piot, Kapita and McCormick found their submission rejected by a dozen medical journals. Peer reviewers asserted adamantly that the team must have overlooked some alternate path of transmission. At the first international AIDS conference two years later in Atlanta, "people came up to us and said this is nonsense," Piot said. "Denial has been a characteristic of this epidemic at all levels."

Governments shared much of the same disbelief. The first reports of AIDS closely followed the inauguration of President Ronald Reagan, whose "family values" agenda and alliance with Christian conservatives

associated AIDS with deviance and sin. "AIDS is God's punishment," Rev. Jerry Falwell said in a famous 1983 television sermon, paraphrasing liberally from Galatians 6:8. "The Scripture is clear: We do reap it in our flesh when we violate the laws of God."

McCormick, Piot's CDC colleague on the Kinshasa trip, asked the Reagan administration for funding to return to Zaire to conduct a larger study. According to Laurie Garrett, author of "The Coming Plague," political appointees turned McCormick down, refusing to believe his finding that "AIDS can be, and is, a heterosexual disease."

The Fears of the Rich

Projet SIDA, after the French acronym for AIDS, went forward in Kinshasa without White House help, despite McCormick's plea. Leading it, fresh from a public health surveillance post in New Mexico, came a young American doctor who would transform the global AIDS campaign.

Jonathan Mann, then 37, brought passion and meticulous energy to the job. From 1984 to 1986, his small team traced widening circles of infection, without apparent social boundaries, in Zaire. "The harder Jon and his team looked for identifiable risk factors, the more they came to realize the worst," Robert W. Ryder, who took over the project from Mann, wrote later. "The risk factors for HIV infection in Kinshasa were being young and sexually active and living in Kinshasa."

One unknown variable stood out when scientists gathered in Bilthoven, Netherlands, in 1986. "You need to know who is having sex with whom," but few human interactions are so bound up in concealment and taboo, said Bernhard Schwartlander, now chief of epidemiology at UNAIDS. "The big problem is that we had no idea of the mixing patterns."

This much was clear: With heterosexual transmission established, AIDS might go anywhere. Mann became convinced the disease had "transcendental importance" and compared it to tectonic forces shaping a continent. He was a persuasive salesman, and two years of evidence gathered in Zaire pierced the complacency of many governments.

Early in 1986, the World Health Organization in Geneva still regarded AIDS as an ailment of the promiscuous few. Halfdan Mahler, the organization's Danish-born director general, enraged Piot with a casual suggestion in one early meeting that other diseases were far more important than AIDS.

Fakhry Assaad, Mahler's chief of infectious diseases, was beginning to disagree. He knew Mann's research, and the two men made common cause at a conference that year in Bangui, Central African Republic, where the din of a tropical downpour on a sheet iron roof broke up the proceedings and gave them time to talk. Assaad brought Mann to Geneva in November. In a two-hour conversation, the charismatic American upended Mahler's view of the world.

AIDS was not merely another infectious disease, Mann argued. It seemed to flourish in--and reinforce--conditions of poverty, oppression, urban migration and social violence. It therefore could not be solved as a biomedical problem. Women who feared a beating would not ask their husbands to use condoms. Street children and widows without rights of inheritance could not reduce the number of their sexual partners if they

depended on sex for subsistence.

In an interview with filmmaker Robert Bilheimer before Mann's Sept. 3, 1998, death in the crash of Swissair Flight 111, Mann said discrimination "isn't just an effect, it's actually a root cause of the epidemic itself."

Mahler later described himself as transformed by Mann's analysis. On Nov. 20, 1986, less than three weeks after meeting Mann, the WHO leader flew with him to New York for a news conference. A few minutes before 1 p.m., they walked together into Room S-0226 at U.N. headquarters.

"We stand nakedly in front of a pandemic as mortal as any pandemic there has ever been," Mahler declared. "In the same spirit that WHO addressed smallpox eradication, WHO will dedicate its energy, commitment and creativity to the even more urgent, difficult and complex task of global AIDS prevention and control."

Those were stunning words from a man who had helped make the smallpox program the organization's greatest achievement, then or since. Back in Geneva, he put Mann in charge of a special program on AIDS that bypassed WHO's chain of command. Mann's operation grew headlong from a single room and secretary to one of the organization's biggest programs.

"It was such an incredible turnaround," recalled Kathleen Kay, an Australian who became Mann's first hire and longtime deputy. The first year, 1987, brought a crescendo of political and financial commitments, including a special session of the U.N. General Assembly. January 1988 saw the largest gathering of health ministers ever assembled, 118 in one room.

"We went into that meeting at minus \$500,000 and we left with \$37 million," said Kay, who is now writing her doctoral dissertation on the period. The program grew as fast as it could absorb people and cash, and often faster. Contributions from the U.S. Agency for International Development--the largest of any nation--began at \$6.6 million in 1987 and more than doubled in each of the next two years.

But the seeds of Mann's undoing, and the program's, had already been sown. Abundant resentments in the WHO secretariat began to surface after Mahler's surprise decision to retire in 1988. Mahler's replacement, Hiroshi Nakajima, had been director of Pacific operations for the WHO and shared general displeasure at Mann's privileged status and unorthodox style. A master of back-room maneuvering, Nakajima began to clip the AIDS program's wings.

By 1990, the sense of urgency about AIDS in wealthy nations had also started to dissipate. "In the '90s it became clear we were not going to have a major heterosexual epidemic in the States," said Michael Merson, who would succeed Mann at the WHO program. AIDS "was no longer a threat to the West."

Foege, the former CDC director, now teaches at Emory University. He has a maxim for his public health students: "Tie the needs of the poor with the fears of the rich. When the rich lose their fear, they are not willing to invest in the problems of the poor."

'Like a Slow Torture'

Albina du Boisrouvray, a French countess who auctioned off a Renoir and tens of millions of dollars' worth of jewelry at Sotheby's to fund her philanthropy against AIDS, remembers traveling to Geneva to confront Nakajima early in his term at the WHO. "I said, 'Aren't you worried about AIDS?' He said, 'Ah, don't talk to me about AIDS; I have malaria, which is a much bigger killer of people, on my hands.' "

And for a time, malaria was. But AIDS was growing exponentially; malaria was not. As a scientist, Nakajima understood the implications. But a U.S. official who worked with him then said Nakajima concentrated on the constituency politics of reelection. That meant providing money for popular programs, not drawing attention to a problem that few nations wished to acknowledge.

"It was all demand management," the U.S. official said.

Inside Nakajima's secretariat, institutional rivals of the AIDS program told him that Mann's program was excessive for the tiny number of AIDS cases that could be proved, according to WHO senior manager Marjory Dam. Nakajima set out to "normalize" the special program's status, cutting resources and subjecting it to layers of unsympathetic management.

A week or so before the first World AIDS Day summit on Dec. 1, 1988, Mann obtained an advance transcript of an interview Nakajima had given to the French newspaper *Le Monde*. He was appalled. Among other things, Nakajima implied the need for balance between the rights of AIDS patients and the interests of society at large. Mann saw that as a green light for the kinds of bans on immigration and employment of people with AIDS that WHO experts said were driving the pandemic underground.

According to Kay, Mann's deputy, Mann made urgent efforts to reach Nakajima, who was traveling. The director general's new aides rebuffed him, pointedly. Kay, who witnessed what came next, said Mann then delivered an ultimatum: If Nakajima's remarks were published, Mann would quit--in his keynote address to the coming summit. Nakajima could not afford such a spectacle. He retracted and rewrote his remarks to *Le Monde*, and Mann never mentioned them again. But Nakajima would not forget.

Mann found himself excluded from meetings. The legal authority to spend his budget sat unsigned on Nakajima's desk. His travel requests were denied, anonymously and without explanation, or granted too late to matter.

"The WHO's AIDS program pretty much fell apart," said Thurman, the White House AIDS director.

On March 16, 1990, Mann took defiant leave of the scene. At the very hour that Nakajima unveiled six ceremonial stamps for the fight against AIDS--an apt symbol of the director general's priorities, Mann believed--Mann convened his staff just across the hall. He told them he was quitting. His letter to Nakajima cited "great variance between our positions on a series of issues which I consider critical for the global AIDS strategy."

Nakajima did not return telephone calls seeking an interview for this

article. His wife, Martha Nakajima, reached at the couple's summer home in Chauvigny, France, said he was not "particularly interested in rehashing things with Jonathan Mann. . . . He's retired now. He doesn't owe anybody anything on that."

Kay, who quit the program with Mann, recalled those years as "just soul-destroying." She added: "To see the structures grinding to a halt. Just dreadful. All those years lost! It was like a slow torture."

Mann intended to depart in June, but on March 23 *Le Monde* published an interview in which Mann accused Nakajima of obstruction that "paralyzed our efforts completely." He was ordered to clear his desk by the end of the day.

Indifference'

The World Health Organization was not the only agency trying to protect its resources from the demands of AIDS. Most major contributors to global health and development followed the pattern.

Throughout the early and mid-1990s, the Clinton administration debated the merits of paying for AIDS testing and counseling of vulnerable populations overseas. Among gay men in the United States, such programs had been credited with causing substantial change in risky behavior--increasing condom use and marginalizing the culture of promiscuous "bathhouse" sex.

The CDC and U.S. Agency for International Development (USAID) held out for years against paying for AIDS tests overseas. The only exception was traditional "surveillance" to track the pandemic's growth, but those results remained anonymous. Individuals who tested positive were not informed.

"The argument was that testing was too expensive, and it led to things that were more expensive," said Gregory Pappas, a physician and Health and Human Services official who took part in the debate in those years. "The philosophy in development circles was, don't create demand. The implications of a lot of people knowing that they have HIV, instead of just dying of it, is [that] it creates demands on the development assistance agencies. It's a calculation that they're trying to postpone paying for interventions that they don't think they can afford."

Beaten down by years of congressional attacks on foreign assistance, and on family planning especially, USAID did not propose budget increases to contend with AIDS. In international forums, participants said, the agency concentrated on limiting the U.S. contribution to 25 percent of the global total. Other countries, and U.N. agencies, were spending so little on AIDS assistance that the American share climbed as high as 47 percent by 1997.

In truth, the principal U.S. foreign aid agency was trying to disentangle itself from mandatory funding of AIDS programs. Mann, who had taken his charismatic advocacy to Congress in the late 1980s, had persuaded appropriators to earmark portions of the agency's budget for his Geneva-based program. According to interviews and internal memorandums made available to *The Washington Post*, USAID focused much of its legislative energy on eliminating or reducing the earmark in order to recapture control of its budget.

Duff Gillespie, who oversaw AIDS assistance as director of USAID's programs on population, health and nutrition, argued that overpopulation was overwhelmingly the most important problem for Africa. "Duff was very much worried about not letting the population budget be used for AIDS," said Merson, who succeeded Mann as chief of the WHO program.

In a revealing memorandum composed in March 1998, Gillespie tried to explain "the lack of political will and resources to combat the spread of HIV." He emphasized the importance of remembering that "decisions made by policymakers and program administrators are almost always based on a rational process." It would be wrong to suppose that such decisions were "based on gross ignorance, or morally bankrupt." Most commonly they were "simply the product of a different world view and set of priorities."

When decision makers divided their available funds for foreign aid, he wrote, the AIDS pandemic had many disadvantages. There was no tool available that "directly and invariably" prevents transmission. There was no cure. Costs of AIDS programs were high, and the afflicted populations often lacked "an inherently sympathetic 'victim.'"

Nor, in the view of Gillespie and many other foreign aid professionals in the 1990s, were AIDS interventions cost-effective. To save the life of a dehydrating child with diarrheal disease required little more than a foil packet of salts. Antibiotics cured an otherwise fatal case of tuberculosis. What USAID and other agencies craved were programs that would demonstrate efficacy in congressional audits.

"Do we enter into fields where our interventions have the biggest bang for the buck?" asked Dennis Aitkin, a British career administrator at the WHO. "If tomorrow there was disease out of the blue that you could cure with a hundred million dollars per person, would we focus on it at all?"

At UNICEF, the U.N. children's agency, the health division fought a bitter rear-guard battle from 1992 to 1994 to avoid involvement in AIDS. Sherry, the director of program development at UNAIDS, was then a senior health administrator at UNICEF, and used the post to expand UNICEF's traditional early childhood mission to include teenagers contracting a sexually transmitted plague.

In a small sign of things to come, Sherry's secretary quit because he was asking her to handle correspondence mentioning condoms. Then UNICEF's child immunization department organized a mass threat to resign. "Why are we jeopardizing our relations with the Holy See?" one angry colleague demanded of Sherry, referring to Vatican opposition to birth control.

At the World Bank, an internal study found what South African economist Alan Whiteside ridiculed as a "silver lining" in the plague.

"If the only effect of the AIDS epidemic were to reduce the population growth rate, it would increase the growth rate of per capita income in any plausible economic model," said the June 1992 report by the bank's population and human resources department. Exactly that had happened in the 14th century, the report said, with the bubonic plague. The report did not conclude that AIDS would be a benefit to Africa, even in strictly economic terms, but it hardly marked a clarion call to action.

"Only the World Bank would put that on paper," Whiteside said.

[Continued on next page](#)

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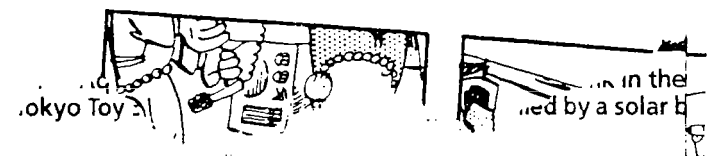
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Partners Desk
Spoon (Birmingham) 1941



LETTERS

Camp inmates willing to pay price during air raids

I have recently returned from a trip overseas and must therefore apologise for this very belated reply to the moving and thoughtful letters from Richard Errington and Joe Podbrey.

Both these gentlemen have applied their minds to assessing whether the pinpoint bombing of the gas chambers and crematoria was feasible and pointed out that it was doubtful that it would achieve a saving of lives.

I would like to introduce another aspect of the whole ghastly matter, one that I believe motivated Churchill to attempt to supply material assistance to the Polish Underground when the latter rose in 1944 against the German occu-

pation in Warsaw. Despite the fact that the losses of the low-flying bombers and their crews were extraordinary high and that about 80% of the supplies fell into German hands, the raids were carried out.

Churchill had been warned that this could happen. Were these most costly attempts of assistance calculated to encourage Britain's allies in their fight against the Germans and to demonstrate that they did not stand alone? After all, it was the German attack on Poland that led to her allies, Britain and France, declaring war.

What would the effect of Allied bombing have been on the inmates of the death and concentration camps?

I was in the Ravensbruck concentration camp at the time that the 1 000 bomber raids used to fly overhead on their way to blast Berlin. When the air-raid sirens sounded, we were confined to our barracks, with sub-machinegun-carrying SS patrolling to ensure that we did not get out. The sky would be obliterated by the con-trails and the ground shook under our feet from the roar of those 4 000 engines, as we watched 15 groups of 70 silver specks streak through the sky.

We would burst out of our barracks and dance and cheer at that inspiring sight and the knowledge that at last something was being done to avenge the 92 000 out of 132 000 inmates

that had been murdered in that camp alone.

When I was held in the Sachsenhausen concentration camp we were bombed, yet despite the casualties and the terror I did not hear one inmate condemn the bombing, knowing that the camp was surrounded by factories producing war materials and that out of 200 000 inmates, 96 000 had perished.

Twelve million men, women and children, Jews and non-Jews, were to die in those concentration camps. We Jews knew that we were doomed and to our knowledge the world had stood by and watched while we were massacred. The visible proof that at last the Germans were being made to suffer as we

had suffered gave us an uplift in morale that only a survivor can appreciate. No longer were we abandoned and alone and I believe this was also the reason that Churchill ordered the air raids on Warsaw.

And had the gas chambers, crematoria and the railways been bombed, I believe that we would gladly have paid the price despite the temporary nature of the damage. Call it a gesture if you like, but it would have been a gesture to every German as well that the world abhorred what the Nazis almost regarded as a joke.

Don Krausz

Chairman, Association of Jewish Holocaust Survivors
Houghton, Johannesburg

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Washington - Convinced that the global spread of Aids is reaching catastrophic dimensions, the Clinton administration has formally designated the disease for the first time as a threat to US national security.

They fear that it could topple governments, touch off ethnic wars and undo decades of work in building free-market democracies abroad, the *Washington Post* reported yesterday.

Fear of Aids pandemic galvanises US efforts

The National Security Council, which has never before been involved in combating an infectious disease, is directing a rapid reassessment of the government's efforts.

The new push is reflected in the doubling of budget requests, to R1,7-billion, to combat Aids overseas, and in the

creation on February 8 of a White House inter-agency working group. The group has been instructed to develop a series of initiatives to combat the disease.

The new effort, described by its architects as too little, too late, was spurred last year by US intelligence reports that

looked at the pandemic's broadest consequences for foreign governments and societies, particularly in Africa.

A National Intelligence estimate prepared in January, representing consensus among government analysts, projected that a quarter of southern Africa's population is likely to

die of Aids, and that deaths from the disease will rise for a decade before there is much improvement.

Based on historical analysis of 75 factors that tend to destabilise governments, the authors said the social consequences of Aids appear to have "a particularly strong correlation with the likelihood of state failure in partial democracies".

- Sapa-DPA

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BUSINESS DAY - May 12, 2000

AIDS drug prices slashed

Simon Barber

WASHINGTON — Five of the world's largest pharmaceutical companies said yesterday that they were ready to slash the prices of their HIV/AIDS drugs for African and other developing nations — if the drugs can be safely and effectively administered and their distribution controlled.

As part of an unprecedented collaboration between the industry and the United Nations (UN), some medicines will be made available at a few cents more than manufacturing cost.

The drugs will include antiretrovirals to slow the onset of AIDS in patients with HIV, and treatments for the infec-

Africa to benefit from collaboration between industry and United Nations

tions symptomatic of AIDS.

The companies involved at this stage are Bristol Myers Squibb and Merck of the US, Germany's Boehringer-Ingelheim, UK-based Glaxo-Wellcome and Swiss Hoffman La Roche.

They were "offering, individually, to significantly improve access to, and the availability of, a range of medicines", the UN AIDS programme said.

Director Peter Piot said it was "the first time the companies were collectively willing to discuss a truly significant decline in prices".

The companies do not intend simply

to dump drugs into AIDS-afflicted developing countries. Using carefully agreed language, they said they were "willing to work with committed governments, international organisations and other stakeholders to find ways to broaden access while ensuring rational, affordable, safe and effective use of drugs for HIV/AIDS-related illnesses".

For example, Glaxo suggested it would offer Combivir — a combination of its antiretrovirals AZT and 3TC — at around \$2 for a daily dose, compared with the \$16,50 it charges in the US.

The preferential price would be "for

use in international partnership programmes in developing countries which simultaneously address the health care and drug distribution aspects necessary to ensure access to safe and effective ongoing treatment".

Bristol Myers Squibb said it would "expand access" to its antiretrovirals didanosine and stavudine, as well as its treatments for AIDS-related fungal infections and cachexia, a form of extreme malnourishment.

Boehringer-Ingelheim indicated it was willing to do the same with its nevirapine, shown in trials to reduce moth-

er-to-child transmission of HIV.

The companies have come under increasing pressure to lower the cost of their patented AIDS medicines to poor countries. SA and other governments have been threatening to license the manufacture of generic equivalents or find alternative sources.

This week President Bill Clinton told the US trade representative not to challenge such steps if they are consistent with the World Trade Organisation agreement on intellectual property.

World Bank President James Wolfensohn said he hoped lower prices would create an incentive for governments and donors to create highly developed medical infrastructures.

TOP FIRMS SLASH AIDS DRUG COSTS

GENEVA. - Five top drug companies agreed yesterday to slash the price of HIV and Aids treatments for developing countries in a breakthrough United Nations deal that could save millions of lives in Africa.

British pharmaceuticals giant Glaxo-Wellcome cut the price of its HIV combination therapy by 85 percent.

Switzerland's Roche Holding SA said it would cut prices and provide

logistical support to developing nations, while, United States firm Bristol-Myers Squibb said it would expand access to its antiretroviral drugs.

Merck & Co and Germany's Boehringer Ingelheim had also agreed to join the initiative.

"This is an amazing new prospect and a dramatic development for developing countries with thousands or millions of people affected by HIV."

TO PAGE 2

Firms slash Aids drug prices

FROM PAGE 1

said David Nabarro, executive director of World Health Organisation in Geneva.

South African Foreign Minister Nkosazana Dlamini-Zuma gave a cool welcome to the news, saying any discount would be good but questioning the multinationals' motives.

"I think any reduction of the cost of drugs in developing countries is very welcome," she said, speaking from Stockholm.

She blasted the multinational pharmaceutical firms and some of the rich countries where they operate, saying both sought "to reap very high profits from poor countries, developing countries, up to a point where people are actually denied life-saving drugs".

"When somebody says 'I'm deducting 50 percent of the price', what does that mean? Are we starting

from \$1 000 or are we starting from \$50 ?

"I wouldn't go celebrating," she added. "You have to have a fuller picture before you can know what this means."

On Wednesday the US announced changes to make anti-Aids drugs and medical technology more accessible throughout sub-Saharan Africa.

Under the terms of an order signed by President Bill Clinton, the US will demand only minimum patent protection standards for US companies marketing drugs to combat the disease.

"The cost of the treatment is currently more than \$10 000 a year. We are really looking for pretty massive reductions in terms of accessibility to people in poor countries," Mr Nabarro said.

Glaxo said it was cutting the price of its Combivir fixed-dose combination therapy to \$2 a

day, with immediate effect, from an average global price of \$16.50.

Roche said it, too, was ready to offer developing countries preferential rates under the UN deal.

"Under the United Nations initiative, we have agreed to offer Roche Aids drugs more cheaply and also provide services and logistics support to developing countries," Roche spokesman Jacqueline

Wallach said.

"Exactly by how much the prices will be reduced and by when is subject to negotiations," she added. In the US, Bristol-Myers Squibb said it would expand access to its antiretroviral drugs: Videx (didanosine) and Zerit (stavudine) for the treatment of HIV/Aids; Megace (megestrol acetate) oral suspension for the treatment of Aids-

related cachexia; and oral Fungizone (Amphoterecin B) for the treatment of fungal infections.

"This will go down very nicely as positive public relations for all companies involved," said Birgit Kulhoff, pharmaceuticals analyst at Swiss private bank Lombard & Odier. She said the move was unlikely to have a commercial impact. - Reuters. Sapa-AFP.

Five drug firms to back UN Aids venture

ADELE SHEVEL

Johannesburg - Five large pharmaceutical companies had started talks in a public/private effort with United Nations (UN) organisations to accelerate and improve the provision of HIV/Aids related treatment in developing countries, the joint UN Programme on HIV/Aids said yesterday.

Among the initiatives is an offer of drugs related to HIV/Aids at preferential prices to the governments of developing nations.

The UN programme said Glaxo Wellcome, Boehringer Ingelheim, Bristol-Myers Squibb, Merck and Roche had indicated their willingness to work with other stake-

holders to broaden access to care and treatment, "while ensuring rational, affordable safe and effective use of drugs for HIV/Aids related illnesses".

This week US President Bill Clinton ratified the right of countries to seek low-cost sources of Aids medicines provided they did not violate the basic terms of the World Trade Organisation agreement on intellectual property rights.

Vicki Ehrich, the corporate affairs director at Glaxo Wellcome South Africa, said South Africa would be eligible to access the preferential treatment.

It is not part of the government's policy to provide anti-retro-

viral drugs such as Glaxo's AZT, which may reduce mother-to-child transmission of the disease.

The offer extends to a broad range of drugs and other pharmaceutical companies have expressed interest in co-operating in this endeavour.

Some of the principles participants have adopted to combat Aids more effectively are: ongoing political commitment by national governments; strengthened national capacity; engagements of all sectors of national societies and the global community; and efficient, reliable and secure distribution systems.

THE CITIZEN

FRIDAY 12 MAY 2000

HIV case points the way

AMID official ambivalence over HIV, South African Airways have set down a marker. By agreeing to pay R100 000 to an HIV-positive man who was refused employment, SAA admitted unfair discrimination.

This was a Labour Court case because Mr A was not counselled over the HIV test. Under the current Labour Relations Act, this would probably have been ruled an unfair labour practice.

Yet South African law on HIV is still evolving. Discrimination against people with HIV was to have been prohibited under the Promotion of Equality and Prevention of Unfair Discrimination Bill. Instead the matter was referred to a committee.

Next week the government will unveil - for public comment - a draft code of good practice regarding HIV/Aids and employment. The proposed code, in terms of the Employment Equity Act and the Labour Relations Act, will aim to eliminate discrimination in the workplace.

It will also have to balance the rights and responsibilities of all parties. A blanket ban on pre-employment HIV testing, and outlawing discrimination against those who test positive, are noble aims which we support.

However, there may be jobs where HIV raises safety concerns for employers, employees, or the public. Scare tactics and ignorance feed into irrational workplace fears, which must be addressed.

People with HIV can, and do, live productive lives. The law, and society in general, should give them the space to do so. While that is being clarified, we hope the SAA case stops anyone who is HIV-positive from being discriminated against at work, or anywhere else.

HEALTHCARE

Big Aids gesture could be dwarfed by African realities

MICHAEL WALDHOLZ

In a landmark response to the Aids crisis in Africa, five of the world's largest pharmaceutical companies are offering to slash the price of HIV drugs for people living in poor nations.

The companies' unprecedented joint agreement, announced yesterday by the United Nations (UN), should make it possible for considerably more people on this continent to gain access to the life saving but extremely costly drugs that have revolutionised treatment in the US and Europe.

Following delicate discussions with UN officials on ways to mount a broad attack on Aids in developing lands, several companies pledged to sell their drugs in those countries for as little as pennies above manufacturing costs.

Some are considering prices as much as 85 or 90 percent below US prices, or about one-fifth of the already discounted prices now charged in some African nations.

"It's the first time the companies are collectively willing to discuss a truly significant decline in prices," says Peter Piot, the director of the UN Aids Programme, who has been negotiating the agreement since early April. "It is something many of us have long hoped for."

Groundbreaking as the agreement is, it falls far short of a solution to the Aids catastrophe in Africa, and it contains problems of its own.

The pact may make it possible for tens of thousands of Africans, and someday maybe hundreds of thousands, to afford the drugs - yet the continent has an estimated 23 million people infected with HIV, the virus that causes Aids. For most, even the new prices will remain too high.

Moreover, Africa has nowhere near enough of the trained medical people needed for the complex drug



regimen, a failing the agreement says must be remedied.

The Aids therapy is a taxing programme that must be followed to the letter. Lapses risk not only a worsening of the disease in individual cases, but also the development of Aids strains resistant to the drugs, with potentially deadly consequences for the whole world.

"The companies' initiative is an excellent idea, long overdue," says Jose Zuniga, the executive director of the International Association of Physicians in Aids Care.

But he adds: "If the offer isn't well thought out and combined with funding to educate people about how to use the drugs or build health services to provide and monitor their use, the drugs' availability in Africa could be disastrous. These are potentially dangerous medicines."

For the companies, the Initiative holds big risks. Cutting prices so deeply will expose closely guarded secrets about manufacturing costs and profit margins.

This is likely to feed a clamour in the US for curbs on drug prices. At the same time, companies fear that if they don't sharply cut prices for poor nations, those nations will turn en masse to generic Aids drugs that are being produced in several countries

in violation of corporate patents.

The participants in the breakthrough drug cost agreement are Bristol-Myers Squibb, Glaxo Wellcome, Merck, Boehringer Ingelheim and Roche. Mindful of antitrust law, they haven't discussed specific prices among themselves, but only in individual negotiations with UN officials.

Exact prices aren't likely to be settled on for several more weeks. But Glaxo, for instance, made clear it was willing to offer its Combivir for \$2 a day - about one-third of Combivir's current daily cost in Uganda and one-fifth of its price in the US.

Combivir is a mixture of AZT and 3TC, two drugs that form the backbone of Aids therapy.

Long-term Aids therapy often requires the addition of at least one other drug, such as a protease inhibitor, which could drive the price up to between \$5 and \$7 a day.

A "joint statement of intent" released by the UN yesterday made clear that pricing was only one piece of the puzzle. It called also for new efforts in prevention, healthcare infrastructure, international funding and political commitment by afflicted nations.

A major obstacle to combating Aids in sub-Saharan Africa is that

many nations have been slow to acknowledge the extent of the epidemic. Only the fortunate few in many developing countries have had access to modern Aids therapy.

Richard Constant Okou, 36 years old and infected since 1988, has been able to keep working at a bank in Uganda, and thereby pay for his children's education, because he takes daily doses of three anti-HIV medicines. "I can't afford the drugs," he says, noting his monthly salary of about \$500.

Okou, who wears loose-fitting sandals because one of the drugs produces a painful nerve condition in his feet, says he receives a "care package" of the drugs from a doctor in Europe he once met. But "it's not very reliable".

Mindful of the tremendous need, Piot and others have implored the drug industry for more than three years to cut prices, with spotty results.

Pfizer recently agreed to give away Diflucan, its costly drug for Aids-related fungal infections, in South Africa. Bristol-Myers Squibb last year said it would donate \$100 million over five years to bolster African healthcare.

What sparked yesterday's five-company response was UN secretary-general Kofi Annan's impassioned

plea at a special session on Aids in December. At the meeting, Glaxo chairman Richard Sykes said his company was committed to offering "preferential" prices to poor nations.

Afterwards, Bristol-Myers vice-chairman Kenneth Weg suggested he and Sykes convene a series of private talks with executives from Merck, Roche and Boehringer Ingelheim. The five eventually agreed on a new system of preferential pricing, and on April 3 Weg presented the idea to Piot.

Even with the new prices, the combination of three or more drugs needed to quell the virus will cost perhaps \$150 or \$200 a month. But per capita income in Africa is less than \$50 a month, and few Africans have healthcare.

Many in Africa will see the drug companies' proposal as laudable, but late and insufficient. Sceptics are sure to view it as a cynical public relations effort to mute the thunder of criticism over high drug prices.

The action comes two months before the World Aids Conference in Durban, where activists have been planning noisy demonstrations to demand drug company concessions. One of their demands is that companies allow wider use of generic copies of their Aids drugs.

Over the past year several African governments have threatened to buy these inexpensive generic versions, which are produced in Brazil, Thailand and India without regard to company patents. For example, a day's supply of AZT sells for \$10 in the US and is sold by generics makers in Brazil for \$1.08.

In one indication of the rising generic threat, the Clinton administration this week reiterated a trade policy that would allow African nations facing health emergencies to authorise companies to make generic Aids drugs, regardless of US patents. - The Wall Street Journal

THE STAR – MAY 12, 2000

Clinton overrides bill so Africa can buy cheap Aids medication

Washington – After nearly identical language was removed from an African trade bill, President Bill Clinton is using his authority to help Aids-ravaged Africa to obtain inexpensive drugs for treating the disease.

An executive order issued by Clinton on Wednesday uses basically the same wording that was struck from the trade bill before it was passed by the House last week, by 309 to 110 votes.

Clinton's order states that the US will not try to overturn patent laws or policies adopted by sub-Saharan Africa that promote access to HIV/Aids pharmaceuticals and medical technologies.

US Trade Representative Charlene Barshefsky said the administration was very disappointed by the decision to remove the Aids provision from the trade bill, prompting Clinton to carry through with an

executive order he had been considering for some time.

World Trade Organisation rules give countries some flexibility in importing and production matters that address public health concerns.

In this case, it has allowed Aids-stricken countries to produce or import cheap, generic drugs.

The US pharmaceutical industry has lobbied extensively against the Aids provision.

"Weakening intellectual property rights is not the solution," said Alan Holmer, president of the Pharmaceutical Research and Manufacturers of America.

But Democratic Senator Dianne Feinstein said the industry's opposition was based on its desire "to squeeze every last drop of profits from the suffering of millions of HIV/Aids victims in sub-Saharan Africa". – Sapa-AP

US congress passes Africa trade bill

WASHINGTON — The US congress gave final approval yesterday to legislation extending billions of dollars in trade benefits to the nations of Africa, the Caribbean and Central America, handing President Bill Clinton a rare trade-policy victory.

The senate approved the bill by a vote of 77 to 19, sending it to the president for his signature. It was the first major trade bill to be approved by congress since legislators authorised US participation in the World Trade Organisation (WTO) in 1994.

The legislation, approved by the house of representatives last week, would grant more than 70 countries in sub-Saharan Africa,

the Caribbean and Central America greater duty-free access to the US market.

White House officials said the bill would boost apparel trade by billions of dollars and help the world's poorest nations reform their economies.

The legislation will require US Trade Representative Charlene Barshefsky to rotate retaliation against countries that refuse to comply with WTO rulings. That measure is aimed at keeping pressure on the European Union, which lost WTO cases involving beef and bananas.

Opponents said it short-changed African and central American states by setting caps

on textile imports. Others said it provided countries too much access to the US market, imperilling US textile workers.

"As cheap imports flood the domestic market, job losses will not only continue, but increase," said Senator Jesse Helms, a North Carolina Republican.

Passage also cleared the way for congress to turn its focus to a landmark trade agreement with China. Some legislators had threatened to oppose the China bill if congress failed to help Africa and the Caribbean.

The bill demands that African nations eliminate the "worst forms of child labour" for the trade benefits. — Reuters.

Mbeki takes centre stage

THABO MBEKI's role as president steps up a gear on the international stage next week when he goes to Britain for crucial talks on bilateral relations and then on to the United States for a full state visit.

South Africa has been playing an important role in international politics, especially on the African continent, and this role is almost certainly expected to come under scrutiny during these visits to the world's two most powerful democracies.

South Africa is currently peace-making in the Democratic Republic of the Congo, Burundi and, crucially, Zimbabwe. This key role on the international platform extends to the leadership role the country holds in the Commonwealth, the Non-Aligned Movement and its efforts in the World Trade Organisation.

Equally key is the role South Africa is playing in spearheading the restructuring of the United Nations – a role it occupies alongside India. Still on the peace front SA is critically involved in the Ireland peace process and maintains the mantle of peace custodian just across our border in Lesotho. The much publicised Lockerbie trial under way in the Netherlands is also through the efforts of Mbeki's predecessor, Nelson Mandela.

The role South Africa plays in the South African Development Community and Organisation of African Unity is also substantial.

Now, too, if somewhat controversially, this country is squarely placed as a player internationally on the issue of Aids.

Although located as almost a speck on the world map, at the tip of Africa, South Africa is a key player on the international stage and this role will be in the minds of prime minister Tony Blair and president Bill Clinton during interactions with Mbeki in the next two weeks.

One of the subjects, however, that will come under focus during the meeting with the two powerful world leaders will be Zimbabwe and the role South Africa occupies in brokering a settlement in that violence-riddled and tense region.

Mbeki is not likely to sway from his current position of what has been described as a "softly-softly" approach to ensure a negotiated settlement.

At a briefing on the upcoming visits, the Director General of Foreign Affairs Sipho Pityana said Mbeki's role was one of part of a regional bloc to encourage dialogue that will result in an amicable solution in Zimbabwe.

Amid the hysteria and outrage, mainly from white quarters inside and outside South Africa, Pityana reminded: "Mbeki is president of South Africa, not Zimbabwe, and the role he can play should not be exaggerated."

Mbeki's three-day trip to Britain is meant to

South Africa's role as peacemaker and player on the international stage will be under scrutiny when Mbeki visits the US and Britain, argues **Rafiq Rohan**



President Thabo Mbeki

strengthen relations, mainly political and economic, between the two countries which has been at its best since Tony Blair's Labour government took charge in 1997.

At the time the two countries established the South Africa-United Kingdom Bilateral Forum which as deputy president Mbeki was a principal player, Blair has committed Britain to strengthening its efforts to help South Africa overcome the legacy of apartheid and to also work closely with the new South Africa in overcoming global problems.

Putting action to these words Britain committed up to R900 million to South Africa up to 2001 through a programme of development cooperation. A R50 million aid package to assist in local government transformation was also announced recently.

Not to be forgotten, also, is that Britain remains one of South Africa's most important economic partners in trade, investment, financial services and tourism and is also at the top of the list as one of this country's

export markets. Because of Britain's pivotal historical ties with the Commonwealth, currently chaired by Mbeki, its role will likely come under lively discussion between the two leaders next week.

While his trip to America will also touch on political and economic issues, that visit is likely to be set apart by that country's proclivities towards the spectacular – highlighted by glitz, glamour and pizzazz.

Mbeki will be feted by Clinton at the White House, the welcome climaxing in a state banquet (even the media have been warned that the dress code is "black tie and tuxedo" or entrance will be denied). Meetings will take place between Mbeki and political luminaries like vice president Al Gore, governor George Bush jnr, congressmen and senators. A special meeting has also been set up with the Congressional Black Caucus on Capitol Hill.

Of course, what would a state visit to the US be without CNN and Coca-Cola playing a role? Mbeki will speak to the American nation – and the world for that matter – via a televised interview from the CNN studios while Coca-Cola hosts a reception for Mbeki and other political, community and business leaders.

The more poignant stages of the visit to the US is likely to be Mbeki's meeting with Archbishop Desmond Tutu, his delivery of the Oliver Tambo Inaugural Lecture at Georgetown University and a wreath-laying ceremony at the gravesite of Martin Luther King with Corretta Scott King and ambassador Andrew Young. Mbeki is also to be awarded the Honour of the City of Atlanta.

America also features as a key trading partner of South Africa and cooperation between the two countries was ignited in 1994 with the setting up of the SA-US Binational Commission to strengthen cooperation in all the main spheres of activity. The USA is also the largest foreign direct investor in South Africa with total asset value exceeding \$10 billion (R76-m).

According to Pityana, during his visits to both countries Mbeki is expected to make an impassioned plea for debt relief to developing countries, particularly those in Africa.

While in the US he will also focus on matters which directly affect the US and SA. Pityana also confirmed that the issue of Aids will be discussed to explore "new approaches, specifically to the African continent".

SADC in crisis talks

By Sharon Chetty

REGIONAL ministers will meet in Maputo this weekend to review the functioning of Southern African Development Community institutions.

South Africa will be represented by Deputy Foreign Affairs Minister Aziz Pahad who is already in Maputo for the SADC-United States Forum.

Regional security, and especially how to deal with the crises in Zimbabwe, Angola and the Democratic Republic of Congo are likely to top the agenda.

An area of contention is likely to be that of control of the Organ for Politics, Defence and Security, which has been under the helm of Zimbabwean president Robert Mugabe, who has advocated independence from the rest of SADC for the body.

Last October, a meeting of SADC foreign, defence and security ministers recommended that the Organ in future be part of SADC. However, the finer details have not been worked out, and since security is a priority on the agenda, more discussion is expected on this, according to a foreign affairs official.

The review of institutions was agreed to at last year's SADC summit and a review committee of four, comprising South Africa, Mozambique, Namibia and Zimbabwe, was set up and will report to this weekend's gathering.

That committee, which was tasked with driving the restructuring, undertook a study

of the recent restructuring of the Caribbean community and common market (Caricom) and will recommend what lessons can be learnt from that regional body.

At the SADC-US Forum earlier this week discussions were held on how the region can work more closely with the US on key areas like economics, how to deal with the HIV-Aids pandemic and the questions of security, conflict prevention, good governance and the rule of law.

Safety and Security Minister Steve Tshwete made a presentation on crime, counter-terrorism, counter-drug and border security, and Health Minister Dr Manto Tshabalala-Msimang led the discussion on HIV-Aids.

Meanwhile, Pahad will, after the Maputo meeting, travel to Montreal for a Canadian-government sponsored conference that will focus on relations with Africa.

He is among other prominent African leaders such as Algerian president Abdelaziz Bouteflika and Nigerian president Olusegun Obasanjo who are expected to participate.

On Monday Pahad will speak on "Africa and Middle East - challenges and perspectives for the new century" and will focus on the idea of an African renaissance.

The Canadian government is looking to promote strategic relations with eight sub-Saharan African countries which in addition to South Africa, will be Ghana, Mauritius, Mozambique, Nigeria, Senegal, Tanzania and Uganda.



Does the UN help or hinder peace in Sierra Leone?

Mercenaries – everybody's villains – got it right, suggests Peter Fabricius

WINDOW ON AFRICA

The unfolding catastrophe in Sierra Leone raises an extremely disturbing question; not so much whether, in Africa at least, the United Nations and the international community are helpless to secure peace – that much is obvious – but whether they are not actually contributing to conflict and insecurity.

The helplessness of the UN is plain for all to see; some 500 members of the largest UN peacekeeping force ever sent to Africa have been captives of the Revolutionary United Front (RUF), the barbarous marauders of Foday Sankoh.

This sorry position was entirely predictable; the UN sent badly trained, unco-ordinated and fundamentally uncommitted troops from a variety of nations into one of the most dangerous

places on earth. They will count themselves lucky to get out alive.

These RUF monsters are actually part of the government. President Ahmed Kabbah was forced to bring them into a government of national unity under the Lomé Accord of July last year to prevent them taking the whole country.

The UN and the international community urged him to do so despite its extreme distaste for Sankoh and the RUF, because it simply could not muster the courage or the commitment to do what in an ideal world should have been done – send in a military force to defeat the RUF and Sankoh or, better still, put him on trial for crimes against humanity.

Such a force had existed and proved more than a match for the RUF: it was the notorious South African mercenary company Executive Outcomes.

Between May 1995 and January 1997 barely 200 members of EO, supported by little more than a handful of helicopters – one of them called Bokkie – and a rag-tag national army which they had trained to combat readiness, routed the RUF time and again, preventing it from capturing the capital Freetown while killing hundreds of its warriors.

By September 1996 Sankoh was suing for peace to forestall the complete destruction of his army by EO. But by then the international community had grown sensitive about an elected government being propped up by former soldiers of apartheid and in January 1997 Kabbah fired them, to Sankoh's enormous relief.

Within 85 days Kabbah had been

oust and the RUF was in power. It took another mercenary outfit, Britain's Sandline, and some heavy-handed Nigerian troops, to restore him in February 1998. Later that year the international community discovered the British government had been behind the employment of Sandline in contravention of UN sanctions against Sierra Leone, and Sandline was also forced to withdraw.

As a result, the RUF recaptured Freetown again in January 1999, killing, mutilating and raping hundreds of civilians as it did so. The mainly Nigerian forces of the West African peacekeeping force Ecomog regained a tenuous hold on Freetown but Kabbah's military position was so insecure that he was forced to invite Sankoh and the RUF into the government in July that year.

The results of that agreement are

now evident as Sankoh refuses to accept even the generous share of power which the Lomé Accord gave him and pushes instead for absolute control.

The UN and the international community are now defending the extremely awkward predicament of the peacekeeping force with the old argument that "peacekeepers can only keep peace if there is a peace to keep".

Quite. And if the UN had simply stayed out of Sierra Leone, then EO and Sandline would probably by now have destroyed the RUF and there would be a peace that would not require keeping.

After Sierra Leone, the UN should ask itself very seriously if its half-hearted meddling in Africa is not more dangerous than complete neglect.

What is going on in Zimbabwe is bad for Africa

"WHAT is happening in Zimbabwe, is bad for Africa", said a Ghanaian academic at a recent meeting in Dakar, Senegal. Unsolicited and independently, the same was said by representatives from Kenya, Nigeria and Senegal. Why would they say this and what could they mean?

As far as the "why" is concerned, are they the victims of some media campaign which makes them black skins with white minds?

Are they acting out of misinformation or a desire to denigrate the big bully from the south? I do not think so. There was a sense of hope being frustrated; of stereotypes being reaffirmed; once again of a country embarrassing the continent.

As far as "the what could they mean" is concerned, the most common perception was that of democratic government under siege; of constitutional government being undermined; of the rule of law being flagrantly disregarded.

It was not that the issue of land in post-colonial Africa was of enormous symbolic and practical political significance. On this there is no serious controversy. It was fundamentally about the manner in which this issue had to be resolved.

Let me repeat what I have often said in public and in private.

I am deeply grateful that I do not find myself in President Thabo Mbeki's shoes. He is confronted with such a range of vexed policy trade-offs that he is bound to offend some or other lobby or interest group no matter what he does: the tensions between democracy and economic growth; human rights and law and order; fiscal discipline and the delivery of services; modernity and traditionalism; globalisation and the sovereignty of the state - the list can be extended.

Just keeping all these balls in the air at the same time has been an act of

remarkable skill - but I cannot help feeling that as far as the trade-off between foreign policy and domestic policy is concerned, he has got himself into a bit of a box.

If memory serves me he, together with President Obasanjo of Nigeria gave content to the concept of African Renaissance by saying that it referred to democracy, human rights and "a better life for all" in every country on this continent.

But what is more important is that countries whose leadership flagrantly violated these principles should be sanctioned.

This was a first in giving leadership in Africa on these issues and immediately gave great hope and even pride, that a new age was dawning.

Now let me take democracy. There seem to be three fundamental principles that have to be observed for a government to deserve that name.

The first is a clear separation between party and state, where the state is regarded as the dispassionate servant of those who govern and oppose at any given time.

The moment the dividing line between governing party and state is blurred or disappears, people everywhere begin casting doubts about the democratic intentions of the government of the day.

The second principle is called contingent consent: the party that wins an election does not abuse its victory to prevent parties that lose or appear in opposition in the interim, from winning next time.

This is contingent on parties that lose or are in opposition accepting the right of the winning party to govern until next time.

This principle is violated when a governing party openly rigs elections

or curtails the legitimate campaigns of opposition.

The third principle is called bounded uncertainty: in theory all democracies have a built-in uncertainty about the outcome of elections, but this uncertainty is bounded by the rule of law.

Whatever the outcome, justice, civil liberties and human rights are guaranteed.

Whatever the legitimacy of the land issue in Zimbabwe, and given its torn and tragic past, it is certainly a legitimate issue; these fundamental principles of democratic government have been consistently, deliberately and openly violated in dealing with it.

Once a worthy cause, (land) becomes contaminated by the manner in which it is dealt with, (undemocratically) both government and the worthiness of the cause, lose legitimacy.

This happens not because of biased media, racial prejudice, the arrogance of the West, or the "un-African" response to the problem.

It flows from a declared commitment to democratic government and the consequences that flow from such a commitment.

And it is also not about the validity of "quiet diplomacy".

One can quite confidently agree with President Mbeki on the need for such.

But quiet diplomacy must not be traded off for domestic confusion and uncertainty.

Foreign policy must complement and sustain domestic policy.

The manner in which one helps Zimbabwe solve its land issue, (and they surely appear to need help) cannot undermine the growth of a democratic culture at home.

As with liberty, the price of democracy is eternal vigilance.

The commitment to democratic government needs to be declared repeatedly and ad nauseam and especially when "quiet" diplomacy is called for to deal with demonstrable undemocratic behaviour.

This is why what is happening in Zimbabwe is "bad for Africa".



DR FREDERIK VAN ZYL SLABBERT

Outlook improves for Zimbabwe

**John Diudlu
and Lewis Machipisa**

PROSPECTS for an end to the political crisis in Zimbabwe improved last night, when the Commonwealth named the head of the team of observers to monitor the country's coming parliamentary elections.

Don McKinnon, the secretary-general of the Commonwealth, also said that he would be in Harare on Monday for talks with President Robert Mugabe.

Gen Abdulsalami Abubakar to head election observer group

During these talks he is expected to convey the organisation's concerns about the developments of the past two months as well as express the body's support "for an environment in which there can be a credible election process".

McKinnon named Gen Abdulsalami Abubakar, the former Nigerian head of state, as the head of the Commonwealth ob-

server group to Zimbabwe's elections. The date for elections has yet to be announced.

Abubakar, who succeeded the late Nigerian dictator Gen Sani Abacha as head of state two years ago, steered Nigeria to civilian democracy.

The elections are to form a greater part of the agenda of talks between McKinnon, who will be accompanied by an ob-

server group's advance team, and Mugabe. McKinnon, a former New Zealand foreign minister, said: "I hope they (the talks) will help towards creating an environment conducive to orderly, free and fair elections."

According to observers, the selection of Abubakar underscored the central role that Nigeria is playing in the resolution of the Zimbabwean crisis, which

was sparked by the occupation of white-owned farms by Zimbabwe's liberation war veterans.

Nigerian President Olusegun Obasanjo has been playing the role of mediator between the UK and Zimbabwe. His spokesman said his main concern was the normalisation of relations between the two countries.

Meanwhile, United Nations Secretary-General Kofi Annan, denied last night that he planned to name a mediator in the Zimbabwean crisis.

COMMENT

REUTERS REPORTS FROM HARARE

Army cabal used against foes

Former 5th Brigade commander Perence Shiri spearheading intimidation campaign

Zimbabwe President Robert Mugabe's government has employed several military officers to co-ordinate a pre-election crackdown on political opposition, government sources and political analysts said on Wednesday.

Some of the officers guiding the intimidation of black rural voters and farmers with opposition sympathies are ex-members of the army's notorious Fifth Brigade, a crack unit used in the 1980s to crush opposition in Matabeleland.

Mr Mugabe's ruling Zanu-PF party is fighting for political survival ahead of parliamentary elections this year against an opposition party that has built a strong campaign on the government's mismanagement of the economy.

"The government is using some soldiers in its campaign. Those involved are mostly officers co-ordinating logistics," a senior government official said.

"The idea is to get people who are disciplined and at the same time know the party programme," he added.

Zimbabwe's 33 000-strong army is led

by veterans of the 1970s independence war who have remained loyal to Mr Mugabe, their guerrilla leader during the liberation struggle.

Among the officers involved in co-ordinating the war veterans' seizures of white-owned farms is former Fifth Brigade commander Perence Shiri, whose guerrilla name was "Black Jesus."

The North Korean-trained Fifth Brigade spearheaded a crackdown on opposition in the Matabeleland and Midlands provinces in the 1980s, which human rights groups say left up to 10 000 dead. The campaign eliminated Joshua Nkomo's Zimbabwe African Peoples' Union (Zapu) as a serious political rival.

Shiri, currently head of Zimbabwe's air force, has been named in local and foreign press reports as one of the key strategists in the rural intimidation campaign.

Sources within Mr Mugabe's government said Shiri, who is tipped as the army's next top commander, is keeping a low profile and delegating to junior officers the tasks of supplying food, transport and money to the war veterans.

At least 19 people, most of them opposition supporters, have died in political violence since February, when Mr Mugabe lost a referendum on a draft constitution which the opposition say was meant to consolidate his rule.

It was Mr Mugabe's first major political defeat since he led the former British colony to independence in 1980.

Although his own presidential term runs to 2002, analysts said Mr Mugabe's position would become untenable if Zanu-PF loses the coming parliamentary elections, due by August.

They believe he has deliberately enlisted some military officers into the government's re-election campaign to test the loyalty of the army to Zanu-PF.

"This appears to be a strategy to test whether there will be any grumbings in the army ranks if the government has to use the military for partisan politics," said Masipula Sithole, a leading political analyst at the University of Zimbabwe.

"I think it is also a psychological game against the opposition, a message to the world that: 'Whatever you say, we are

here and the army is with us,'" he said.

"But the involvement of a few army officers does not mean the whole army is Zanu-PF. I think the army remains professional and that many of its members are trying to stay out of these power games," said Mr Sithole.

Analysts said Mr Mugabe's government has been behind a whispering campaign that the army will not accept victory by the opposition Movement for Democratic Change (MDC) because the party is a creation of Zimbabwe's former white rulers.

They said the army command appeared to be taking an arm's length view of the coming elections.

David Coltart, MDC legal secretary, agreed that most of the army wanted to stay out of the pre-election intimidation campaign.

"They know that there will be life after a (Zanu-PF) defeat at the polls... and they do not want to get sucked into massive human rights abuses on the scale of what happened in the 1980s," Mr Coltart said in a party newsletter.

Army chief spokesman Colonel Chancellor Diye said last Friday that the army would be loyal to any democratically-elected government.

"The Ministry of Defence wishes to reiterate that the Zimbabwe Defence Force is a professional force guided by the established role and functions as provided for in the statutes and regulations," Col Diye told a Harare newspaper.

He said under Zimbabwe's constitution, the army is prohibited from participating in partisan politics.

Charles Rukuni, publisher of a Zimbabwe monthly political newsletter, *The Insider*, said Mr Mugabe had always used a divide-and-rule strategy within the senior officer ranks.

He said a former army brigadier who was forced to retire by the army high command a few years ago was now part of the team co-ordinating the veterans' farm invasions.

"Mr Mugabe has always survived by counter-balancing the forces around him and that seems to be the case here," Mr Rukuni said.

15 teachers abducted and beaten by Zim war veterans

Harare – Fifteen schoolteachers have been abducted and severely beaten by war veterans in Mudzi, about 160km north-east of here, in intensifying political violence.

Eyewitnesses said the teachers were forced to stop lessons on Wednesday afternoon at Chimukoko Secondary School and Kudzwe Primary School.

They were led to a secluded area by a group of 60 so-called war veterans, who wielded axes and pangas, and were then severely beaten.

Following the beatings, the group of war veterans forced the closure of the hospital at nearby Chimukoko to ensure that none of the injured teachers would be able to receive prompt medical treatment.

Staff at the hospital had to flee from the marauding veterans in fear

of their lives.

One of the badly beaten teachers, who cannot be named because of government regulations that prevent public servants from talking to the Press, later said that he and nine of his colleagues had been freed by the war veterans after heavy overnight beatings.

The remaining five, who the war veterans accused of being staunch supporters of the Movement for Democratic Change (MDC), were still in captivity at the time of going to press.

The teacher said he had been

'It's as if the police were under strict instructions to ignore pleas for help'

Petros Muchenje, relative of a captured teacher

that they were still unconscious by the time that the others had been released.

A relative of one of the captured teachers, Petros Muchenje, said no

driven to Harare by well-wishers to seek the help of human rights groups and other organisations on behalf of his captured colleagues.

His other beaten colleagues had immediately abandoned the school and had gone to seek medical help in nearby towns.

The teacher said two of the five teachers still in captivity had been so badly beaten

help had been obtained from police officers at a police station in Mudzi, who had been asked to intervene in the situation.

"It's as if the police were under strict instructions to ignore pleas for help," he said.

Media reports say the war veterans have been deployed around different constituencies by the ruling Zanu-PF government of President Robert Mugabe to intimidate and threaten supporters of the opposition MDC.

War veteran leader Chenjerai "Hitler" Hunzvi is on record as saying the war veterans have been allocated Z\$20-million by Mr Mugabe's government to campaign for and secure Zanu-PF's re-election. –

Independent Foreign Service

See PAGE 10

Pacifying Africa

DIPLOMATS at the United Nations (UN) are angry that the Pentagon wants to charge more to transport Bangladeshi peacekeepers to Sierra Leone than commercial flights would cost.

With armed conflict threatening or in full tilt in Sierra Leone, the Democratic Republic of Congo, Angola, and between Ethiopia and Eritrea and Uganda and Rwanda, and civil strife threatening in Zimbabwe, the task of the peacemaker in Africa is more pressing today than at any time in recent memory. But the job cannot be done effectively without the political will and military muscle of the continent's, and especially the world's, powers. An important feature of President Thabo Mbeki's visit to the UK and the US next week will be to try win American and European commitment to beef up their military, diplomatic, and other muscle devoted to conflict prevention, peace enforcement, and reconstruction in Africa.

Sierra Leone and the Pentagon are a case in point. Nigeria long shouldered the burden of a hot war in an effort to end a murderous conflict fuelled by unhindered sales of illegally mined diamonds. Reluctantly, the region and the world accepted a pact with the devil, "rebel leader" Foday Sankoh, notorious for hacking off children's limbs. The accord making him vice-president might have worked. But only if a much stronger UN force well enough equipped to disarm his fighters had been deployed, backed up by a well-financed strategy to reintegrate the rebels into civilian society.

Instead, 8 000 ill-equipped and badly prepared soldiers from Zambia, Bangladesh and other mainly poor countries were deployed.

Meanwhile, Sankoh and his ilk have no difficulty purchasing weapons in eastern Europe and Asia, paying for them with diamonds, oil, or the other resources they control and have little difficulty selling to eager western buyers.

By contrast, Nato has made a long-term commitment to policing the peace and rebuilding civil institutions in the Balkans — at a cost of billions. Post-war western Europe's example shows that economic growth, more equitable wealth distribution and the political will to overcome past divisions can bring lasting peace. For Africa to get there will require a patient

commitment to overcoming a post-colonial pattern of disregard for the people of Africa by their leaders. Equally important, it will require an international community willing to back indigenous efforts at conflict resolution, democracy and economic growth with far greater resources and resolve than hitherto.

The west's economic giants will not take on these tasks out of charity. The duty of the well-regarded African leaders is to convince them, even in these bleak times, that there is still hope for a peaceful and prosperous continent in years to come.

'Cuba, China models for SA'

Anyone who argues for socialism will find allies in the ANC, the party's secretary general said this week.

Jaspreet Kindra

African National Congress secretary general Kgalema Motlanthe this week committed the party to the cause of socialism and said South Africa should follow the Chinese and Cuban socialist models of economic policy.

In a wide-ranging interview with the *Mail & Guardian*, Motlanthe also reiterated the party's support for the Congress of South African Trade Unions' (Cosatu) strike action.

Motlanthe last week endorsed the one-day strike at a May Day rally, calling on union members to "intensely hate capitalism and engage in a struggle against it". His endorsement directly contradicted the government's condemnation of the strike, while his comments about capitalism and economic policy in general flew in the face of the government's investor-friendly macroeconomic policies.

Motlanthe this week stood by his May Day

speech, saying the unions should hold the capitalist system's transnational units accountable for the job losses in the country — not the ANC or the government.

"You cannot hope to become a peaceful trade union federation with capitalism existing today in its globalised form," the secretary general said, adding he often told unions that the first thing transnational units did in any country was to enforce "half to three".

"They reduce the work force by half and triple their profits — this results in job cutbacks."

Asked whether President Thabo Mbeki had raised any concerns about his speech at the May Day rally, he said: "Why should he? I am

not saying anything different. There is no need to have discussions."

Responding to queries on the party's seemingly contradictory positions on the country's investor-friendly macroeconomic policies and socialism, he said: "The ANC in itself is not a bourgeois organisation. The country's leading socialist minds are in the ANC. Anyone who argues for socialism will find allies in the ANC."

Motlanthe said these socialists within the party are "grappling with socialism" while trying to strike a balance between "theory and practice".

ANC representative Smuts Nkonyama last week said Motlanthe's May Day comments constituted a party position taken outside the government. Other party members in the government expressed surprise at Motlanthe's comments.

Motlanthe said the theory of socialism "cannot be a sterile theory. It has to be tempered by practice. Look at China. It took them 50 years [to realise that their experiment had failed]. It is a mammoth sign of the task ahead of us."

Motlanthe said the country was set on following the Chinese and Cuban examples.

"The Chinese believe in 100 years' time they will have the base to build a true socialist state — this is what could happen here — you will have access to free health, education, there will be no differentiation between the rural and urban areas."

The ANC official explained: "In 1997, after 50 years of existence, the Chinese Communist Party admitted they had failed to build a socialist state as they had attempted to bypass the primary stages of socialism."

"They realised that they would be unable to generate the needed capital to heighten the overall education and skill levels from within the state."

"The only way they could access capital was to open up free-trade zones. Today the world's biggest construction site is in Shanghai."

The unions should hold the capitalist system's transnational units accountable for the job losses in the country — not the ANC or the government



Kgalema Motlanthe: 'Look at China, which is a communist state. All the capitalists are investing in it.' PHOTOGRAPH: SIDDIQUE DAVIDS

Asked how the ANC's decision to pursue the privatisation of municipal services could be reconciled with its socialist ideology, he said the party realised it needed capital to run such services and was therefore willing to endorse partnerships with the private sector:

He dismissed concerns that such a stance might antagonise investors: "Look at China, which is a communist state. All the capitalists are investing in it. Investors don't care about that — they don't care whether you love them or not, as long as you create conditions for them to invest in."

Explaining the party's stance on Cosatu's strike action he said: "What I was trying to say to them was that there are those who doubt the ANC's commitment to dealing with these issues — those who doubt do so because they undermine the determination of the counter-revolution to succeed."

"The government is central. If you hate the ANC, who else is on your side? By hating the government they were exposing themselves to the capitalists."

Motlanthe said he had told the Cosatu members at the rally to hate capitalists because "once you hate capitalists, you will put in the effort to study it and question it."

Dwelling on the contradiction between the party's stance and the government's conservative policies he said: "It is very fashionable for people to say that the macroeconomic policy of the country was dictated by the IMF [International Monetary Fund] or the World Bank. These people [who make these remarks have not even made a study of South Africa's economy.

"We are not accountable to the IMF or the World Bank, as we have not borrowed from them. The reason why we are adhering to a course of strict fiscal discipline is not because we are accountable to the IMF or the World Bank."

"There are those who take instructions from them because they owe them. In fact, South Africa [and] Malaysia are the only two countries from the developing world who can speak their minds in their [IMF and World Bank] presence."

Asked why, if the party was committed to socialist principles, the ANC's alliance partners were unhappy, Motlanthe responded: "We are always talking, we encourage them to raise any doubts in their minds." He said the alliance partners were holding a strategy conference at the end of the month to smooth differences.

African renaissance

An era of hope and optimism

A VISION of the African continent as it could be – released from the stranglehold of violence, economic dependency, poverty and environmental destruction – is a powerful vision indeed and it is not an impossible dream.

The continent is abuzz with talk of an African renaissance, despite discouraging signs from places where conflict still appears to have the upper hand.

People see real transformations occur that would have been impossible to imagine just 10 years ago.

South Africa has given birth to a new democracy and an era of optimism and expectation. Mozambique is putting things back together after decades of destructive war. Uganda has enjoyed several years of outstanding economic growth and is rebuilding a society devastated for decades by civil war and a series of oppressive dictators.

The African Centre for the Constructive Resolution of Disputes (Accord) is not merely excited about the future, it is committed to making it reality. It feels there is a massive need to stem the tide of destructive conflict, that continues to threaten the continent.

Accord's aim is to influence political developments across the continent

by bringing conflict resolution to the forefront as an alternative to violence and protracted conflict.

It runs intervention, training and education, research and communication programmes in essential sectors with the goal of building and transforming the leadership of the present, for the future.

Founded in 1992 to affect the process of negotiated settlement in South Africa, Accord's brief expanded rapidly beyond South Africa's borders to incorporate other parts of Africa. Today it is involved in programmes from South Africa and the SADC nations through the Great Lakes region to the Horn of Africa and West Africa.

Accord has been recognised by the United Nations as a model for conflict prevention and transformation on the continent.

Since the beginning, its success has been rooted in two principles. Firstly, the ability to transplant lessons learned in one context to another, often many broader, higher profile situations. Secondly, it has succeeded in transferring skills and insights that have replicated themselves and had far-reaching impact.

The centre's theme for the five years from 1997 to 2001, which reflected a significant shift in

emphasis, is Institutionalising Conflict Resolution: Building Capacity, Structures and Systems.

It has developed a Comprehensive Peace Model, aimed at making the institutionalisation of conflict resolution a reality. The model is based on four pillars: intervention, education and training, research and communication.

According to its manifesto: "The danger in talking of renaissance, even of believing in it, is that we will disappoint ourselves – and we will confirm in the minds of our detractors that Africa is indeed a lost continent."

"At Accord we are willing to take this risk, but we believe it is critical that we play an active part in ushering in this new era of change and transformation. Africa has much to offer the rest of the world. We no longer desire to be treated as victims, we demand to be respected for our skills, our knowledge, our experience."

"At Accord, we pride ourselves on offering African solutions to African challenges in the field of conflict resolution. We are convinced that we have something unique to offer because we are rooted in and intimately know the African context, because we are developing and drawing on African knowledge and experience."

Accord and the Department of Political Sciences: University of South



South African president Thabo Mbeki is one of the fathers of the African renaissance concept.

Africa invite participants to celebrate Africa Day 2000. There will be an Africa Dialogue Lecture Series on Constitutionalism and Resolution of Conflicts in Africa on May 16 from 8.30am to 3pm at Seminar Room 2, Samuel Pauw Building, Unisa, Pretoria.

Africa's culture is humanity's

WHILE African scholars would argue that our continent passed through its own dark ages, which began with the commencement of the trans-Atlantic slave trade, subsequently plumbing the depths during the era of colonialism, it is not as victims that we can aspire to an African century.

We have to rise to the challenges facing us by assuming responsibility for ourselves, our continent and its future. An African century must entail Africa and its peoples catching up with the rest of the world. To do this Africa will have to stand on the shoulders of the rest of humanity's achievements. There would be nothing new in this. Mutual borrowing and the infinite capacity of all humankind for imitation and adaptation has been the leavening of progress since time immemorial. It was by borrowing freely from other peoples and continents that Europe fuelled its own advance.

Fifteenth-century Europeans readily accepted that much of what they accomplished during the two centuries referred to as the European renaissance was built on the achievements of other civilisations, specifically Asian and African. The printing press, for example, had been invented in China around 583 AD. Chinese sailors had known the mariner's compass since the 12th century. It was the libraries and scholars of the Arab and Moorish states in Africa that re-introduced Europeans to the learning and knowledge that had been lost and suppressed during Europe's Dark Ages.

The Moorish philosopher ibn-Rushd, also known as Averroës, for example, brought Aristotle's philosophy to western Europe by translating the classical Greek texts into Arabic. From Arabic they were translated into Latin and subsequently into other European languages.

The scientific revolution, integral to the European renaissance, was the outcome of centuries of scientific study and work conducted in Asia, Africa and Europe. The notion that scientific thought is a proclivity peculiar to Europeans, while the rest of humanity prefer unscientific thinking, is self-evidently nonsense.

Equally ridiculous is the idea that intellectual traditions such as humanism, rationalism and materialism associated with the European renaissance are foreign to Africa and Asia. Africans must lay claim to the entire body of achievements in the sciences, the humanities, the arts and in technology that are the common patrimony of the human family. It would be the height of folly to reject them merely because the personalities associated with them are not our blood relatives.

The European renaissance did not embrace that past uncritically. Many institutions, beliefs, ways of thinking, and ways of doing things that Europeans had venerated and upheld for centuries were subjected to criticism, re-evaluated and, in some instances, dropped.

What was embraced were those that were of enduring value. After the European renaissance, there were no holy cows. Everything could be questioned. The scientific revolution involved intellectual emancipation, which required contemporary and subsequent thinkers to develop a sense of critical distance between themselves and the objects of their study. This is a dimension of the renaissance that is well worth bearing in mind as African scholars strive to recover our own "golden past" for the African century.

Africa needs a continental cultural revival based on the spread of literacy, numeracy, mastery of the sciences and modern technology. These are vital ingredients for a renewal of our continent. This assigns a special role to our schools, technikons, universities and other tertiary institutions.

Africa's media, so often castigated by critics as either the lap dogs of governments or as unprincipled fault-finders, should also be defining their own role in relation to this movement. Publication and dissemination of the works of the continent's thinkers,

scientists, writers, artists and academics is an immense challenge. Africans themselves should shoulder this responsibility. Spreading knowledge of the continent, of achievements among its people is an essential component of the self-knowledge needed to restore African self-confidence.

But a meaningful cultural revival must also entail a critical revisiting of indigenous African culture, institutions, customs, practices and mores. We must frankly admit that Africa's millions are held in thrall not only by poverty — they are also the victims of appalling ignorance that compounds the continent's economic and social problems.

Africans can ill-afford sheltering behind narrow-minded conceptions of what is authentically "African" as a pretext for rejection of change. African women should no longer be regarded and treated as child-bearing beasts of burden, fit to be confined to the kitchen and the fields, but otherwise shut off from the wonders of the modern world.

In our own country, striving for the African century must translate into closing the deepening chasm that separates rich and poor. An African century is inconceivable without SA's economic muscle. But SA's own potential will be severely constrained if only a fraction of our population contributes to it. The accumulated skills, talents and capacities of all South Africans must be yoked and developed for such a common effort. The economic empowerment of the historically disadvantaged majority is thus an integral part of that effort.

It is important to recognise that SA's

economy will never become globally competitive while its workforce is illiterate and innumerate. And that:

- || A successful economy will not be built by workers who are unable to read;
- || A successful economy will not be built by workers who have to travel for an hour or even longer to reach their places of work;
- || A successful economy will not be built by workers

whose homes are so inadequate that their health is always teetering on the edge of collapse; and

- || A successful economy will not be built by underfed, underpaid, superexploited workers.

The challenge facing our continent is to pursue rapid economic growth and development while keeping faith with democratic norms and principles. Taming and reining in the rapacious indigenous elites that have and continue to plunder the continent's wealth is equally important.

Since 1994 our government has been at the forefront of efforts to achieve political stability and peace as preconditions for the regeneration of this continent. It has done this not by imposing a "Pax South Africana" by force of arms, but by judicious interventions to nudge African countries in desirable directions. These efforts are at the centre of our foreign policy. This might sometimes entail maintaining a dignified public silence on thorny issues to facilitate dialogue. Many made a hue and cry about our relations with Libya. Today they are silent because the fruits of our quiet diplomacy are very evident.

The best in the modern African political tradition has preferred secularism and advocated pluralism, not only to nurture diversity, but also for their intrinsic value. We therefore expect the intelligentsia of the continent, where necessary, to unsparingly and rigorously criticise our recent past and the performance of our leadership and statesmen. They must also become keen advocates and defenders of tolerance, rooted in an appreciation that truth is elusive and that it can only be sought in an environment of untrammelled contestation and debate among differing opinions.

Provided we do these things, the spring of an African century shall surely arrive, and in time will become a glorious African summer.

|| Jordan is an African National Congress MP

Women
should
no longer
be beasts
of burden

African diamond forum opens

PATSY BEANGSTROM

Kimberley - It was hoped this week's international Technical Forum on the African Diamond Industry in Kimberley would lead to a campaign to promote and develop Africa's diamond industry, Manne Dipico, the Northern Cape premier, said yesterday.

The forum, which ends today, is being presented by the department of minerals and energy.

Dipico said at a press conference held on the opening day that the forum of experts would come up with practical measures to regulate the industry effectively.

They would look at developing cross-border enforcement mechanisms and monitoring systems.

Experts would propose measures that could be implemented to develop the institutional capacity of some African countries to comply with the proposed regulatory, enforcement and monitoring systems.

He said: "Africa is the largest

producer of mineral resources and a significant supplier of fossil fuels in the world.

"While the mineral resource industry is the backbone of economic development, it has failed to make an impact on poverty alleviation, empowerment of indigenous people (and) efficient allocation of benefits from the exploitation of these resources, as well as the improvement of the quality of life of the majority of indigenous people."

He said producer countries tended to be net exporters of raw mineral products and so contributed to the development of major value-adding centres such as Belgium, Israel, India, Singapore and Rotterdam.

"Mineral resources like diamonds and oil in some African countries are used by rebels and international capital to fuel and sustain some of the most brutal wars and human rights violations," Dipico said.

"The result is the total

destruction of the economic infrastructure and social fabric in countries such as Angola, Sierra Leone and the Democratic Republic of Congo."

Mining and minerals ministers met in Cape Town in February to discuss how the minerals industry could embrace development and redress imbalances.

"South Africa was requested to co-ordinate the establishment of a joint initiative of African diamond producing countries, to address the potential threat of the conflict diamonds campaign by agreeing on a set of regulatory and monitoring systems, which African governments should be responsible for and lead," he said.

It was proposed that a high-level, government-sponsored conference be held in July in South Africa to give body to the joint initiative of diamond producing African countries. The technical forum was organised as "part of the broad consultative process leading up to the conference".

Mbeki assurance boosts rand

By Brian Stuart and Reuters

THE rand was staging a minor recovery last night after President Mbeki's categorical assurances that Zimbabwe-style land-grabs would not be tolerated in South Africa.

The rand weakened to a historic low of R7,17. It firmed further yesterday morning, breaching the key R7,00 level and was last trading at R6,96.

But analysts warned the land-grab campaign was a wake-up call for South Africa.

There was no prospect of a similar breakdown of law and order here despite a failure to carry out sig-

nificant land redistribution in the past six years.

"In Zimbabwe the rule of law has been suspended, but here it will be upheld and enforced," Stellenbosch University Professor of Political Science Willie Breytenbach said.

"The domino effect will clearly happen, but not in the same way as in Zimbabwe where the invasions are sanctioned by government and people are being bussed onto the farms," he said.

If anything, land distribution in South Africa is even more racially uneven than in Zimbabwe, where the government says white

farmers who make up one percent of the population own nearly 70 percent of the fertile farmland.

White farmers in South Africa own close to 90 percent of the productive farmland, and the process of redistribution has been moving at a snail's pace.

President Mbeki told Parliament that only 0.81 percent of the 32 million hectares of commercial farmland in private hands had been redistributed in six years of democracy against a target of 30 percent over five years.

He noted that less than one percent of the land in state hands had been resettled by black farmers.

There have been reports of minor land invasions in the sparsely-populated Northern Province and talk of more in the southern Cape, but with little action.

"We will not get that happening here, President Thabo Mbeki has made it quite clear," analyst Sampie Terreblanche said.

"We are not going to have mob rule, but we must take what is happening in Zimbabwe very seriously.

"We must regard it as a wake-up call to get our house in order. The apartheid account still has not been settled."

The favourable response of the stock mar-

ket to President Mbeki's assurance that land grabs would not be allowed was also noted in Parliament yesterday by the ruling and opposition parties.

Few statements by government since 1994 have made such an impact on Parliament as President Mbeki's statement, land invasions would be contrary to the constitution, policy and law, and the government would "take all necessary steps" to bring it to an end.

The ANC notice of motion in the National Assembly, read by Mr Mawlal Ramgobin, noted "the positive response of the markets" to President

Mbeki's statement and the leadership he had given.

"This House commends the President for his wise and principled approach to the crisis in Zimbabwe.

"It calls on all role players in Zimbabwe, South Africa and the international community to support the President's tireless efforts to achieve peace, stability and justice for all and democracy in Zimbabwe."

A motion by the African Christian Democratic Party asked Parliament to note that since independence President Mugabe and white Zimbabwe farmers had failed to resolve the land distribu-

tion issue.

The so-called war veterans did not have sole rights to land, since the land belonged to "the people of Zimbabwe as a whole".

The DP motion, by Nick Clelland, asked Parliament to "note that the value of the rand improved as a consequence of President Mbeki's undertaking that his government will act against land invasions and uphold the rule of law in regard to property rights".

It trusted "the ANC government will hold firm in this undertaking, even in the face of opposition from within its own party and supporters".

Rand is undervalued, likely to stay vulnerable — S&P

Jonathan Katzenellenbogen

INTERNATIONAL credit rating agency Standard & Poor's (S&P) says the rand "appears undervalued" at R7 against the dollar, but it expects the currency to remain vulnerable.

In a report on SA it also said "robust" political institutions clearly set the country apart from Zimbabwe, although the crisis there was having an adverse effect on investor sentiment.

After the release of the national budget in February, S&P became the last of the three major credit rating agencies to give SA an investment grade rating.

S&P's London-based SA analyst, Konrad Reuss, has said a number of times over the past few weeks that the Zimbabwean crisis and the plunge in the rand would not change SA's credit rating. However, the report says the "vulnerability of the rand to periodic pressures" and low foreign exchange reserves and dependence on volatile portfolio inflows "remains a critical constraint to SA's credit standing".

It says this credit constraint is high-

lighted by the fall in the rand from the end of last month, as the Zimbabwean crisis suppressed sentiment, despite SA's sound fundamentals.

The local representative of S&P, CA Ratings, insisted the release of the report was in no way timed to strengthen the rand. A number of traders said yesterday its release may have been a factor in yesterday's firmer currency.

The report said: "SA's future stability and credit standing hinge greatly on government's ability to avoid social strife and sustain effective democratic governance." While the report said political stability and democracy in SA would continue to face challenges, other countries with similar investment ratings also faced challenges.

A number of Eastern European economies had undergone relatively successful transitions, but "do not face SA's problems of poverty and inequality, and a racially polarised society".

Continued political stability in SA looked likely under President Thabo Mbeki and a split between the African National Congress and its alliance part-

ners seemed unlikely. The SA Communist Party and the Congress of SA Trade Unions offered "no coherent policy alternative". SA's growth prospects were improving, the agency said.

Compared with other countries with similar ratings, SA suffered from a distant geographical location which was "a key comparative disadvantage to growth". Mexico and Eastern European transition economies had special access to huge export markets on their doorsteps, the report said.

The report praised the medium-term expenditure framework, which presents three-year rolling budgets, and the Public Finance Management Act, which aims to improve government management and accounting. It also praised the move to inflation targeting by the Reserve Bank.

It said these "have created a transparency and predictability that is outstanding by emerging market standards". It also lauded Mbeki's efforts at structural reforms.

The battered rand looks poised for better days

Analysts say the market should settle soon and currency is likely to pull back from current low levels

By Vivian Warby

The rand has dived by almost R1 against the dollar in the past eight months, from R5.98 in late September to R6.96.

The fluctuation in the value of the rand, however, includes a strengthening yesterday from an all-time low of R7.17 on Wednesday to close at R6.96.

Dealers and analysts believe President Thabo Mbeki's quashing of fears on land invasions in South Africa during a debate in Parliament on Wednesday halted the currency's slide.

"It was exactly what the markets needed to hear - it is just a pity he didn't say this a week or so ago," said James Rheeder, market analyst at Standard and Poor's MMS (S&P). This sentiment was shared by other analysts and dealers.

Analysts said the strength-

ening of the rand yesterday was also encouraged by an S&P report reaffirming the international credit-rating agency's reasons for according South Africa an investment-grade rating recently.

In the past eight months, the rand has dived by about 16% against the ever-strengthening dollar. In the same period, from October 1 last year to yesterday, the euro-dollar exchange rate dropped from 1.07 to 0.904 - a decrease of 12.8%.

Rheeder believes that the strengthening of the dollar was 30% responsible for the weakening of the rand, but that 20% was because of other factors, particularly the situation in Zimbabwe.

Nicky Veldtman, senior economist at the Nedcor Economic Unit, said the market should settle and the rand should pull back from its current levels.

Taking an overview from September as an example, Veldtman said the rand had appreciated against the dollar during September 1999 by 1.1%. The rand remained relatively steady against the dollar in November and December.

'Mbeki said exactly what the markets want to hear'

There was a rally on the domestic financial markets, motivated by sound economic fundamentals.

"These included expectations of improved economic growth and higher company earnings during the remainder of 1999 and particularly in 2000.

Prospects of another cut in prime lending rates, sound trade accounts and a low current account deficit" were also necessary, said Veldtman.

The rally was also influenced by high expectations of a good Budget for 2000, the successful introduction of inflation targeting and the possibility of a credit-rating upgrade to investment grade by S&P.

The rand depreciated by 2.1% against the dollar in January, before dropping by a marginal 0.4% in February. This probably reflected some nerves ahead of the February Budget, with most market participants adopting a wait-and-see attitude, said Veldtman.

Expectations from late last year were not as high either. In January, all the good news had been discounted in the market and an element of doubt started to emerge.

In March and April, the rand depreciated sharply against the dollar, falling by 3.3% in March and 3.3% last month.

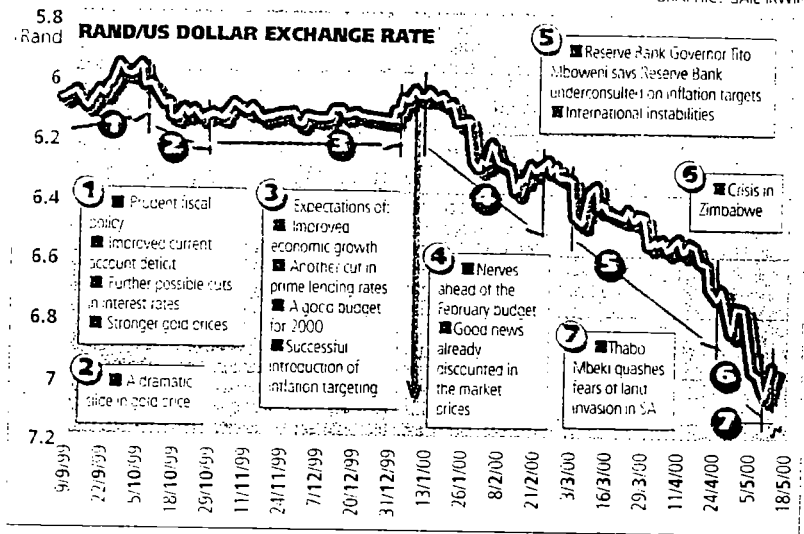
International uncertainties, combined with the sharp withdrawal of foreign funds, had already placed substantial pressure on the currency by late April, said Veldtman.

This was further aggravated by a rampant dollar, particularly against the euro. The rand suffered along with the euro, especially since Europe is SA's major trading bloc.

Before these realities had time to hit home, chaos erupted in Zimbabwe.

Veldtman believes the fundamentals of the economy have not changed and that it still looks good. Other analysts agreed with her view that the rand will pull back from its present levels.

HOW THE RAND TUMBLED



THE BOTTOM LINE by Hilary Joffe

Why the Reserve Bank is not defending the sliding rand

ALTHOUGH the rand has been declining since the beginning of the year, its rapid depreciation since early May has raised fears of a repeat performance of the turmoil that gripped world markets two years ago.

The similarity between then and now is the sharp loss in the rand, which this month has hit successive lows — almost on a daily basis.

In 1998 the rand depreciated by 26% in one month, from R5,1360 to the dollar in early June to R6,46 in early July. Since the beginning of this year the rand has shed 15% and during this month it shed a further 6% to its worst level of R7,17, from which it has since retreated.

But volatile trade is largely where the similarities end. In 1998 the crisis was global. Now — barring the impact of a strong dollar — negative sentiment and the subsequent aversion to risk is regional.

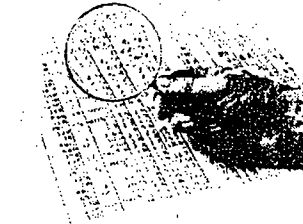
And this time intervention from the Reserve Bank is expected to be muted. Says Nico Cypionka, chief economist at SG Securities: "The Bank learned the hard way during the emerging market crisis in 1998 (that) defending a currency in crisis periods by intervention is like pouring money down a drain. It rewards speculators and entices them to keep pushing the currency down further because liquidity is consistently supplied by the

central bank."

The Bank's intervention two years ago exacerbated the crisis and precipitated a steep interest rate hike.

Now, however, the Bank's recent commitment not to defend the rand means the prospect of a rise in interest rates is limited — unless the rand continues an unstoppable free fall and the Bank is forced to move to quell inflationary pressures.

A hike in interest rates is likely to scare consumers more than speculators — and that would seriously damage SA's economic recovery. The Bank is well aware of this and is exhibiting the courage to allow the currency to slide instead.



From furniture to finance

THE market is either less than enthusiastic over the merger of JD Group and Ellerines or does not know what to make of it.

The JD share was trading at less than R38 yesterday from R44 earlier in the week, which probably reflects investor confusion over precisely where the benefits of the merger lie.

This has been compounded by indications that rationalisation will not take the form of large-scale store closures and retrenchments, the

traditional means of cutting costs.

JD executive chairman David Sussman, who embarks on an international road show with Ellerines founder Eric Ellerine next month to explain the merger rationale, says the key to appreciating the potential of the deal is regarding the new JD as a provider of financial services rather than furniture and appliances.

About 60% of the present JD Group's income stream comes from hire-purchase financing, direct loans, short-term insurance and savings products, some in partnership with traditional financial institutions. The target is to take this to 80% within five years and JD is talking to a range of other potential partners to this end.

From the perspective of a consumer finance house the combined group's network of 1 200 southern African outlets could well be an ideal base from which to access the "unbanked" millions who do not have formal credit histories, but have paid off furniture or appliances bought from JD or Ellerines.

Those who share Sussman's vision see the new JD Group as the local

equivalent of GE Capital, the US finance house that was started during the great depression to help the customers of parent General Electric pay for their appliances. Others of a more cynical bent wonder whether the country's most successful furniture salesmen might not be better off sticking to their knitting.

Time for action

FBC Fidelity has been under curatorship for eight months and there is at least one offer for the bank on the table. So why is it taking so long?

One likely reason is that there are various involved parties, the interests of which are not necessarily identical.

FBC has two major shareholders — Fedsure and Thebe. And it has a large depositor in the form of the Reserve Bank, which provided lender of last resort assistance in an attempt to stem the run on the bank before FBC was put into curatorship in October. Add to that employees, customers and the curator himself. Finding a deal that reconciles these interests cannot be an easy matter.

There is no doubt that it has to be a deal with a large and healthy institution, which can if necessary put R5bn or so into FBC. This is about the size of the deposit base frozen by the curatorship. As soon as it is lifted, those depositors may demand their money back.

At first glance it is not obvious why any of the major banking groups would want the patchwork of banking business that make up the group. But it may have different attractions for different bidders. There is money to be made in collecting the debtors book, at least if the price paid for the assets is right. There is also a home loan book of about R2bn that could appeal to a bank wanting to increase its mass market exposure. There are some investment banking and other skills.

Nedcor and Investec are being mentioned as buyers, but neither has confirmed. The issue needs resolution: the longer it goes on, the less it does for confidence in the FBC business.

Since Bank assistance is priced to discourage banks from getting into trouble, the delay cannot be cheap.

ENERGY *New field will meet 3% of local oil needs and save R350m*

Soekor's Oryx oilfield starts pumping to MPs' applause

LYNDA LOXTON

PARLIAMENTARY CORRESPONDENT

Cape Town – Oryx, the second oilfield of state-owned Soekor E&P, had started pumping 10 500 barrels of oil a day on Wednesday and was expected to have a three-year lifespan, Phumzile Mlambo-Ngcuka, the minerals and energy minister, announced yesterday.

Introducing the National Assembly debate on her department's 1999/2000 Budget vote, Mlambo-Ngcuka earned a round of applause from MPs when she said Oryx would meet 3 percent of South Africa's crude oil needs.

Joggie Heuser, Soekor's chief executive, later told journalists that both Oryx and Oribi, the first oilfield, were using the Orca production platform off Mossel Bay.

Oryx was about 5,5km north of Oribi, which produced about 16 500 barrels a day. Together they would produce about 25 000 barrels a day, or about 6 percent of South Africa's daily oil needs.

Both wells were expected to produce between 9 million and 12 million barrels, with Oryx alone saving the country about R350 million, depending on the oil price, over the next three or four years.

Oribi's output was, however, expected to fall off gradually from about six months from now. Oribi had already produced 17,5 million barrels and was



PRIORITY Phumzile Mlambo-Ngcuka has put empowerment high on her department's agenda

PHOTO: JOHN WOODROOFE

expected to produce another 6 million barrels, "a lot better than we originally thought".

The sustained rise in the price of oil and petrol dominated much of the debate. Mlambo-Ngcuka said that prices had risen by 300 percent over the last

year, while the rand had depreciated by 7,9 percent.

"Despite this, over the same time the petrol price rose only 28 percent," she said. This had been largely because she had suspended the equalisation fund levy and the price was now

being subsidised by 8c a litre from accumulated funds.

Mlambo-Ngcuka said the national oil company, consisting of a merged Soekor and Moss-gas, should be in place by July. It would play a key role in working towards the target of 25 percent black ownership of the oil industry from the present 5,5 percent, which was focused on bulk sales and lubricants.

Black empowerment had also become increasingly urgent in the mining sector.

Mlambo-Ngcuka said it would be vital to avoid past mistakes in black empowerment programmes. It was "critical not to fail", and financing mechanisms would have to be found so that new companies did not "end up overgeared and unable to meet their commitments".

The new Minerals Development Bill would include transitional arrangements for mineral rights under the "use it or lose it" principle.

These arrangements would set out criteria to allow holders of rights for existing and active prospecting and mining operations "to obtain new forms of prospecting for mining rights under the new dispensation".

The bill would also repeal the Diamond Act and change the make-up of the Diamond Board to transfer some of its functions to the minerals and energy department and the South African Revenue Service.

Satra, IBA councillors eligible for Icasa seats

NATHI SUKAZI

Johannesburg - Councillors of the merging South African Telecommunications Regulatory Authority (Satra) and Independent Broadcasting Authority (IBA) would all be shortlisted for positions in the new council, Nkenke Kekana, the communications portfolio committee chairman, said yesterday.

"There's no basis for us to discriminate against any member of the existing councils, if nominated," he said.

President Thabo Mbeki signed the merger bill into law on Wednesday night.

Industry insiders expected greater attention to be given to the chairman's position of the new seven-member Independent Communications Authority of South Africa (Icasa).

The committee has already called for the nomination of eligible candidates to serve on the council. A final list will be recommended to the president before June 23.

Kekana said the new regulator needed a "strong, deeply motivated administration", which should attend to all outstanding concerns in the industry.

He believed Icasa should continue to exercise authority over broadcasting and telecommunications competition, but focus more on achieving policy objectives and "less on turf battles with the Competition Commission".

"We expect this regulator's administration to demonstrate financial discipline, transparency, respect of the country's constitution and show commitment to achieving policy objectives."

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Monday May 29 2:11 PM ET

Clinton To Start Trip in Portugal

By BARRY HATTON, Associated Press Writer

LISBON, Portugal (AP) - Measures to contain the spread of AIDS, especially in Africa, and ways of enhancing Internet commerce will top the agenda of talks between Portuguese officials and President Clinton, who arrives in Lisbon on Tuesday.

Clinton's three-day stay in the Portuguese capital is the first leg of a trip that also includes Berlin, Moscow, and Kiev, Ukraine.

The trip's main purpose was to "build on the vision that the president articulated (in) 1994 (on) a peaceful, undivided, democratic Europe for the first time in history," U.S. National Security Adviser Sandy Berger said last week.

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Clinton is to hold talks with Portuguese Prime Minister Antonio Guterres and President Jorge Sampaio, whose country holds the European Union's rotating presidency. He is also scheduled to address researchers, scientists and students at a science park.

On Wednesday, Clinton will attend a summit meeting of the United States and the European Union at Queluz Palace outside Lisbon.

On the AIDS issue, Portugal has long experience of working in Africa through its five former colonies there - Angola, Mozambique, Guinea-Bissau, Cape Verde, and Sao Tome and Principe. Also, Portuguese researchers are working with U.S. experts on international projects to combat the HIV virus, which causes AIDS.

The Clinton administration recently announced it now regards the world AIDS epidemic, which is particularly acute in Africa, as a threat to national security.

Like Clinton, Guterres views the Internet as key to stoking new economic growth and high-tech jobs, especially in rural areas.

Cooperation in the fields of science and technology between Portugal and the United States stems from their bilateral agreement on the U.S. Air Force's use of a base in Portugal's mid-Atlantic Azores islands.

During his meeting with Sampaio, Clinton is expected to examine recent developments in East Timor and Angola.

After Portugal abandoned East Timor in 1975, Indonesian forces invaded the half-island territory and annexed it a year later fearing a communist takeover.

A U.N.-monitored referendum on independence was held last year, with an overwhelming majority of East Timorese voting to break away from Jakarta's rule.

The United Nations has set up a transitional administration there to prepare the East Timorese for self-rule, but the territory's development has been slow.

Angola's civil war, the longest in Africa, began when the country gained independence in 1975. It was then drawn into the group of Cold War proxy conflicts with the United States backing the UNITA rebels and the Soviet Union and Cuba supporting the Marxist government.

Since the end of the Cold War, U.S. oil companies have invested billions of dollars in Angolan offshore exploration, which is out of reach of the fighting. Angola is sub-Saharan Africa's largest oil producer after Nigeria, with an output of 780,000 barrels a day.

The EU-U.S. summit, meanwhile, aims to give new impetus to trans-Atlantic cooperation on several issues, including building peace in the Balkans. It will also examine trade issues.

Trade ministers will meet on the margins of the summit to discuss bilateral disputes over European restrictions on bananas and beef and U.S. tax-breaks for exporters, but EU officials said they hoped the leaders would not get bogged down in the nitty-gritty of the trade disputes.

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National Council of Negro Women Releases Report on AIDS

NCNW highlights HIV/AIDS Impact on African Women

WASHINGTON, Oct. 3 /PRNewswire/ -- The National Council of Negro Women (NCNW) today released "A Devastating Tragedy: AIDS in Africa," a detailed report on the challenges that HIV/AIDS is posing for nations in sub-Saharan Africa. NCNW was spurred to action by the horrifying statistics that one out of every five people in sub-Saharan Africa is HIV positive, and more than half of those infected are women.

In sub-Saharan Africa, six people under the age of 25 become infected with HIV every minute and nearly 71 million will die by 2010. Approximately 40 percent of HIV positive mothers pass the disease onto their children during childbirth. Those girls who are uninfected at birth are five times more likely to contract AIDS in their teens than a teenage boy.

Ignorance among African women and the social stigma attached to AIDS magnifies the situation. The United Nations found that 30 percent of young African women believe that healthy looking men do not have AIDS. Many women are banished from their homes and exiled from their communities because of their disease. Fearing this rejection, an African woman will avoid HIV/AIDS testing and agree to sex without condoms -- passing the disease to the next generation.

Dr. Dorothy I. Height, Chairman of NCNW, said, "The AIDS epidemic is one of the most daunting hurdles we have addressed in our history. Women in sub-Saharan Africa have enormous obstacles in their path and we have no choice but to assist. And although their problems seem initially insurmountable, our experience has proven that progress is possible."

NCNW has witnessed the power of multiple sectors joining forces, both at home and in Africa. If governments, corporations and non-governmental organizations coordinate strengths, we can begin to address the many

challenges facing those with HIV/AIDS. The major problem areas include financial, social and political instability and a lack of adequate infrastructure. A cooperative effort must focus on education of Africans about AIDS prevention, leading to the empowerment of women.

The need for delivery systems for food and medicines arriving in Africa is apparent when supplies may sit on docks for days and items become unusable. Further compounding the problem is a lack of medical facilities and personnel in rural areas. Solutions will come from increased political leadership within each country and from around the world. It is the duty of third parties, such as NCNW, to lend a hand to create strong physical, social, economic and political frameworks by listening to the needs of people in sub-Saharan Africa.

The report, "A Devastating Tragedy: AIDS in Africa," calls upon the world community to come together on these issues. The initial goals include debt forgiveness -- with the assurance that the funds are used on health and education programs, infrastructure improvements, and vigorous leadership from political leaders. Only through a massive cooperative effort to educate people at all levels can real progress flourish.

The National Council of Negro Women was founded in New York City in 1935 by Mary McLeod Bethune, the renowned organizer and crusader for civil and human rights. Organized as a "national organization of national organizations," the NCNW today has 38 national affiliates, 250 community-based "sections" in 42 states, 20 college-based sections and 60,000 individual members. Through this network, NCNW reaches four million women in the United States. It is based in Washington, D.C. with regional offices in Cairo, Egypt, Dakar, Senegal and Harare, Zimbabwe.

SOURCE National Council of Negro Women

CO: National Council of Negro Women

ST: District of Columbia, Africa

IN: HEA MTC

SU: BLK

10/03/2000 17:59 EDT <http://www.prnewswire.com>

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NATIONAL PREVENTION STRATEGY CALLS FOR IMPROVED TRACKING AND COST-EFFECTIVE INTERVENTIONS TO CUT RATE OF NEW HIV INFECTIONS

WASHINGTON -- U.S. efforts to thwart the spread of HIV -- the virus that causes AIDS -- have slowed the rapid growth of the epidemic, but the number of new infections remains unacceptably high. A national strategy focused on better tracking of HIV infections, coupled with funding the most cost-effective prevention programs, could significantly cut new infections, says a new report from the Institute of Medicine (IOM) of the National Academies. Other key needs include making HIV prevention services for at-risk and infected individuals routine in all clinical settings and abolishing laws and policies that block the use of proven prevention strategies.

"Thousands of new HIV infections could be avoided each year if we gave greater emphasis to prevention, and were smarter in the way we spent our prevention dollars," said Harvey Fineberg, provost of Harvard University, Cambridge, Mass., and co-chair of the committee that wrote the report. "Improved treatments may have contributed to a false sense of security and a dangerous complacency but the need for prevention has not diminished one bit." Recent reports suggest a resurgence of risky behaviors among men who have sex with men, as well as increasing rates of infection in some parts of the country.

The last 15 years have witnessed a shift in the U.S. AIDS epidemic, with a dramatic decline of new AIDS cases among men who have sex with men. At the same time, the number of new AIDS cases among women, minorities, and adolescents has increased considerably. Keeping up with the changes in the epidemic requires a better tracking system and a proactive approach -- one that can deliver more effective prevention services to those at the greatest risk, the committee said.

Given these challenges, the U.S. Centers for Disease Control and Prevention (CDC) asked the IOM to develop a visionary framework for a national HIV prevention strategy. As a starting point, the committee said, the nation should adopt an explicit policy goal -- to avert as many new HIV infections as possible within the available prevention resources -- and consistently apply that goal in program management. Accomplishing this will require changes in the way the epidemic is tracked and the way federal prevention funding decisions are made.

In fiscal year 1999, the federal spending for HIV/AIDS prevention was about \$775 million, which was 8 percent of the total federal spending for HIV/AIDS-related programs. Federal funding for HIV prevention largely mirrors the number of AIDS cases reported in specific populations and geographic areas. While this approach may be useful for allocating funds for treatment, it is an inappropriate basis for allocating prevention

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services. Funding decisions should focus on preventing as many new HIV infections as possible, the committee said.

HIV SURVEILLANCE

A better system is needed for tracking new infections. "The current epidemiological surveillance system does not provide a complete or accurate picture of the incidence of HIV infection," said James Trussell, associate dean of the Woodrow Wilson School of Public and International Affairs at Princeton University, Princeton, N.J., and co-chair of the study committee. "By focusing mainly on AIDS cases, where diagnosis lags behind HIV infection by approximately 10 years without treatment and even longer with treatment, today's surveillance system looks at the past rather than to the future and tracks where the epidemic has been rather than where it is going. This lag is particularly problematic in light of the reality that the epidemic has shifted into new population groups."

The CDC should create a national surveillance system to identify new HIV infections, enabling public health officials to track recent changes in the epidemic, the committee said. Rather than trying to count every newly infected person, the committee's approach would estimate the number of new infections by testing a statistically valid sample of those at the highest risk. These individuals would be drawn from "sentinel" sites, including health care facilities -- such as clinics specializing in sexually transmitted diseases, tuberculosis, substance-abuse treatment, and family planning -- where at-risk people are likely to seek care.

To make this estimate, some of these facilities would be selected randomly, and blood samples there -- also selected at random -- would be tested for the virus, using an advanced technique that can identify recent infections. This testing would be conducted anonymously. Sentinel surveillance is already used on a limited basis, but not in a way that can produce accurate national estimates.

To estimate the number of new infections nationwide, questions would be added to nationally representative surveys asking individuals whether they had visited any of these kinds of facilities. With these results, accurate statistical estimates could be made of the incidence of HIV. Such a system would help communities better understand the epidemic they face and target prevention services appropriately.

OVERCOMING SOCIAL BARRIERS

Social, economic, and cultural forces not only shape the progression and course of the AIDS epidemic, but also influence this nation's response to it. Poverty, racism, gender inequalities, stigma, reluctance to openly address sexuality, and misperceptions about HIV/AIDS continue to fuel the epidemic and undermine the effectiveness of prevention efforts. For example, social and political pressures have led to policy and legal obstacles that block the use of proven strategies. These laws and policies should be abolished, the committee said, including elimination of federal, state, and local requirements that public funds be used for abstinence-only sex education.

Nationally, the federal government has appropriated \$250 million in federal funds to be spent over five years for abstinence-only programs -- without any evidence that this approach is effective. Yet, comprehensive sex education and condom availability have been shown to reduce the risk of HIV and other sexually transmitted diseases without promoting sexual activity. This recommendation takes on added urgency given that the majority of AIDS cases reported in 1999 among adolescents were attributed to sexual activity.

Federal and state barriers to the adoption of clean needle programs for drug users also should be lifted, the committee said. There is clear evidence that these programs avert new HIV infections without increasing the level of substance abuse. At the same time, federal agencies should work to make sure that resources for substance-abuse treatment are sufficient to provide services to those requesting it. These steps are needed because sharing contaminated needles often spreads HIV. Of the 46,400 new AIDS cases reported in 1999, injection drug use accounted for 22 percent.

COST-EFFECTIVE RESOURCE ALLOCATION

While information exists about the cost-effectiveness of some HIV-prevention interventions, there has been no systematic effort to make funding decisions about prevention programs using this information. Routine evaluations are needed so interventions that do not work or that are very expensive in relation to the number of infections they prevent could be abandoned, the committee said. Using a standard cost-effectiveness model, the committee illustrated how improved resource allocation could avert significantly more new infections. Much of this evaluation should be done in conjunction with partners at the state and community levels, but the CDC and other federal agencies should be responsible for facilitating the process.

Another important step is to make better use of the opportunities presented by clinics and doctors' offices to deliver prevention messages. Medical facilities that treat patients who are at high risk or are already infected should routinely take sexual and drug histories, provide counseling and behavior modification, and offer HIV tests, the committee said. These include primary care settings, clinics specializing in the treatment of sexually transmitted diseases, drug-treatment centers, and mental health centers. The states and the federal government should explore incentives for reimbursing health care providers for the cost of these services.

Federal agencies also need to do a better job in working with state and local organizations to apply the latest research on effective prevention strategies at the community level, the committee said. Doing this may require federal agencies to increase levels of technical assistance, so service providers can adapt these research findings to local, real-world conditions. As a further step, state and federal governments should invest to help strengthen local agencies' ability to develop, evaluate, implement, and support effective programs in the community.

Federal agencies also should increase research funding to develop new or enhanced prevention technologies, especially female condoms, microbicides, new antiretroviral drugs, vaccines, and rapid testing methods for detection of HIV antibodies. Incentives for private-sector investment in these areas of research should be explored and encouraged as well.

The study was sponsored by the Centers for Disease Control and Prevention. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences. A committee roster follows.

Pre-publication copies of NO TIME TO LOSE: GETTING MORE FROM HIV PREVENTION are available from the National Academy Press at the mailing address in the letterhead; tel. (202) 334-3313 or 1-800-624-6242. The cost of the report is \$45.00 (prepaid) plus shipping charges of \$4.50 for the first copy and \$.95 for each additional copy. Reporters may obtain a copy from the Office of News and Public Information at the letterhead address (contacts listed above).

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No Time to Lose: Getting More from HIV Prevention

Page 4 of 5

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No Time to Lose: Getting More from HIV Prevention

Institute of Medicine

Public Briefing
September 27, 2000

Opening Statement
by

Harvey V. Fineberg
Provost, Harvard University
and

Co-chair, Committee on HIV Prevention Strategies in the United States

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Good morning and welcome to the National Academies. On behalf of the IOM's Committee on HIV Prevention Strategies in the United States, I would like to welcome everyone here in the room and those listening on the Web. I'm pleased to be here today with my co-chair, James Trussell, and other members of our committee to publicly release this new report focusing on HIV prevention. I will have to leave this event early for a meeting in Boston, but Dr. Trussell will continue the briefing.

The IOM's rich body of work addressing HIV and AIDS spans a decade and a half, and its 1986 landmark report, *Confronting AIDS*, set the stage for the nation's investment in AIDS research. Since then, we have seen remarkable progress in the way the nation has confronted AIDS, and we have witnessed the fruits of our efforts in HIV prevention at both the national and local level.

Despite these successes, there is still much work to be done. HIV prevention efforts have slowed the rapid growth of the epidemic in the United States, but the number of new infections remains unacceptably high. Two decades into the epidemic, everyday more than 100 Americans become newly infected with HIV. Today more than 100 are newly infected. In addition, over the past several years, new AIDS cases have increased considerably among women, minority populations, and young people. Although new AIDS cases have declined among men who have sex with men, some metropolitan areas are seeing an increase in HIV infection rates in this population. While new antiretroviral therapies have improved the health and prolonged the lives of those who are infected, these drugs also have contributed to a dangerous sense of complacency and a need to renew our focus on preventing HIV infection in the first place.

Aware of these challenges, the U.S. Centers for Disease Control and Prevention (CDC) asked the IOM to convene a committee that could develop a visionary framework for a national HIV prevention strategy and suggest roles for the public and private sectors in fighting the spread of HIV in this country.

Our committee was composed of 16 members with backgrounds in medicine, health policy, public health, economics, operations research, behavioral sciences, immunology, epidemiology, and bioethics. Our work was further informed by expert consultants, as well as by liaisons from federal agencies, state and local organizations, and nongovernment organizations.

Our aim, simply stated, was to help the American people to get more from our nation's investments in HIV prevention.

Over the course of seven months of intense deliberation, the committee came to several important conclusions. That informed our strategy that could help the United States get more from its investments in HIV prevention.

One thing on which the committee agreed unanimously agreed is that prevention works. A wide range of proven strategies that can reduce an individual's risk of becoming infected with HIV. However, the ways in which prevention efforts are currently deployed do not allow us, as a nation, to fully reap the benefits of these proven strategies.

As a starting point, the committee recommends that the United States adopt an explicit prevention goal: **to avert as many HIV infections as possible with the resources available for HIV prevention**. While this may seem like an obvious goal, the committee found that many current HIV prevention efforts do not operate with this objective in mind. And accomplishing this will require significant changes in today's prevention efforts -- such as how the epidemic is tracked and how federal prevention funding decisions are made.

The national prevention strategy we recommend has six elements. The first is the development of an accurate surveillance system focused on new HIV infections so that we can better predict where the epidemic is headed. The current epidemiological surveillance system is based primarily on AIDS case reporting. By focusing mainly on AIDS cases -- where diagnosis lags approximately 10 years after HIV infection without treatment and even longer with treatment -- this method of surveillance tells us where the epidemic has been rather than where it is going.

While HIV case reporting provides us with more information about HIV prevalence than does AIDS case reporting, it is an incomplete data source for determining HIV incidence; that is, the number of new HIV infections. Without accurate information regarding where the epidemic is headed, we cannot effectively direct prevention interventions to the individuals and communities who are at greatest risk of infection.

The committee recommends that the CDC create a national system to identify new HIV infections, enabling public health officials to track recent changes in the epidemic. Rather than trying to count every newly infected person, the proposed surveillance system would provide data that would allow the CDC to estimate the number of HIV infected persons by testing a statistically valid sample of those at the highest risk. These individuals would be drawn from randomly selected "sentinel" sites, including health care facilities -- such as clinics specializing in sexually transmitted diseases, tuberculosis, substance abuse treatment, and family planning -- where at-risk people are likely to seek care. Sentinel surveillance is already used on a limited basis, but not in a way that can produce accurate national estimates.

In the proposed surveillance system, blood samples from these sentinel sites would also be tested randomly and anonymously, using an advanced technique that can identify recent infections. To estimate the number of new infections nationwide, questions would be added to nationally representative surveys asking individuals whether they had visited any of the kinds of sentinel facilities. With these results, accurate statistical estimates could be made of the incidence of HIV. Such a system would help communities better understand the epidemic they face and develop appropriate prevention services. The proposed system would augment -- not replace -- access to testing and counseling for any individual who deserves it.

The second element of the strategy pertains to how best to use the resources currently available for HIV prevention. In fiscal year 1999, the federal spending for HIV/AIDS prevention was approximately \$775 million, or 8 percent of the total federal spending on HIV/AIDS. Federal funding for HIV prevention appears empirically to be allocated in proportion to the number of observed AIDS cases. While this may be a useful method of allocating funds for AIDS treatment, it is an inappropriate basis for allocating funds for prevention services. Additionally, the committee found that the cost-effectiveness of HIV prevention efforts often is not considered when making funding decisions.

The committee believes that better decisions need to be made about how resources are used. Thus, we recommend that decisions to allocate resources be made with the goal of preventing as many new HIV infections as possible, and that these decisions be guided by principles of cost-effectiveness rather than simply by the number of AIDS cases. Routine evaluations of prevention programs -- including those that evaluate cost-effectiveness -- are needed so that interventions that do not work or that are very expensive in relation to the number of infections they prevent could be abandoned. The committee's analysis, using a standard cost-effectiveness model, revealed how improved resource allocation could avert significantly more HIV infections. According to our illustrative analysis, a 50 percent increase in funding could, with more cost-effective strategies, could produce nearly a 50% increase in the number of infections averted each year. Similar types of analyses should be done in conjunction with partners at the state and local level, and the CDC and other federal agencies should be responsible for facilitating this process.

The third element of the recommended strategy is to direct more HIV prevention services to those who are already infected. These individuals have often been excluded from prevention efforts, despite the fact that people living with HIV infection also have very important prevention potential. Given that every new infection begins with someone who is already infected, these individuals are in a special position to reduce the number of new HIV infections. Additionally, because many HIV-infected people receive regular medical care, integrating prevention activities into the clinical care setting offers great potential for reaching infected people, as well as uninfected people who are at high risk.

The committee believes that in all clinical settings serving these groups the standard of care should include the taking of sexual and drug using histories to help determine each patient's risk. This standard of care should also include the appropriate level of HIV prevention intervention, counseling for risky behavior modification, and the offer of HIV testing. Further, the states and the federal government should find ways to reimburse health care providers for the cost of these services.

The fourth element of the strategy focuses on translating prevention research into action at the community level. There are some efforts in this area that should continue receiving support. However, comments submitted to the committee from a variety of constituents at the state and community levels indicate that the existing level of technology transfer and technical assistance is not enough. Federal agencies need to do a better job in working with state and local organizations to apply the latest research on effective prevention strategies at the community level.

Doing this may require federal agencies to increase the levels of technical assistance they offer so that prevention service providers can adapt the research to local, real-world contexts. As a further step, state and federal governments should invest resources to help strengthen local agencies' ability to effectively design, implement, evaluate, and support effective HIV prevention programs in the community.

The fifth element of the strategy concerns the variety of new biotechnological tools that can facilitate HIV prevention. Advances in the areas of HIV vaccines, microbicides, antiretroviral therapies, female condoms, and rapid HIV testing can significantly increase the effectiveness of prevention efforts. However, there are significant barriers to the timely development, approval, and distribution of such products, including insufficient funding for research and development of these products and the lack of incentives for the private sector to invest in such products. Thus, the committee recommends greater investment in the development of these new tools and technologies to expand HIV prevention efforts. Further, the committee recommends the development of stronger research collaborations between federal agencies and private industries, as well as the development of incentives that would encourage private industry investment in these new tools and technologies.

The last element of the strategy emphasizes the need to overcome the social and policy barriers that impede our current HIV prevention efforts. Social, economic, and cultural forces not only shape the progression and

course of the AIDS epidemic, but also influence the way our nation responds to it. Poverty, racism, sexism, and the reluctance to openly address issues of sexuality continue to fuel the epidemic and undermine the effectiveness of prevention. Similarly, laws and policies that hinder the ability to implement proven prevention strategies should be abolished.

For example, the federal government has appropriated \$250 million in federal funds to be spent for abstinence-only sex education programs -- without any evidence that this approach is effective. Yet comprehensive sex education and condom availability -- which have been shown to reduce the risk of HIV and other sexually transmitted diseases without promoting sexual activity -- are not always supported. The committee recommends the elimination of federal, state, and local requirements that public funds be used for abstinence-only sex education. Our recommendation takes on added urgency given that the majority of AIDS cases reported in 1999 among adolescents were attributed to sexual activity.

Another barrier to effective prevention is federal and state policies that limit injection drug users' access to sterile injection equipment. For instance, certain federal and state regulations ban or limit needle exchange programs, despite clear evidence that these programs avert new HIV infections without increasing the level of substance use. These restrictions need to be lifted. At the same time, federal agencies should ensure that resources for substance-abuse treatment are sufficient to provide services to those requesting it. These prevention and treatment programs are needed because sharing contaminated needles is the primary route of infection among injection drug users. Of the 46,400 new AIDS cases reported in 1999, injection drug use accounted for 22 percent.

The impact of these legal, political, and social barriers on prevention results in lost lives and inefficient use of expenditures. The committee believes that the United States can get more from its current investment in HIV prevention. National leadership is urgently needed to provide a coordinated strategy to overcome these barriers and capitalize on unrealized prevention opportunities.

The committee believes that the efforts to bring these objectives to fruition must begin now. The past two decades of HIV prevention activities are a testament to the fact that prevention can be effective. But complacency has emerged along with recent therapeutic advances, and it threatens to retard critical HIV prevention efforts in the years to come. The committee is firm in its conviction that the nation can and should do more to prevent HIV infection -- and there is no time to lose.

My colleagues and I will now take your questions. We would like to begin by offering members of the press a chance to ask their questions, and then we will open the floor to everyone, including those of you who are listening on the Web. Since this briefing is being recorded, please state your name and affiliation before asking a question. Thank you.

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Author: <rjasak@os.dhhs.gov> at INTERNET
Date: 9/27/00 11:54 AM
Priority: Normal
TO: Deborah Von Zinkernagel at ~OPHS_DC
Subject: IOM Materials[via LSMT - see www.lsoft.com]

As I mentioned in my voicemail, Kevin is taking one more look at these so they might change slightly. You should refer whatever press calls you would like Lynnette (690-7850) or CDC. Please call if you have any further questions. Are the calls you are getting from groups or the press?

Below is the AP article that was written about the report, which I don't think is awful.

Thanks again for all of your help.
Bob

Better tracking, battling complacency urged in fighting AIDS

WASHINGTON (AP) The government should do a better job of tracking the spread of AIDS and battling the complacency that allows the deadly disease to spread, a new report said Wednesday.

While the spread of AIDS among gay men has declined over the last 15 years, there has been an increase among women, minorities and adolescents, according to the report from the Institute of Medicine, a division of the National Academy of Sciences.

There have also been recent reports of an increase in risky behavior by men who have sex with men.

"Thousands of new HIV infections could be avoided each year if we gave greater emphasis to prevention, and were smarter in the way

we spent our prevention dollars," said Harvey Feinberg, provost of

Harvard University and co-chairman of the committee that prepared

the report. HIV is the virus that causes AIDS.

Feinberg warned that improved treatments for the disease have allowed people to become complacent.

"The need for prevention has not diminished one bit," he said.

The current tracking system does not provide a complete and

2 ✓
AP wire

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accurate picture of now widespread HIV infection
is, the report
said. It called on the Centers for Disease Control
and Prevention
to establish a system to identify new HIV
infections. It can take
years for AIDS to develop after infection.

The report also stressed the need for
increased prevention
programs and was critical of federal spending of
\$250 million to
promote abstinence ``without any evidence that
this approach is
effective.''

Instead, the report said, comprehensive sex
education and condom
availability ``have been shown to reduce the risk
of HIV and other
sexually transmitted diseases without promoting
sexual activity.''

It also called for a lifting of legal barriers
to programs that
supply clean needles to drug addicts, as HIV is
often spread by
needle reuse.

The National Academy of Sciences is an
independent organization
chartered by Congress to provide advice to the
government on
scientific topics. This report was requested by
the Centers for
Disease Control and Prevention.

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Give Clinton Props for Visiting Africa (But the Continent Needs More)

By Joe Davidson
BET.com Political Columnist

President Clinton visited Nigeria and Tanzania this week, but the White House policy on Africa still falls short.

Posted Sept. 1, 2000 As presidential trips go, President Clinton's quickie visit to sub-Saharan Africa won't register much more than a footnote. He spent the weekend in Nigeria, and then a few hours Monday in Tanzania, on a trip that certainly was a far cry from his historic 12-day, six-nation African journey two years ago.

Yet even this week's hurried, in-and-out visit is an indication that Washington finally is beginning to treat the continent with the same seriousness the U.S. gives other parts of the world. Clinton's excursion fits the generally rushed pattern of trips by presidents. They have a few meetings, mingle with carefully selected people at tightly-staged events, eat (at a state dinner) and run.

Quick as this trip was, it's significant that Clinton has visited Africa twice. Only President Carter made a state visit there previously. Clinton's visit to Nigeria celebrated that nation's new and still struggling democracy. His stop in Tanzania, where Nelson Mandela has tried "with considerable difficulty" to broker a Burundi peace pact, was a notable sign of respect for the former South African President.

And it's almost hard to believe that Vice President Al Gore has been to Africa more than he's been to Asia. All of the trips, including many unreported ones by Clinton cabinet members, point not only to Washington's new-found respect for the continent, but also to Clinton's and Gore's well-placed appreciation for African Americans.

But after granting the Clinton administration its props for giving Africa the acknowledgement it has long been due, Black America should not fail to critically analyze a White House Africa policy that falls short.

The first thing Clinton could do to show a stronger commitment to Nigeria's progress is cancel its foreign aid debt to the U.S. Washington can stand to lose the nearly \$1 billion Nigeria owes, much more than Nigeria can afford to pay it. Canceling that debt also would provide solid encouragement for debt cancellation policies in other wealthy nations, which hold the bulk of Nigeria's \$30 billion in unpaid bills.

As a statement by The Africa Fund and the Africa Policy Information Center reminded shortly before Clinton left for Africa, "virtually all of the debt was incurred by illegal military dictatorships whose leaders siphoned billions of dollars into private US and European banks against the will of the Nigerian people."

The Nigerian people, by the way, aren't having an easy time getting that stolen loot back. So to some extent, Nigeria's problem looks like this: dictators borrowed money from the rich countries, stole that money and put it in the banks of the rich nations. Those rich countries now want Nigeria's democratic government to pay back the money, which could be better used on education, health care, housing, food and infrastructure.

Speaking of money, the Clinton administration went to some tongue-twisting lengths in trying to explain how its Nigerian aid package included additional or "new money" that really isn't so new. During a news briefing, Susan Rice, the assistant secretary of state for African affairs, attempted to define how \$20 million for new assistance programs "is new to Nigeria, although this is not necessarily new to the United States government and doesn't require any additional appropriation."

In the same session with reporters, Sandra Thurman, director of the White House Office of National Aids Policy, strove to clarify the status of funds to fight AIDS in Nigeria. "The \$9.4 million is actually new money, but it's, again, new to Nigeria this year," she said. "It's not brand new money, but, again, it triples our funding from last year."

Said one reporter at the Abuja, Nigeria briefing: "We're having a very hard time figuring out how much new money the president brought with him from America this week and dropped off in Nigeria."

That confusion is understandable. It's borne of an African policy that is so much better than any previous administration's, but a policy richer in symbolism than cash. In the spirit of a mutually beneficial partnership, not paternalism, the United States can afford to and should do more to help Nigeria and other African countries thrive.

Joe Davidson's commentaries are heard on National Public Radio's "Morning Edition."



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VACCINE DEVELOPMENT:

Radical Steps Urged to Help Underserved

Martin Enserink

BETHESDA, MARYLAND--These are miraculous times for researchers working on vaccines for the world's major scourges. For years, their plea for more funding, political attention, and greater involvement from the pharmaceutical industry fell on deaf ears. But recently, their cause has been embraced by politicians around the world--indeed, President Clinton seems determined to make it part of his legacy--and industry leaders have promised to do what they can. Suddenly, anything seems possible.

So when a broad group of researchers, big-pharma CEOs, and public health experts met last week at Clinton's request to discuss the main obstacles on the road to new vaccines for AIDS, malaria, and tuberculosis,* meeting organizers urged them to think big. "Now is your chance, folks!" beamed Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID), who said the ideas would help shape the Administration's future policy. The participants were happy to comply, with proposals that range from a 10- or 20-fold budget increase to a new, more flexible funding agency to circumvent the National Institutes of Health's (NIH's) bureaucracy. A few even proposed a crash effort akin to the Apollo program that put a man on the moon within a decade.

Epidemiologists say vaccines are the only practical way to cut the death toll from AIDS (currently estimated at 2.6 million annually), TB (which kills 1.5 million to 2 million), and malaria (more than a million). Doing so would also be a boon for development, economists point out: In Africa, especially, sickness and death take a huge toll on the economy.

Yet funding for most types of vaccine research has been hard to come by because the big killers overwhelmingly afflict the developing world. NIH currently spends a paltry \$6.5 million a year to find a vaccine for TB and \$25 million for malaria. (Vaccine studies for AIDS, which poses more of a threat to the U.S. population, will get an estimated \$250 million this year.) Pharmaceutical companies have been reluctant to bet much of their R&D budgets on these vaccines, as expected returns are low, and developing countries don't always respect industry patents. For the same reasons, cash-starved small biotech companies have a hard time attracting venture capital.

To help break the pattern, Clinton proposed a Millennium Vaccine Initiative in January, which includes increased funding for NIH, a \$50 million contribution to the Global Alliance for Vaccines and Immunization, and a \$1 billion tax break on vaccine sales to stimulate industry investments. Several bills before Congress would do more or less the same, and some European countries are considering similar steps. The issue will also be on the agenda when leaders of the eight major industrial nations meet next month in Okinawa, Japan.

Not all of the proposals to come out of the NIH meeting, however, are likely to make it onto the table, at least in their current form. The malaria researchers, for instance, want the president to initiate an "aggressive malaria vaccine program" and raise funding to \$500 million a year. The group also thinks the U.S. should agree to

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purchase \$500 million a year worth of vaccines, if one gets developed, to guarantee that there is a market. The AIDS group pleaded for a 10-fold funding hike for vaccine studies in general, while the TB researchers suggested setting up something akin to the Defense Advanced Research Projects Agency--which prides itself on attracting daring ideas and funding them swiftly--and endowing it with \$3 billion. "We need out-of-the-box thinking," says Barry Bloom, dean of the Harvard School of Public Health in Boston.

The meeting ended without a set of recommendations, but NIAID's Fauci says his institute will write a summary and pass it on to Health and Human Services Secretary Donna Shalala. Most participants, like Malegapuru Makgoba, president of the Medical Research Council of South Africa, were optimistic that tangible results are within reach: "I'm confident that we'll see an AIDS vaccine in the next 5 or 6 years."

But the lack of clear-cut plans on how to proceed left some a tad disappointed. "We shouldn't continue to have these very general meetings, where a shopping list is read out," says Richard Feachem, director of the Institute for Global Health in San Francisco and a veteran of similar gatherings, some with the same cast, over the past year. "This is a very special time," he asserts. "There's an energy now that we need to harness quickly, because it might be lost."

* Vaccines for HIV/AIDS, Malaria and Tuberculosis: Addressing the Presidential Challenge, 22 to 23 May, at NIH.

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Vaccines and medicines for the world's poorest

Public-private partnerships seem to be essential

Three million children die every year in poor countries from diseases that can be prevented by vaccination.¹ Millions more die from diseases—like malaria and AIDS—that should be preventable by vaccines if they were developed. Unfortunately existing vaccines are not reaching these children because of failures in delivery systems, lack of resources, and the high price of some newer vaccines. Moreover, new vaccines may not be developed because private companies can't foresee a good return. The same story of huge need and market failure applies to drugs: of 1223 drugs developed between 1975 and 1997 only 11 were for tropical conditions.²

The problems seem huge. Yet there was an upbeat end to a meeting on the problem in Carmel, California, last month organised by the Institute of Global Health and the Global Forum for Health Research. The issue is rising up political agendas around the world, and new public-private partnerships are being devised to increase access to vaccines and drugs and develop new ones. Reducing deaths from communicable diseases would be a rich prize because these account for three quarters of the mortality gap between the rich and the poor world.¹

Although the meeting ended optimistically, the problems at the moment are getting worse. The AIDS epidemic in the developing world is spiralling out of control, with India, for instance, on course to develop the high prevalence seen in subSaharan Africa. Malaria is in danger of becoming untreatable, and drug resistant tuberculosis is spreading.

A global approach is needed to tackle the problems. International organisations must coordinate efforts. Rich countries need to recognise their responsibility to contribute resources. Poorer countries must change their health systems, and some—like India—should probably increase their investment in health. Recognition is growing, particularly in the World Bank, that investing in health is one of the best ways to counter poverty and promote economic development.

Similarly the public and private sectors will need to work together in new ways to make vaccines and drugs available to the world's poor. The public sector alone cannot solve the problem because almost all new vaccines and drugs come from private companies. Yet private companies cannot solve the problem alone because their obligations to their shareholders mean seeking the highest returns—which tend to come from developing products for the rich world.

There are two main ways in which new vaccines and drugs for the poor world might be produced: "push" mechanisms that reduce the cost of producing new vaccines and drugs, and "pull" mechanisms that increase the market for them. Push mechanisms include public funding for research into the diseases of the poor, research tax credits for companies, help with development of new products, funding for clinical trials, and making it easier to register new products. Pull mechanisms include commitments to purchase new products once they are developed, tiered pricing (whereby the rich pay more than the poor), and tax credits on sales. Evidence must be gathered on the effectiveness or otherwise of the various mechanisms.

Many public-private partnerships are emerging that use a combination of these mechanisms. One of the best known is the International AIDS Vaccine Initiative, founded in 1996 with money from governments, corporations, and foundations (including those of Rockefeller, Bill Gates, and Elton John). It works by increasing public support for an AIDS vaccine, advancing the science, and encouraging industrial participation in vaccine development. It loans money to biotechnology companies with good ideas and helps manage research and development, usually putting together a biotechnology company, a development group, and a developing country.

The South African AIDS Vaccine Initiative, which has links with the international initiative, is a public-private partnership that aims to have an AIDS vaccine for southern Africa by 2005. The Medicines for Malaria Venture aims to produce a new antimalarial

BMJ 2000;320:952-3

bmj.com

The full text of a draft consensus statement sent to the White House from the Carmel meeting appears on the BMJ's website

drug every five years. Founded because the pharmaceutical industry had withdrawn from the malaria market, the venture funds research and will manage development and production under licence. Pharmaceutical companies have donated compounds that might be developed into useful drugs. These partnerships build on the experience of many established programmes and have been joined by the Global Alliance for Vaccines and Innovation, which has funds from Bill Gates and other sources, including industry, to deliver vaccines to poor children.

Perhaps because of some of these new partnerships, governments are also becoming more interested in this issue. President Clinton has made budget proposals that would substantially increase the United States's expenditure on the problem. He is proposing \$50m (£31m) for the Global Alliance for Vaccines and Innovation; a large increase in research expenditure on malaria, tuberculosis, and AIDS; a \$400m (£250m) increase in health funding to poor countries; and a \$1bn (£625m) tax credit on sales of new vaccines for diseases that cause over a million deaths a year (the BMJ's website has the full text of a memorandum from the Carmel meeting to the White House). This package may well pass through Congress, particularly now that

four US pharmaceutical companies have agreed to donate \$150m (£94m) worth of vaccines through the alliance.¹ The World Bank is proposing to create a permanent £1bn fund for vaccines, partly because it is so convinced that paying for vaccines is one of the best ways of relieving poverty. Tony Blair is personally interested in the problem, and Britain has put money into several of the partnerships. The European Union has talked rather than acted, but perhaps it will want to join the worldwide initiatives.

Public-private partnerships may not solve the so far intractable problem of getting vaccines and drugs to the world's poor—and politicians may lose interest. On the other hand, the combination of good ideas on what to do and commitment to do something might mean that millions of unnecessary deaths and much suffering in the poor world could be prevented.

Richard Smith *editor BMJ*

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Managing status epilepticus

New drug offers real advantages

Status epilepticus is a medical emergency familiar to accident and emergency departments, acute medical wards, and intensive care units. It is defined as a continuous seizure lasting for at least 30 minutes,¹ or two or more discrete seizures between which the patient does not recover consciousness, and in the 15-30 patients per 100 000 per year who present in status epilepticus mortality may be as high as 10%. The longer seizures persist the more difficult they are to control and the higher the mortality,² with an increase in neuronal damage and chronic epilepsy. Until recently phenytoin has been the drug of choice for managing prolonged seizures, but it has to be given intravenously and major side effects are common. Fosphenytoin is a prodrug of phenytoin, recently licensed in the United Kingdom, that seems to offer several advantages over its parent.

Status epilepticus is challenging to treat and may be difficult to diagnose. In early status epilepticus patients usually have visible tonic-clonic seizures, although motor-convulsive activity can decline. Diagnosis may require electroencephalographic monitoring, because some patients have seizure discharge without detectable motor activity. An electroencephalogram is also invaluable to exclude "pseudostatus epilepticus," which is seen more commonly in specialist neurological practice. Early treatment of status epilepticus means easier control, and basic life-support measures should not be ignored. Initial treatment of the patient should include the appropriate management of airway, breathing, and circulation and measurement of glucose and blood gases. Metabolic

causes of seizures should be reversed as a priority. Emergency departments should have established protocols for dealing with this medical emergency.

If control of status epilepticus is delayed epileptic activity may outstrip metabolic capacity and glucose delivery, and metabolic and hypoxic-ischaemic brain and systemic injury may occur.³ The seizures compromise cerebral vascular autoregulation, which in turn compromises hypothalamic autonomic regulation, and raised intracranial pressure may supervene. Complications such as cardiovascular collapse, arrhythmias, aspiration pneumonia, acute lung injury, and pulmonary hypertension may compromise cerebral oxygen delivery further. Metabolic derangement and cerebral and systemic acidosis with hyperpyrexia, rhabdomyolysis, and disseminated intravascular coagulation may cause multiple organ failure. Revealed seizures are then unusual.

Drug treatment divides into four stages⁴: that of premonitory, early, established, or refractory status epilepticus. Parenteral dosing with diazepam, lorazepam, or midazolam is preferred at the premonitory stage. Lorazepam is often preferred as it has a long duration of anticonvulsive effect and the best parenchymal distribution. Adverse events include a risk of respiratory arrest, hypotension, and impaired consciousness.¹

Early management should include a prompt decision to use a long term parenteral anticonvulsant. Most patients in status epilepticus or who require a longer term anticonvulsant after acute presentation are treated with phenytoin. The pharmacology of phenytoin is complex but well understood. Given adequate

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28 February 2000 8:00 PM

Panel Urges Boost for Global Health

How can the pharmaceutical industry be enticed to make drugs and vaccines for infectious diseases that sicken or kill billions of people worldwide, yet offer little in the way of economic returns? Senior policy officials outlined strategies last week at a meeting sponsored by the Institute for Global Health in San Francisco. Meanwhile, President Clinton signaled his interest in launching an initiative aimed at narrowing the seemingly intractable gap in health between rich and poor countries, and last week a bill was introduced into the U.S. Senate that would incorporate many of the meeting's suggestions.

Pharmaceutical companies already have the scientific knowledge and tools they need to develop drugs and vaccines for scourges like malaria, AIDS, and tuberculosis. What's more, such drugs could save millions of lives and spur economic development in poor countries, said the panel, which included representatives from the White House, the U.S. Congress, the World Health Organization, the World Bank, the World Trade Organization, and pharmaceutical giants GlaxoWellcome and Merck. Yet these diseases attract minimal attention from the pharmaceutical industry because executives don't see a market. And even when effective drugs are available--such as the cocktail of AIDS drugs that has slashed mortality in wealthy countries--they may be too expensive for countries in Africa and Asia.

The solution, according to the panel, lies in a package of incentives that would make it worthwhile for the pharmaceutical and biotech industries to step in. One approach is for governments and multilateral organizations to push research and development by subsidizing part of the huge costs, either directly or through tax breaks. Another is to assure companies of a future market--for instance, by establishing "purchase funds" and agreeing to buy certain quantities of a product once it becomes available. The panel also lauded partnerships in which publicly funded scientists work together with industry, such as the recently created Global Alliance for Vaccines and Immunization (GAVI), as a way to speed drug discovery and development.

The Global Health Forum's approach has already found a receptive ear in Washington. In his State of the Union address, President Clinton announced a \$50 million U.S. contribution to GAVI, as well as a tax credit of up to \$1 billion for companies investing in new vaccines for malaria, AIDS, and TB. A delegation from the Global Health Forum was scheduled to meet with Clinton this week to present their findings and discuss Clinton's proposals, which are "absolutely on the right track," says Richard Feachem, who directs the Institute for Global Health.

Meanwhile, Senator John Kerry (D-MA) introduced an ambitious bill, dubbed the Vaccines for the New Millennium Act, on 24 February. Kerry proposed to "change the death spiral" by making childhood immunization "a major goal of U.S. foreign policy." His bill calls for donations of \$150 million to GAVI and \$30 million to the International AIDS Vaccine Initiative. It also proposes several tax credits for industry and a purchase fund to buy and distribute vaccines as soon as they are approved. To cover the cost, Kerry is asking

Congress to set aside \$100 million a year for the next 10 years. The political fate of these plans is uncertain. Even so, Feachem is encouraged by these and other initiatives in the European Union and Japan. Says Feachem, "The global awareness of this challenge is running at a level which we haven't previously seen."

--MARTIN ENSERINK

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Experts: Scourges Pose World Health Crisis

By Laurie Garrett. STAFF WRITER

Amid mounting death tolls due to new scourges, such as AIDS, and novel drug-resistant forms of older ones, such as tuberculosis and malaria, a team of international health experts said yesterday that bold incentives must be found to lure top scientists and drug manufacturers to the pursuit of solutions.

Former World Bank economist Richard Feachem, now head of the Institute for Global Health at the University of California in San Francisco, said that "the urgency is extreme and we need solutions tomorrow. Today, even. There is a strong sense of the clock ticking." He spoke at a news conference ending a meeting of experts from the World Health Organization and other agencies.

Highly drug-resistant forms of tuberculosis have recently surfaced in 120 nations-up from fewer than five countries a decade ago. And all over the world malaria parasites are growing increasingly resistant to humanity's small drug arsenal. Five million people were killed last year by HIV, TB and malaria, Feachem said, and all three pandemics are on the rise, promising to claim twice as many lives within the next five years.

Dean Jamison, chief economist for WHO, applauded President Bill Clinton's call for a \$1-billion tax exemption for pharmaceutical companies that spend money on the research and development of new vaccines. Clinton issued that call in his State of the Union address last month. The San Francisco meeting also endorsed similar plans within the British government of Tony Blair and the European Community.

"From an industry standpoint-from major pharmaceutical companies' perspective-the incentives are the most important," Hannah Kettler of the London-based, industry-funded Office of Health Economics said.

The problem is simple: Pharmaceutical companies need to earn large profits in order to satisfy their stock investors. That means, Feachem said, that the drug companies do not want to get involved in scientific research and drug development of any medicine that cannot earn around \$300 million in annual sales. But the gravest needs are in countries where the pharmaceutical market is very small, people are quite poor, and such astronomical sales targets will likely remain unrealistic well into this century. Some American and European scientists are hard at work in their National Institutes of Health and

university laboratories trying to find ways to cure such diseases. But drug companies see no financial incentive for taking such innovations beyond the lab bench into manufacture and global distribution.

Clinton's tax incentive plan is a beginning, the group concluded. But within most of the world's governments, Jamison insisted, "we fail to see much of a sense of urgency. And that lack of urgency is part of what contributes to the rapid growth of these diseases."

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02/23/2000
Wednesday - Page A 17

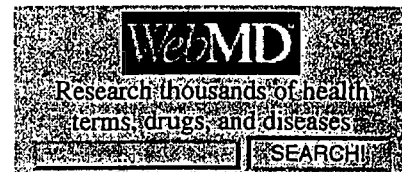
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Tuesday February 22 7:53 PM ET

Call for urgent action on drugs, vaccines for poor nations



NEW YORK, Feb 22 (Reuters Health) -- Researchers with the Institute for Global Health warned Tuesday that infectious disease is still a major threat in developing countries. A global approach to solve the problem is essential to curb the death toll, according to a group of world health experts.

“Failure to improve drug and vaccine development will have a great cost,” the group concluded. “Malaria, for example, will soon become untreatable as parasites are quickly becoming resistant and there are few new drugs in the development pipeline. AIDS will cause growing devastation in Asia as it has already in Africa -- an AIDS vaccine, and affordable treatments, are still years away,” the experts noted in a statement.

About three dozen health experts from the World Health Organization, the World Trade Organization, the World Bank, Glaxo-Wellcome, Chiron, Aventis Pasteur and health leaders from India, Indonesia, South Africa, China, Europe, Canada and the US met over the weekend in San Francisco to prioritize global health problems and formulate a plan to correct them.

At a briefing Tuesday, Dr. Richard Feachem, who is the founding director of the University of California, San Francisco Institute for Global Health, said that “no single strategy can solve the problem of under-investment in diseases of the poor... Simply increasing foreign aid budgets will not solve the dangerous structural problems with drug and vaccine delivery and development.”

Feachem noted that there is a delay of about 10 years between vaccine or drug development and delivery to developing countries.

Attendees of the summit “agreed that private industry has a right to recoup its investment costs and make a reasonable profit, and government has a responsibility to provide the funding and incentives to ensure more equitable development and distribution of lifesaving vaccines and drugs.”

The group has developed what they describe as “push interventions” and “pull interventions” to provide incentive to smaller biotechnology companies. “Push

interventions “ would include such measures as providing tax credits on research, encouraging public sector venture capitalist funds, harmonizing licensing and expediting approval of drugs and vaccines for diseases that affect developing countries.

“Push interventions” would include the establishment of vaccine development funds that guarantee a market and creating markets to purchase products in developing countries, as well as providing tax credits for the sale of vaccines.

The “action steps” released by the group Tuesday will be developed into a proposal to be presented to President Clinton and other world leaders in early March.

The Institute for Global Health, founded in 1999 by UC San Francisco, UC Berkeley and Stanford University, supports the Clinton Administration package that backs funding, tax credits and other incentives to promote drug and vaccine development. The Institute also supports the World Bank proposal to give \$1 billion to wards the purchase of drugs and vaccines in developing countries and other proposals before Congress, including one from Sen. John Kerry (D-MA) that would provide funding and incentives for vaccine development.

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World Health Leaders Discuss Ways to Bridge the Medical Divide

Drugmakers' focus on profits keeps them from helping poor nations

Miraculous advances in medicine are widening the gap between the healthy nations of the West and the rest of the planet, where poor people die by the millions from illnesses that aren't lucrative enough to interest drug companies.

"At the moment, the fruits of biotechnology are available only to the fortunate few and not to the many," says Richard Feachem, director of the Institute for Global

Health in San Francisco.

Feachem gathered more than three dozen world health leaders in Carmel this past weekend to discuss the embarrassing fact that, while medicine has increased life spans in the developed world to 77, average life expectancy in the poorest nations is closer to 52.

Feachem enlisted the support of people such as Sean Lance, chief executive of Chiron Corp. in Emeryville; Adel Mahmoud, president of the vaccines division for New Jersey's Merck; Dr. Sally Stansfield, medical director for the Bill and Melinda Gates Foundation; and World Bank economist Joseph Stiglitz.



BIOSCOPE

Tom Abate

The get-together was called to suggest tax and other incentives to encourage the development of vaccines for illnesses such as diarrhea and pneumonia, which kill mil-

lions of poor kids but are not considered drug research targets because there's no money in curing them.

It can take 10 to 15 years and hundreds of millions of dollars to develop a new vaccine or a drug. Companies have a tough time justifying that sort of expense for malaria research, when a drug to fight fat, impotence or cholesterol would be a much bigger money-maker.

"Senior execs regret this, but they have commercial pressures on their decisions they cannot ignore," Feachem said.

Over the years, some companies have bucked the profit motive and

done the right thing.

In the 1970s, for instance, scientists at Merck realized that Ivermectin, a drug they were developing to treat heartworms in dogs, also seemed to kill the parasite that causes river blindness in West Africa.

River blindness is spread by parasites that breed alongside fast-moving water. The parasites multiply and migrate through the body, causing a debilitating itch and, in many cases, blindness.

Merck executives gave the scientists permission spend years modifying the dog drug to be safe for humans. By 1987, Merck had created Mectizan, a \$1.50 pill that prevent-

ed infection by the parasites that caused river blindness.

There was just one hitch. There was no market for Mectizan. National governments in West Africa pleaded poverty. People in the bush were too poor to pay. International health agencies had other priorities than mass-purchasing river blindness pills and then giving them away.

So Merck decided to make Mectizan freely available, indefinitely. So far the company has dispensed 400 million pills though a network of public health officials. The program has been so successful that last

► **ABATE:** Page B5 Col. 1

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From Page B1

year the World Health Organization declared river blindness "on the verge of elimination," and credited Merck's pill with sparing 12 million African children from blindness.

A Merck spokesperson said the company was able to justify the giveaway because Ivermectin, the dog pill, was so profitable. Imagine that. Dogs in the developed world have greater access to pharmaceuticals than West Africans.

And that is really what the medical divide boils down to, a problem in purchasing power. Japan topped the world in per capita drug consumption in 1990, according to Feachem's figures, spending \$412 per person. Germany and the United States followed at \$222 and \$191, respectively. Mexico managed \$28 per head, far less than its northern neighbor but still far more than the \$4 spent by Kenyans or the \$3 spent by Indians.

Given that drug development will always follow the money, Feachem's group can only hope to propose modest measures to redirect some research toward unprofitable Third World killers like malaria or tuberculosis.

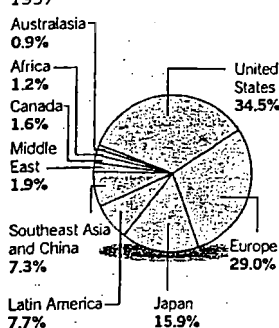
But at least policymakers are receptive. Legislation now in Congress, including Rep. Nancy Pelosi's HR 1274, would create tax incentives for vaccine research. President Clinton, who addressed the medical divide in his State of the Union speech, has asked industry leaders to join him in March to find ways to bridge the gap.

Feachem hopes to come away from Carmel with proposals, vetted by industrial, governmental and philanthropic leaders, to put into Clinton's hands. I'll revisit the issue

THE MEDICAL DIVIDE

■ Where the money is

World pharmaceutical market, 1997



■ CASE IN POINT: "The Coming Age of Biotech," by Richard Oliver, business professor at Vanderbilt University, captures the excitement engendered by biotechnology. Oliver isn't troubled by the inequities in the distribution of medical advances. His point is that science is poised to deliver fascinating therapies for people with money.

"The Coming Age" heralds potential breakthroughs — such as stem cell research to grow new organs and drugs to preserve memory — in breathless, hyper-optimistic prose. Biotechnology, Oliver writes, "promises to add more years to hu-

■ Growing gap between developed, undeveloped nations

Annual drug expenditures per capita, selected countries, 1990

Country	Expenditure	Country	Expenditure
Japan	\$412	Brazil	\$16
German	222	Philippines	11
United States	191	Ghana	10
Canada	124	China	7
United Kingdom	97	Pakistan	7
Norway	89	Indonesia	5
Costa Rica	37	Kenya	4
Chile	30	India	3
Mexico	28	Bangladesh	2
Turkey	21	Mozambique	2
Morocco	17		

Sources: IMS Health, 1999; Balance, Pogany and Forstner 1992

man life expectancy in the next half century than were added throughout all prior human history!"

Though hyperbolic, Oliver provides a good overview of the currents in biotech research and development. He explains how biotech will affect not just drugs and agriculture, but every form of manufacturing. Biotech has taught scientists how to create molecules that perform specific tasks.

So far, we've used these molecule-building skills to fashion new drugs. But biotech techniques can

be just as readily applied to creating inorganic molecules to filter pollution from the air, perhaps, or build microscopic machines. Science is on the verge, says Oliver, of "making every atom and every cell a factory."

Heady stuff, and some of it no doubt true. I thank Scott Morrison, biotech consultant with Ernst & Young in Palo Alto, for bringing it to my attention.

People interested in learning more about biotech would benefit

from a skeptical reading of "The Coming Biotech Age." Just figure that everything will take longer and be more difficult than he assumes, and that the most profound changes are probably things Oliver hasn't imagined. It is an exciting time in bioscience, and the book sizzles with that sentiment.

Look for BioScope every Monday in the Business section. Send your biofeedback to Tom Abate by e-mail, abate@sfgate.com; fax, (415) 543-2482; or phone, (415) 777-6213.

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