

14.2%

a liberal journal for a conservative estimate

MUNICIPALITY
**NON-AIDS ONLY
BEACHES**

MUNISIPALITEIT
**SLEGS NIE-VIGS
STRANDE**

NO

VEHICLES

GEEN

VOERTUIG

**SOUTH
AFRICA'S
NEW
APARTHEID**

▶ CONTENTS

DIRECTOR'S REPORT

What's this whole AIDS thing? 2

AGENDA

News, Views and Comment 3

WORLD AIDS DAY 1997

What it means 4

THE BUSINESS OF AIDS

Old Mutual Responds (and gets a response) 5

SPECIAL SECTION

DISCRIMINATION IN THE WORLD OF AIDS

South Africa's New Apartheid 8

The New Struggle? 9

GOVERNMENT RESPONSE (MAKE CAPS)

ACDP a Christian Response to AIDS 13

DP responds democratically... 14

All Together Now:

A Unified Government Response? 15

The 1st AIDS Symposium in Sport

The Department of Sport takes in HIV 16

DISCRIMINATION IN THE WORKPLACE

What are your rights? 17

COMMUNITY RESPONSE

Chris Hani Baragwanath

PWA'S fight discrimination 19

Themba Drama Project

Youth react dramatically to the virus 20

NUTRITION

Food may be a secret weapon against HIV 21

LIVING POSITIVELY

The Trials and Tribulation of Trails 22

THE NEW YELLOW PAGES

14,2%c rethinks the old resource as a directory for dealing with the pandemic

At the time of publication, 14,2% of all South Africans are HIV+, as estimated by the 7th National Survey amongst women attending antenatal clinics in South Africa—Oct/Nov 1996. This percentage is expected to double by 1999. 14,2% is deemed a conservative estimate within the NGO/AIDS Services field, as there is no system for testing the general population and finding an actual count of all people living with HIV in South Africa today. We expect the figures to change, as will the title of the magazine with them. Yet with 14,2% HIV+ and growing, we ask why our nation's Government does not yet have a comprehensive AIDS strategy. We're dying for an answer.

The current edition of 14,2% can be found on Wola Nani's Website at :

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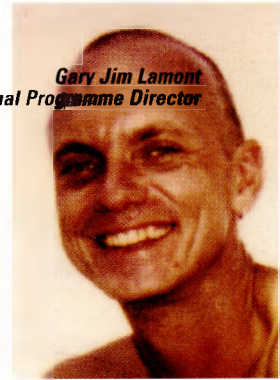
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????? What's this whole AIDS thing?



Gary Jim Lamont
National Programme Director

AIDS starts with a virus. Like all viruses, it's a parasite fragile and impotent. It cannot reproduce except within human cells, It's tiny. Over 500,000,000 HIV viruses could fit the dot on top of this i. In the wrong environment HIV dies. In the right environment, it dominates.

People living with HIV and AIDS have contributed to the expansion of the virus by agreeing to live in fear and being willing to be treated as disposable citizens. They have joined in the silencing of their voices.

In the fourth year of Wola Nani's life,

AIDS is dominating South Africa with all ready 2.4 million people infected, with estimates of 20% of the working population being infected within four years. South Africa has willingly opened itself to domination. This time, not colonial political oppression or the cruelty of racial apartheid, but domination by a virus all of us saw coming.

People living with HIV and AIDS have contributed to the expansion of the virus by agreeing to live in fear and being willing to be treated as disposable citizens. They have joined in the silencing of their voices.

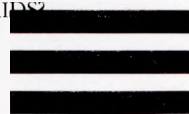
The Ministry of Health welcomed the virus by failing to impart a practical and realistic National AIDS strategy. Instead, entertaining us with a R14.3 million play called Sarafina 2 and a discredited new cure for AIDS Virodene.

President Mandela has ushered in the virus by declaring HIV/AIDS a Presidential Priority Programme and providing little leadership or attention to the details of pandemic or the misdemeanours of his health sector managers.

The members of the Parliament have enticed the virus to dominate when party politics overshadowed the need for a genuine united response to pandemic. Society at large flirts and liaises with the virus in encouraging suspicion and prejudice against people living with the HIV, ignoring the issues of prevention and safer sex education. In doing so, it pushes the virus deeper into a environment where it can grow unchecked.

as National Director, I reaffirm our commitment to join partner agencies and individuals to mobilise a popular movement which responds to the needs of those living with HIV/AIDS: to be silenced by no one and to promote a just and caring response to AIDS.

To those of you who have joined our movement, a grateful thanks for your support in time, energy and funding our programmes. In the months ahead, assist us in asking our National Government for an applied AIDS strategy to answer those who are dying for an answer and help us to address society at large with the question: How many eyes need to close before we open our eyes to AIDS?





The Ministry of Health, our “ally” in the fight to prevent increased HIV infections and to campaign for better care services for people living with HIV/AIDS, has had an eventful three months since our last issue. On the positive side, Minister Zuma maintains governmental pressure on the pharmaceutical industry to make essential drugs affordable and available. She is fighting this in the face of a well fed lobby from the industry giants themselves who tell us drug prices should be protected and generic equivalents avoided. For our own good.

Frankly it feels the real beneficiaries of this price fixing would be the pharmaceutical companies, who would maintain their profit margins and increase stock holder confidence.

NACOSA – now openly recognised as being a target for Ministerial disapproval and departmental angst, seems to be facing a financial problem of major crisis. It's not that they've run out of money – rather the opposite. Having gained a three month extension for their year's budget NACOSA, has to spend the millions in their accounts within the next three months or return the unspent money to USAID and the Government by the extension deadline. NACOSA management have had a lot to say about the misspending of governmental funding on Sarafina and the Virodene fiasco but seem to have failed in allocating and disbursing the monies entrusted to them. Where else in the world can you find a conglomerate mandated to protect and serve the community affected by HIV having to face the possibility of returning monies not used. What is going on? Are we not facing an increase in the infection rate of HIV and a cut in essential services to those already living with the virus?

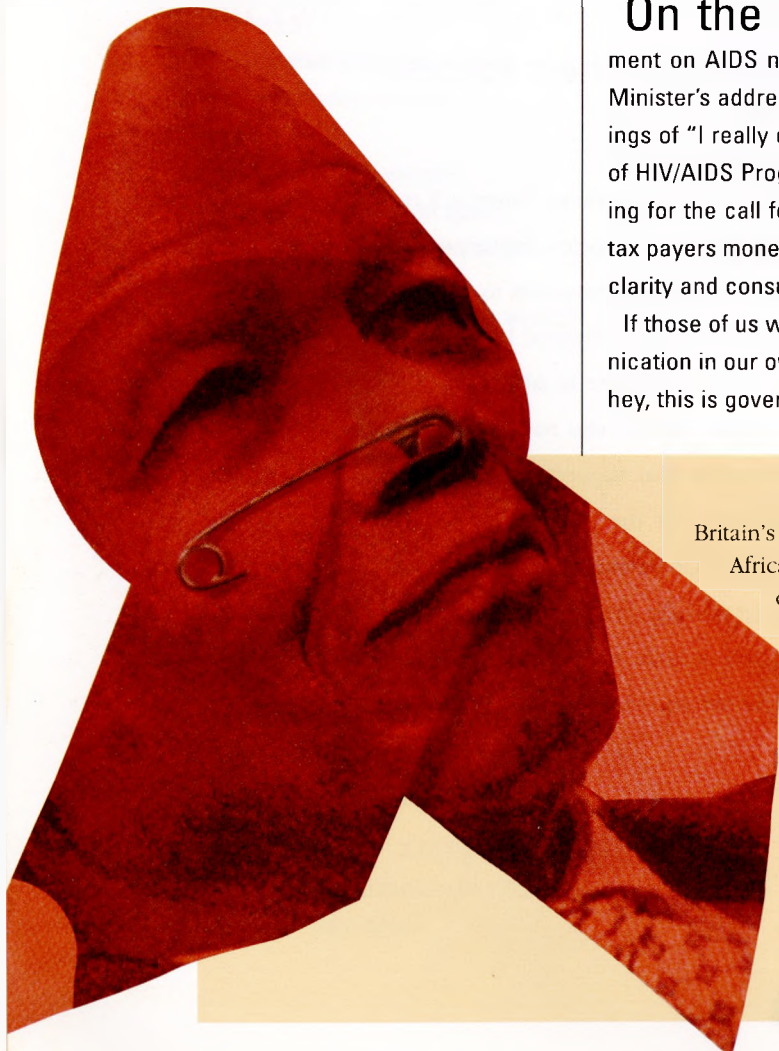
The New Struggle, so what's the government struggling with?

On the not so positive, The Ministry fluffed an announcement on AIDS notification which caused the PWA delegation to walk out of the Minister's address at the recent conference in Johannesburg. After several meetings of “I really did not mean what I said” and from Rose Smart, National Director of HIV/AIDS Programme, “The Minister was misunderstood”, some clarity is coming for the call for notification. Between the two staff members, some R450,000 of tax payers money is spent keeping them in their jobs and certainly we expect more clarity and consultation when such announcements are made.

If those of us who are working and living with HIV made such errors of communication in our own work place we would probably be looking for another job. But hey, this is government speak for us.

Britain's National AIDS Trust announced Thursday the appointment of South African President Nelson Mandela as honorary head of a global business campaign against AIDS. The Global Business Council on HIV/AIDS has been set up by companies including Britain's Glaxo Wellcome, MTV from the United States, India's Tata Power, and Industrias Villares of Brazil—along with the National AIDS Trust and the Joint United Nations Program on HIV/AIDS. The council, chaired by Glaxo Wellcome CEO Sir Richard Sykes, will urge businesses to join in the war against HIV and will advise UNAIDS about corporate positions on the battle.

Although attempts have been made to find out what this really means as far as the President's commitment to the fight against AIDS is, and what his first action will be, there has been no response to questions posed to his office at the time of printing.



Children Living in a World of AIDS



What is World AIDS Day?

World AIDS Day has a special place in the history of the AIDS pandemic. Since 1988, 1 December has been a day bringing messages of compassion, hope, solidarity and understanding about AIDS to every country in the world, North and South, East and West.

What prompted this extraordinary response?

World AIDS Day emerged from the call by the World Summit of Ministers of Health on Programmes for AIDS Prevention in January 1988 to open channels of communication, strengthen the exchange of information and experience, and forge a spirit of social tolerance. Since then, World AIDS Day has received the support of the World Health Assembly, the United Nations system, and governments, communities and individuals around the world. Each year, it is the only international day of co-ordinated action against AIDS.

Every year, there is a different theme for World AIDS Day. This year's theme for the 10th annual World AIDS Day is "Children Living In A World With AIDS". This theme reflects the fact that AIDS affects all children around the world because it is part of the world in which they live.

Children hear about AIDS all the time - on the television, on posters, talking to friends and listening to others. Some children already live with and are cared for by people with HIV. Some children are themselves infected. Also, as more people become infected, more and more children will be spending time (for example in playgroups or at school) with adults and children who are infected with the virus.

Whilst remembering the children around the world, we also need to think of the many adults who are continuing to try to combat the epidemic, as well as those living with HIV.

Alongside the delight at the new treatments available in some countries, there must also be caution as we remember the previous optimism for AZT and the resulting enormous disappointment. We must also think of those living in countries where these drugs are unlikely to be made available in the foreseeable future. Education in its many forms must continue in all countries, and take into account the diverse range of people affected.

A global perspective

There is still no cure or effective vaccine for HIV, the virus that causes AIDS. UNAIDS, the Joint United Nations Programme on HIV/ AIDS, estimates that there are already over 23 million people worldwide living with HIV, over 40% of whom are women. In some of the worst affected countries, up to 40% of women attending antenatal clinics in urban areas are HIV-infected.

In 1996 alone, 400,000 children under the age of 15 became infected with HIV, bringing the total number of children in this age group living with the virus to 830,000 at the end of 1996.

By the end of 1997, 1,000,000 children under the age of 15 are expected to be living with HIV, over 90% of them in developing countries. Of the 1.5 million people who died of AIDS in 1996, 350,000 were children under the age of 15.

The US Bureau of the Census estimates that by the year 2010, if the spread of HIV is not contained, AIDS may increase infant mortality by as much as 75% and mortality in children under 5 by more than 100% in those regions most affected by the disease.

UNAIDS estimates that, by mid-1996, 9 million children under 15 had lost their mothers to AIDS. More than 90% of these children live in sub-Saharan

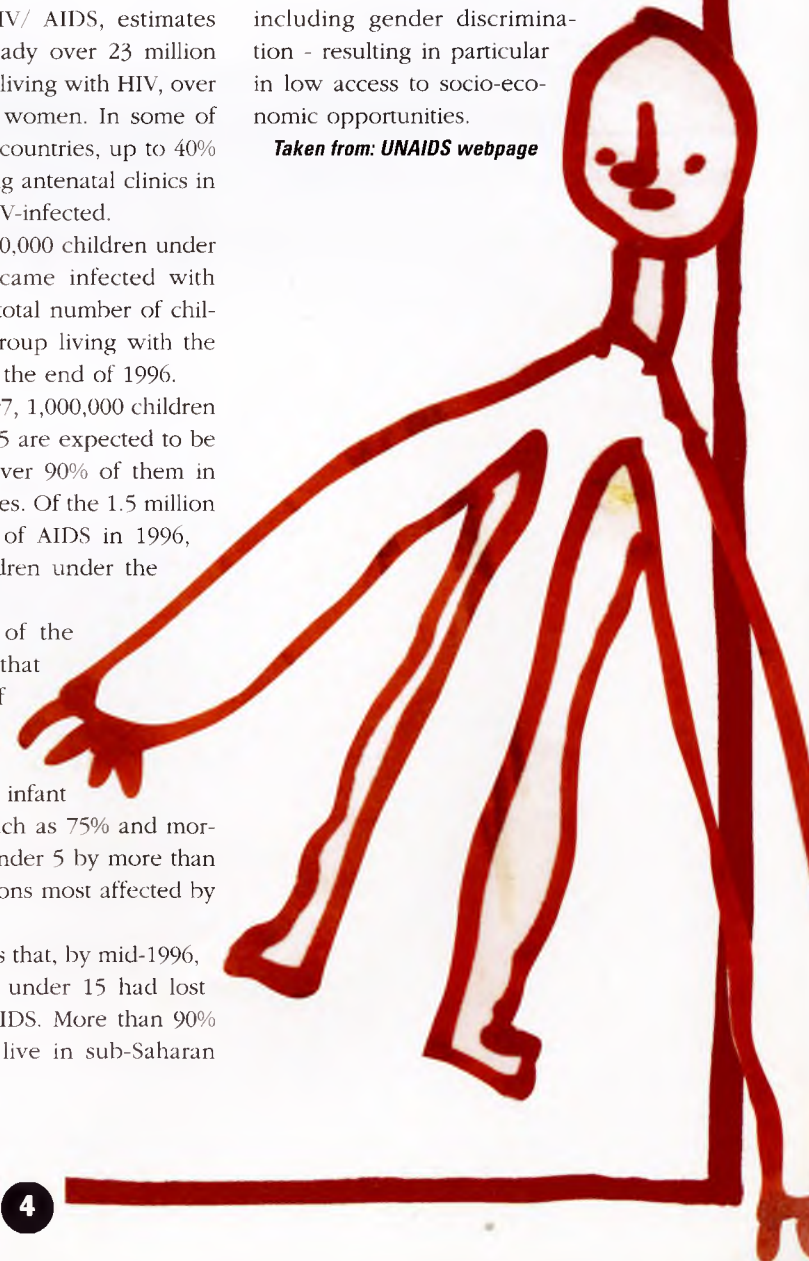
African countries.

Since the beginning of the epidemic, according to UNAIDS and WHO estimates, well over 2 million HIV-infected children under the age of 15 have been born to HIV-infected mothers, and hundreds of thousands of children have acquired HIV from blood transfusions or through sex.

Because HIV infection often progresses quickly to AIDS in children, most of the close to 3 million children under 15 who have been infected since the start of the epidemic have developed AIDS, and most of these have died.

The vulnerability of girls to HIV infection is exacerbated by denial or neglect of their recognized human rights - including gender discrimination - resulting in particular in low access to socio-economic opportunities.

Taken from: UNAIDS webpage



Getting your own (back)

IN RESPONSE TO THE ARTICLE "GETTING YOUR OWN (BACK)" IN THE 2ND ISSUE OF 10,4%: DESIREE DANIELS, MANAGER AIDS FOCUS OLD MUTUAL

We noted with interest this article in the 2nd issue, aiming to provide life assurance advice to HIV-positive individuals. The article, though technically correct, could create rather negative perceptions about life assurance and the way we operate.

However, we would like to complement the article with further information.

We are aware that some individuals do take out policies without disclosing that they have been tested for HIV or are HIV-positive.

On the other hand, we are entering into a contract with a client in good faith. We have to ensure that processes are in place in order to eliminate this kind of practice as far as possible, as it impacts on the security and financial benefits of all our other policyholders. Each individual makes a choice when answering various questions, and should be aware of the consequences of their decisions - the main consequence being that if the contract was breached, we have no obligation to pay out the benefits.

Something not covered in your article is the position of HIV-positive individuals who have existing life assurance. Most likely, their policy contract won't have any AIDS exclusions and may therefore pay out on death regardless of it being AIDS related.

However, many HIV-positive individuals cancel their policies, not because they can no longer afford the premiums, but because they assume or have been advised that the policy is now 'useless'. This is not always true. Before cancelling an existing policy, it is very important that the contract be studied or that advice be obtained from people qualified to give it.

Old Mutual recognises the financial needs of HIV-positive people and provides a comprehensive advice service called OMUCARE, providing the option for people with a shortened life expectancy to obtain life cover. We have a group of volunteers qualified as life assurance consultants and have undergone special training - so they can offer the right financial advice to HIV-positive individuals. This service aims to assess a client's needs and provide financial advice in his/her best interest - meaning, for example, a policy is not the answer but that saving spare cash in a bank account or investing it in unit trusts would be better. For further info, phone the OMUCARE Helpline on (021) 504-8181.

Also, Old Mutual has recently launched AccidentPlus, an inexpensive plan which pays out in the case of death which may occur due to violence or an accident. Besides the investment element, this plan provides an Accident Death Benefit of up to R700 000 cover, payable upon death, to fund not only funeral costs, but any other costs which dependants may find in the future, like the education of children, etc. No medical questions are asked, no HIV test is required and there is no AIDS exclusion.

RESPONSE TO THE RESPONSE:

Good to see Old Mutual taking some positive steps towards the provision of cover for PWA's. I'll grant Old Mutual their dues for this start, but let's take some of the issues they've raised a bit further: Asking if an applicant has been tested for HIV is not a meaningful way of determining "the appropriate premium to cover the risk". These days, so many people go for HIV tests for insurance, employment, etc. that whether or not a person has been tested really says nothing about their likelihood of being infected. If that were the case, then how do life insurance underwriters measure this "risk"? I do hope that "lifestyle" issues (read: sexual orientation) and skin colour aren't being used in this regard, either implicitly or explicitly.

I disagree that it's "very likely" that PWA's policy contracts won't have any AIDS exclusions. Most life companies have had exclusions in their life cover contracts since the beginning of the decade, while the majority of people now becoming infected are in the younger age groups and would only have bought insurance in the last few years. Nonetheless, we agree that PWA's should read their contracts carefully before canceling them - some may be lucky enough to have bought life cover before exclusion clauses became the norm.

The Old Mutual response makes no mention of the medical requirements of their OMUCARE life cover for PWA's. In fact, cover is only available to those in WHO Stage 1 of the disease. This is admittedly the majority of PWA's in RSA, but (a) most of those PWA's probably won't find out about their infection until they reach Stage 2 or 3, and (b) at least one other company offers cover to people in Stage 2 as well - why not Old Mutual?

AccidentPlus sounds nice, but unfortunately it's not much use to PWA's. What's the point of cover against something that's so unlikely to happen, given that the chances of non-accidental (i.e. AIDS-related) death are so much higher? It's like car insurance that only covers you against being hit by a double decker bus - not much point when the chances of being hit by other cars are so much higher.

I must point out that Old Mutual is heading in the right direction - and appreciate their generally honest approach, as well as the financial support which they provide to many AIDS NGO's. I recognise that they are doing a much better job than most (if not all) other insurance companies.

There's still a long way to go however.

Author W.N. Jones



**The New South Africa:
Ethical Guidelines on how to treat people
with HIV/AIDS**

❑ Don't let them play sport with them, even something like Tennis. ❑ Don't let them go to school with your children ❑ Deny them the right to continue a pregnancy, or at least, make them feel incredibly guilty for what they have done. ❑ Kick them out of your neighbourhood by making them feel really unwelcome. Be creative. ❑ Demand they get tested before you will hire them ❑ Fire them! ❑ If you work in the healthcare profession, make sure you see to everyone else in the waiting area. Maybe they will leave. ❑ Tell everyone you know they have HIV/AIDS. It's a free country, right? ❑ Don't let them pray in your church/temple/synagogue/mosque ❑ If they are part of your family, reject them. ❑ If they have children, reject them too. ❑ Judge them by the way they became infected.



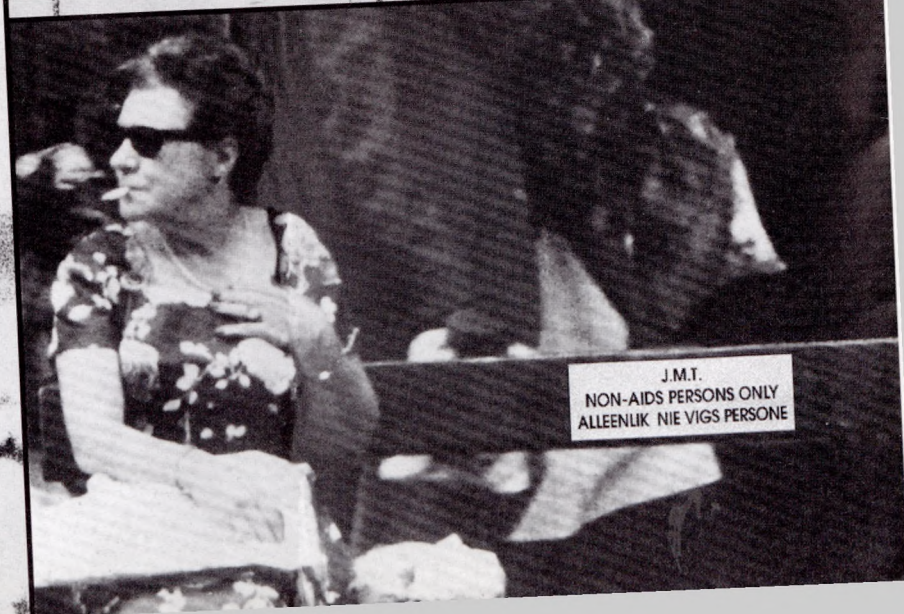
**CITY OF PORT ELIZABETH
NOTICE**
FOR THE USE OF NON-AIDS
PERSONS ONLY *BY ORDER.*

**STAD PORT ELIZABETH
KENNISGEWING**
ALLEENLIK VIR DIE GEBRUIK
VAN NIE VIGS. PERSONE *OP LAS.*

**IDOLOPHU YASEBHAYI
ISAZISO**
**UKUSETYENZISWA NGABA
MHLOPE BODWA.** *NGOMYALELO.*

BEACH CHAIRS 15 CENTS PER DAY OR PART THEREOF
SUN UMBRELLAS 50 CENTS PER DAY, AFTER 2P.M. 30 CENTS
TICKETS OBTAINABLE FROM THE CHAIR ATTENDANT. THE
OWNER DOES NOT HOLD HIMSELF RESPONSIBLE FOR
ANY INJURY SUSTAINED WHILE HIRING THESE CHAIRS
AND UMBRELLAS.

STRANDSTOELE 15 SENTS PER DAG OF GEDEELTE VAN
'N DAG. SONSAMBRELE 50 SENTS PER DAG 30 SENTS
NA 2-N.M. KAARTJIES IS VAN DIE STOELE-OPPASSER
VERKRYGBAAR. DIE EIENAAR IS NIE AANSPREEKLIK
VIR ENIGE BESERINGS WAT OPGEDOEN MAG WORD
TERWYL HIERTIE STOELE OF SAMBRELE GEHUUR
WORD NIE.



South Africa's New Apartheid

If Dr. Zuma and cabinet colleagues fought the old struggle (apartheid) in the same way they were addressing "AIDS: the New Struggle", the members of cabinet would still be in exile or on Robben island.

In the restructuring of South Africa from its apartheid years, HIV/AIDS had to be an issue to remain on the "back shelf" as non-profit agencies and organisations tackled the dismantling of apartheid. It has been said, however, that AIDS will have a more ravaging effect on South Africa than Apartheid had. That is to be debated, and only time will determine this.

We could say, however, that South Africa's New apartheid is the stigma and prejudice attached to people living with HIV and AIDS. Wola Nani feels we are all affected by the HIV/AIDS pandemic in South Africa, and it is every one's concern to overcoming the ignorance about HIV and AIDS that has become as dangerous as a pandemic in its own right. It is in this vein that we intend our Embrace to not only be an educational tool about the disease, but also about understanding and caring for the people living with HIV and AIDS. We still believe that this is the New Struggle.

The Ministry of Health, on the other hand, apparently has dropped the slogan "AIDS: the new struggle" to opt for a better, more descriptive "Beyond awareness" campaign. Beyond what? Wola Nani recently called upon the minister to take a message back to the cabinet. The brief was short but clear. Why drop the original slogan? We mentioned that if Dr. Zuma and cabinet colleagues fought the old struggle (apartheid) in the same way they were addressing the "new struggle", all the members of cabinet would still be in exile or on Robben island. Whereas we had, all and sundry cabinet members pop up around the world punting Cape Town as a host city for the 2004 Olympics, we cannot get effective inter-ministerial collaboration to confront the issues of AIDS.

If this is how the cabinet moves against the new struggle, then it is clear that they were more interested in the party of the Olympics and ignoring the real plight of 14% of their population.

Still an election is up and coming and perhaps the push for votes may make them take a more appropriate stand.

The Ministry of Health, in dropping "the new struggle" in favour of "Beyond Awareness", infers that they have succeeded in both education and awareness - we know that is not the case and in response, Wola Nani is launching our own "Beyond Ignorance" campaign keeping the slogan they left behind - the New Struggle - for it is still a struggle to fight the stigma that impedes dignified living for all of those with HIV/AIDS and, it is the stigma that is instrumental in advancing the spread of infection.

As we approach World AIDS Day 1997, Wola Nani wants to remind everyone that discrimination and ignorance are still alive and well in the new South Africa and that wola nani along with 2.4 million individuals affected by HIV are not going to be fooled into believing otherwise.

C.D. Forecount

THE NEW

Government response to AIDS: a multi party approach

In April 1997, we sent a list of questions to each of the country's major political parties to determine how they were considering some of the current controversial issues relating to HIV/AIDS. Each party was asked to respond within one week.

In our last issue, responses from the ANC, IFP and NP were printed. Here, we offer the Democratic Party's (DP) and the African Christian Democratic Party's (ACDP) response.

Still busy with the questionnaire?

Despite receiving confirmation that all the party offices did receive a copy of the questionnaire, (and in some cases, at least three or four copies of the questionnaire!!) we have received no response from: the Pan Africanist Congress (PAC); and the Freedom Front (FF). Since confirmation was received that all these parties did receive the questionnaire in April 1997 - the postal service can not be blamed for this one!

Would we be incorrect in assuming that for all these months those that did not respond had no Policy in relation to the HIV epidemic? Or that HIV/AIDS is not an issue that they consider to be of priority importance in their political and parliamentary work?

How did they score?

Provided below is our own assessment of the party's responses, and our understanding of their implications for AIDS service organisations, health workers working in the HIV/AIDS field as well as the climate of HIV/AIDS.

HIV/AIDS policy documents

The ANC and the DP both noted that their HIV/AIDS policies were a part of broader Health Policy documents like "a National Health Plan for South Africa"

(ANC) and a policy document on "proposals for a revision of health care" (DP). The IFP noted that the party had made Resolutions in different forums. All policy documents and resolutions are available to the public from the respective party offices.

The NP noted that "no public documents on the specific issue have yet been published".

It is our recommendation to the National Party - since it appears that as a party they do not - to date - have a policy on HIV/AIDS, it would be to their advantage to consider developing one as a matter of urgency. With an estimated 2.5 million South Africans currently living with HIV/AIDS every one of our political parties and leaders should be considering the epidemic in their constituency and parliamentary work.

In addition, they should be considering the needs of those living with HIV/AIDS - who - by the next elections will be making up a considerable portion of their local constituency.

HIV confidentiality issues

Both the ANC and DP proposed that it would be advantageous to encourage people to disclose their status, as this would assist the country in its health planning. However, the DP stressed the importance of anonymity in this regard, and the ANC made reference to "not forcing people to Come forward with disclosure of their HIV status" and of those living with HIV/AIDS as being "entitled to all the rights which are accorded to citizens in the new constitution".

The IFP, on the other hand, noted that several members have suggested that they would encourage disclosure "for the sake of protection of families and sex partners", and that "if AIDS was more freely discussed



STRUGGLE?

and disclosed, we believe that sufferers would become more acceptable to, rather than excluded by their communities." The NP, like the IFP, stated that there was no definitive party policy on the confidentiality issue. However, the NP Respondent suggested that they would support "maximum transparency" in order to "enable the authorities to combat HIV/AIDS".

The draft bill – Prohibition of Pre-employment Testing, the

DP response was that they "would not support pre-employment, testing as it would infringe on the individual's right to confidentiality in health matters." No clear indication came from the ANC.

Specifically, whether the party was supporting or opposing the draft bill. The IFP indicated that they had "not yet taken a definite stand" on the draft bill while the NP indicated that they would oppose the draft bill. When the draft bill, Prohibition of Pre-employment testing, reaches Parliament, it is likely to Raise a number of controversial issues relating to confidentiality, individual rights, and Public Health.

In preparing for this debate it would perhaps be to our advantage – whether we are Members of the Health Department or working in the HIV/AIDS field outside of Government – To ensure that we are familiar with the implications behind the concepts being used – like Notification – and that we contextualise the debate within South Africa.

And in relation to the political parties that will in the future be asked to vote on this issue, our recommendation is that you ensure that your constituencies are part of developing your party's opinion on issues raised within the Draft Bill, as the bill has implications for every one of your voters.

The key issues

ANC: Developing HIV/STD counselling and support services at all the clinics. DP: The National Government prioritising HIV/AIDS as a real issue and coming up with workable solutions IFP: Implementing educational programmes on STD's in general, which are co-ordinated with Sex education at schools NP concrete maximum efforts on establishing an acceptable primary health care system.

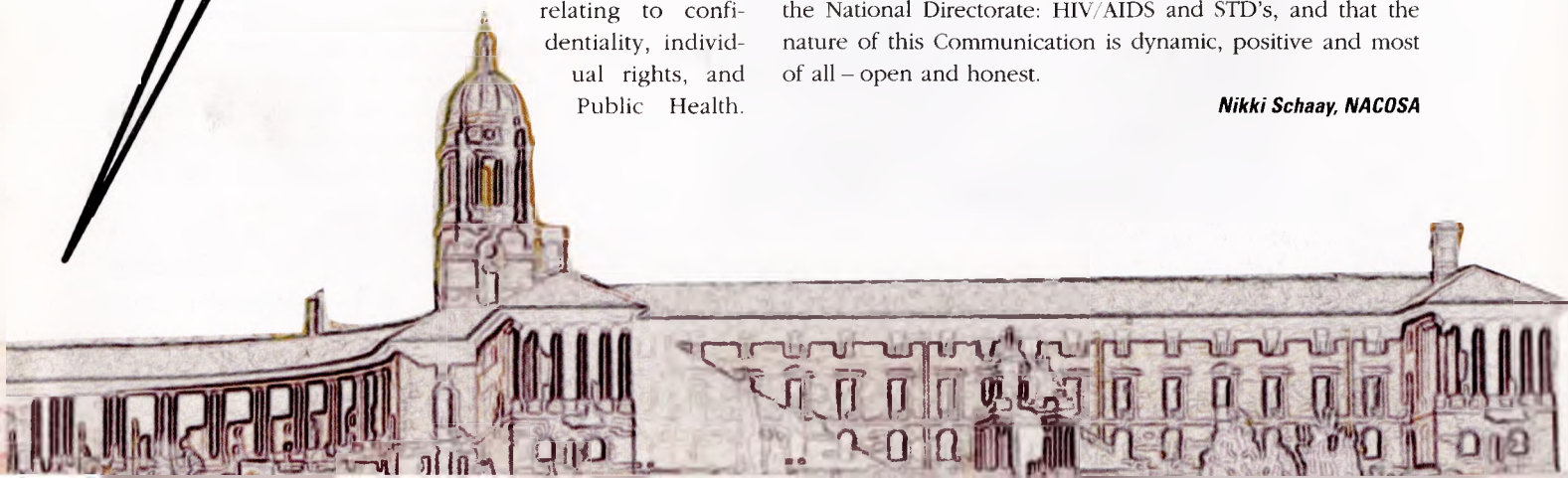
In addition to these initial suggestions, the parties raised a number of other proposals ranging from developing and implementing home-based care programmes to supporting research into alternative ways to boost the patient's immunity in the face of the high cost of drugs - To improving the STD services that are currently offered and developing accurate data of the number of patients with HIV/AIDS.

In placing these issues on paper, we hope that the political parties will be able to continue to both challenge and support the National Directorate: HIV/AIDS and STD's, and that the nature of this Communication is dynamic, positive and most of all – open and honest.

Nikki Schaay, NACOSA



100%
UNCERTAIN



How does your party discuss and draw up its policy with respect to HIV/AIDS? ACDP: We discuss HIV in the same manner as we discuss other policy. We have had 2 policy workshops (for national structures) who in turn have provincial, regional and branch workshops. We have produced a video which features an expert with figures and photos of actual case histories. This is also available for schools and communities.

Who is the contact person in your party who deals with HIV/AIDS-related matters? ACDP:

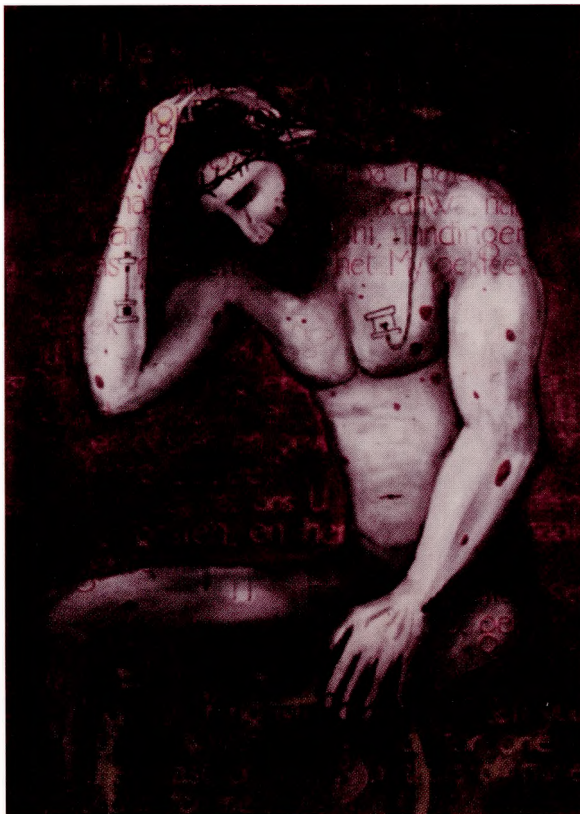
1. Mr K Meshoe, P O Box 15, Cape Town, 8000.
Tel : (021) 403 3519
Fax : (021) 461 9690
2. Mrs J A Downs, P O Box 636, Winkelspruit, 4145, Kwazulu Natal
Tel/Fax : (031) 96 4833

Two controversial issues are currently being debated in relation to HIV/AIDS in South Africa:

What is your party's position on:

1. The issue of confidentiality and whether or not it would be better for the country to encourage people to disclose their HIV status.
2. The Draft Bill, Prohibition of Pre-employment Testing, which will be tabled in Parliament this year.

ACDP: We should strongly encourage people to declare their status - there are high levels of infection. It would allow policies and facilities to be better targeted. It would help forward planning. There is also a growing problem of infected people deliberately trying to infect others



MAN OF SORROWS—CHRIST WITH AIDS, painting by Wesley Maxwell Lawton. The painting is intended to symbolize the reality that AIDS exists even in the church.

along with them (reverse Ubuntu if you like). Making HIV notifiable will assist with tracing, control and prevention. It should, however, be a confidential matter and no discrimination of any kind should be sanctioned (no pre-employment testing).

If your party was asked by the Directorate: HIV/AIDS and STD'S, Department of National Health, to highlight the three key issues that you felt required their immediate attention what would they be? ACDP:

1. AIDS/STD's needs to have a much higher public profile. Young people in high schools should be targeted specifically. They should be taught Abstinence, Monogamous faithful relationships, Use of condoms Campaigns such as the ACDP's "True Love Waits" should be promoted and supported in schools and at all youth groups.
2. The consequences of AIDS should be shown graphically (in a recent survey youth who were not sexually active or had ceased being sexually active had done so because their mothers were nurses and had taken them to the hospitals and shown them the AIDS cases). There should be shocking photos, films and overheads which will put the message forward.
3. Most HIV positive people who develop full blown AIDS are sent home to be nursed by their families. Often they discharge highly infectious body fluids (pus, blood, etc) and other infectious material. A training program aimed at those who are unaware of the possible consequences of nursing these cases should be implemented. Basic hygiene, the use of gloves (these should be free of charge - some money spent on free condoms should be diverted to this cause). Those who attend to the bodies (families, morticians) should be aware that the HIV virus is active up to 7 days after death.

How would your party deal with the effect that HIV/AIDS has relating to the high incidence of death of young people in our society? And, how does your party expect to resolve the problem of the subsequent loss of skilled persons, and its effect on the future economy of the country? ACDP:

We feel that targeting the youth in AIDS awareness is of the utmost importance. By having accurate statistics proper forward planning can be implemented. With our joblessness if we undertake to provide the proper training we should be able to maintain our skills level.

Do you feel your party could help the Department of Health in its struggle to combat the epidemic?

We would be very happy to arrange for our members to assist the Health Department. We would be available to address schools and put the Department in touch with Churches and Christian organisations throughout the country who would be available to assist in education programs.

J.A. DOWNS
M.P.P. - KWAZULU NATAL, A.C.D.P.

DP RESPONSE

The Democratic Party's response to our questionnaire:

HOW DOES YOUR PARTY DISCUSS AND DRAW UP IT'S POLICY WITH RESPECT TO HIV/AIDS?

The same mechanisms which apply to the discussion by the party of any issue apply to discussion on HIV/AIDS. The supreme policy body is the DP Congress, which meets once every two years to approve new policies. Policies applicable to local, provincial and national levels will be drawn up by the relevant structures at the different levels and will be constructed so as to be appropriate to the particular level but still in accordance with DP policy.

WHAT RESOLUTIONS AND POLICIES ON HIV/AIDS HAVE BEEN DEVELOPED BY YOUR PARTY TO DATE? HOW COULD WE OBTAIN COPIES OF THESE POLICIES/RESOLUTIONS?

At our National Congress on 13-14th September 1997 the following resolution was passed:

"This Congress noting:

1. The rapid spread of HIV/AIDS throughout the country;
2. The serious dangers that this holds for South Africa in both social and economic terms; and
3. The government's apparent inability to promote an effective AIDS awareness programme;

Therefore resolves:

To mandate public representatives of the Democratic Party to continue to address the government at all levels on the mismanagement and lack of vision shown to date."

The DP does not have a distinct HIV/AIDS policy, but our policy on our proposals for a revision of health care incorporate our policy in this regard, and are obtainable from the Parliamentary Office.

WHO IS THE CONTACT PERSON IN YOUR PARTY WHO DEALS WITH HIV/AIDS-RELATED MATTERS?

Mr Mike Ellis, Democratic Party spokesperson on health. Tel: 021-403-3507 (during Parliamentary session) & Tel: 031-267-1526 (during recess).

Two controversial issues are currently being debated in relation to HIV/AIDS in South Africa:

WHAT IS YOUR PARTY'S POSITION ON:

1. The issue of confidentiality and whether or not it would be better for the country to encourage people to disclose their HIV status.
2. The Draft Bill, Prohibition of Pre-employment Testing, which will be tabled in Parliament this year.

The DP believes that HIV/AIDS should be a notifiable disease for the purpose of ensuring reliable statistics. However, we do not support disclosure of HIV/AIDS infection where this disclosure would not be anonymous. In accordance with this position, we would not support pre-employment testing as it would infringe on the individual's right to confidentiality in health matters.

IF YOUR PARTY WAS ASKED BY THE DIRECTORATE: HIV/AIDS AND STD'S, DEPARTMENT OF NATIONAL HEALTH, TO HIGHLIGHT THE THREE KEY ISSUES THAT YOU FELT REQUIRED THEIR IMMEDIATE ATTENTION WHAT WOULD THEY BE?

1. The lack of decisive and committed stance from the National Government. While the Minister of Health has on a number of occasions expressed her commitment to fighting AIDS, there is little evidence that this is a real priority. The government appears to be more concerned about words than action, and more concerned with being tactful and not causing offence than with coming up with workable solutions.
2. The lack of alternatives to hospital care. Already hospitals are overflowing with AIDS patients and the epidemic has probably not peaked yet. Yet there is little discussion about finding and implementing alternatives – particularly home-based care.
3. The failure of the National Department to make use of the NGO sector and Provincial Governments. There is an assumption that the process must be nationally driven, yet, as pointed out already, there are serious inadequacies in the National Health Department's strategies. Had the Department been more willing to allow those who

are already involved in the fight against AIDS to be more integral to the process, a more successful approach may well have evolved by now.

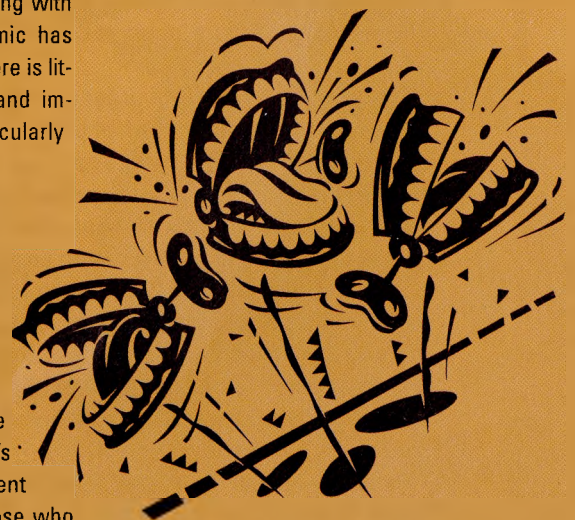
HOW WOULD YOUR PARTY DEAL WITH THE EFFECT THAT HIV/AIDS HAS RELATING TO THE HIGH INCIDENCE OF DEATH OF YOUNG PEOPLE IN OUR SOCIETY? AND, HOW DOES YOUR PARTY EXPECT TO RESOLVE THE PROBLEM OF THE SUBSEQUENT LOSS OF SKILLED PERSONS, AND ITS EFFECT ON THE FUTURE ECONOMY OF THE COUNTRY?

AIDS deaths will inevitably lead to a loss in productivity for many industries but it is not the responsibility of government or political parties to tell private enterprises how to cope with this,

it is only their responsibility to try to prevent such deaths from happening in the future. The long-term solution at government level lies in an effective AIDS prevention strategy, and particularly a programme of AIDS education which reaches all areas of the country, to ensure that upcoming generations do not become infected.

DO YOU FEEL YOUR PARTY COULD HELP THE DEPARTMENT OF HEALTH IN ITS STRUGGLE TO COMBAT THE EPIDEMIC?

Yes, if the Department were willing to adopt a more inclusive approach to finding solutions.





Health. The Minister of Sport and his Department recently held an AIDS in Sport symposium in Cape Town, Bringing together sporting bodies from around the country to Discuss issues relating to AIDS and sport. The minister of transport was recently involved in a project dealing with the transport industry and HIV/AIDS. The Department of education is also involved in life-skills education. The Minister of Welfare has also indicated her willingness to devote more time to AIDS. Although this is an encouraging trend, we are running out of time.

The response needs to be more urgent and the programmes must become more comprehensive.

One of the reasons for the lack of a collective response is the fact that no sector outside of Health has responded since the beginning of the epidemic. The other Ministries therefore, do not have.

The capacity to initiate and implement AIDS programmes. It is therefore imperative to use the expertise present within the NGO sector as well as the department of health.

Lessons from other countries indicate a successful response because strategies are

backed and co-ordinated at the highest political level. In Uganda, where a multi-sectoral approach was adopted, The infection reached 30% in 1992 among the adult population and since then has reduced to half by 1996. This is a clear indication that with a multi-sectoral approach co-ordinated at the highest level, the epidemic can be challenged.

It is imperative, as recommended in the review, that political leadership should be driven by the Deputy President. The late Princess Diana was willing to do AIDS charity work next year in South Africa, and we call on the President and Deputy President to be the champions in her absence.

AIDS is being referred to as "the new struggle" in South Africa. Is there political will and a collective effort, as with "the old struggle", which our President calls for? In the keynote address at the launching of the National AIDS Coalition of South Africa (NACOSA)

In 1994, President Mandela declared that the "key to our success is our own collective effort."

Three years later, the President made the call for a collective effort again, at the World Economic Forum in Davos in February of this year: "the AIDS pandemic is getting worse at a rate that makes a collective effort imperative. When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on The adequacy of our response."

This year, as a matter of urgency, the HIV/AIDS review identified the significant lack of political commitment and co-ordinated multi-sectoral approach incorporating all Ministries as the most vital issues to be addressed. There are since Signs that the National Government is beginning to consider the need for such an approach. Forming an Inter-Departmental Committee and an all Party Parliamentary Group on AIDS is a positive start...but it is the actual commitment to starting comprehensive programmes within all Ministries and the active participation that will begin to make the difference that we need in fighting the epidemic.

Three years after the President's appeal for a collective effort, signs are coming from some Ministers outside

Future generations will judge us on The adequacy of our response.

Pooven Moodley
NACOSA

The 1st AIDS in Sport Symposium

Lisa Baxter

The Government has received public criticism for its slow and un-coordinated response to the HIV pandemic. Misguided campaigns and aborted initiatives blight its record, leaving an impression of apathy and incompetence. With this history acutely in mind, the 1st AIDS in Sport Symposium held this past July in Cape Town and organised by the Department of Sport and the Department of Health, surfaced as an unexpected surprise.

Described by Director General of Sport and Recreation, Mr Tyamzashe, as a "unique co-operation between two Departments", the July symposium provided a pro-active model of collaboration for other Government Ministries to replicate.

Representatives drawn from a range of fields, professional sports bodies to medical doctors and HIV/AIDS lobbyists, attempted to formulate a position statement on Sport and HIV that could provide a practical "guideline for the country and continent".

Three main topics were discussed: the risk of HIV transmission during sport – and guidelines for its prevention, the management of HIV/AIDS through exercise and fitness, the role of sports organisations and bodies in HIV/AIDS education and awareness.

Delegates generally agreed that, provided "universal guidelines" are adhered to in the treatment of open wounds, the risk of HIV transmission during sport is negligible. Boxing however, proved a repeated stumbling block because of the inevitability of bleeding, and the fact that opponents deliberately and repeatedly aim for lesions.

Heated conflict dogged the issue of the mandatory pre-testing of participants prior to competition.

Debate polarised as representatives of different codes retreated to the protected laagers of their sport and refused to move. Argument assumed the line that the higher the contact in sport, the higher the risk of HIV transmission, and the greater the need for pre-testing. An enraged boxing fraternity, claiming that they were being singled out for attack, insisted that the 100% contact nature of their sport justified mandatory pre-testing at professional level.

testing before contests was ethically improper and potentially misleading

Yet, pointed out Fatima Hassan of the Wits AIDS Law Project, not only was enforced testing unethical, possibly illegal and in breach of the Constitution, more importantly, it promoted a false sense of security about infection risk. Due to the 3 month "window period," it takes for HIV antibodies to appear in the blood, a boxer (or sportsplayer) could test negative the day of the contest, but in fact be HIV+. Pre-participation testing, thus, provided no "guarantee" of the immediate HIV status of the player.

Despite random protestations from specific codes (boxing continuously, rugby occasionally soccer once or twice), there was overall agreement that the risk of HIV transmission during sport was generally low and that mandatory testing before contests was ethically improper and potentially misleading. Campaigns aimed at education, prevention, and normalisation, insisted Pooven Moodley of NACOSA, must capitalise on this national sporting fervour, piggy-backing on the high-profile of popular teams and personalities. Sporting heroes should be encouraged to speak on the epidemic at functions, HIV/AIDS information packages distributed at matches

and club structures used raise funds and educate youth about the virus. Director of the Government's National AIDS Plan, Rose Smart, argued in similar vein that sports stars offer popular leadership figures capable both of effecting behavioural change and providing positive living messages for those already infected with HIV/AIDS.

The 1st AIDS in Sport Symposium served as a powerful example of how an effective Governmental response to HIV/AIDS cannot be limited to the Department of Health alone, and that HIV impacts on every aspect of our social and professional lives. For this reason, a strategic response cannot limited to any single Governmental Department. It is imperative that all Ministries follow the lead of the Department of Sport and share the responsibility for this national pandemic.



AN INTERVIEW WITH ANN STRODE OF LAWYERS FOR HUMAN RIGHTS

Do employers have the right to ask you to have an HIV test?

AS: The Labour Relations Act now covers all employees except the employees working in the national defense force. That Act says

that job applicants are protected from discrimination. You wouldn't be able to ask an employee to have an HIV test and then use those results against them.

Do you have to tell your employer if you have HIV?

AS: You may voluntarily tell your employer if you have a good relationship, but you are not under any legal duty to tell your employer. It would have to be a decision you would have to make yourself after discussing it properly, perhaps with your shop steward or a trusted friend.

So you can't be fired if you are HIV positive?

AS: No, definitely not. Your employer definitely cannot dismiss you or fire you just because you are HIV positive and if this happens,

Mediation and arbitration. Any person, who has some sort of problem at work can go this body and you'll find them in every big city. Even if you are a domestic worker, a farm worker, you work in a big factory, you work in a panel shop, the CCMA will be able to help you if you have a problem with your job.

Suppose you are going through an illness and the employer demands you to go for an HIV test - is that advisable?

AS: The employer can't ask that. If you are ill and your illness is affecting your work, suppose you have TB, and you can't come to work for a long time, your employer can't ask you to have an HIV test. Rather, they need to find out from you what is the illness that you have, and then there's a whole procedure. The employer must find

What are your
at work?

you should immediately go to your trade union or a local advice office, or a lawyer or the CCMA.

The CCMA is the short name for the Commission on Conciliation,

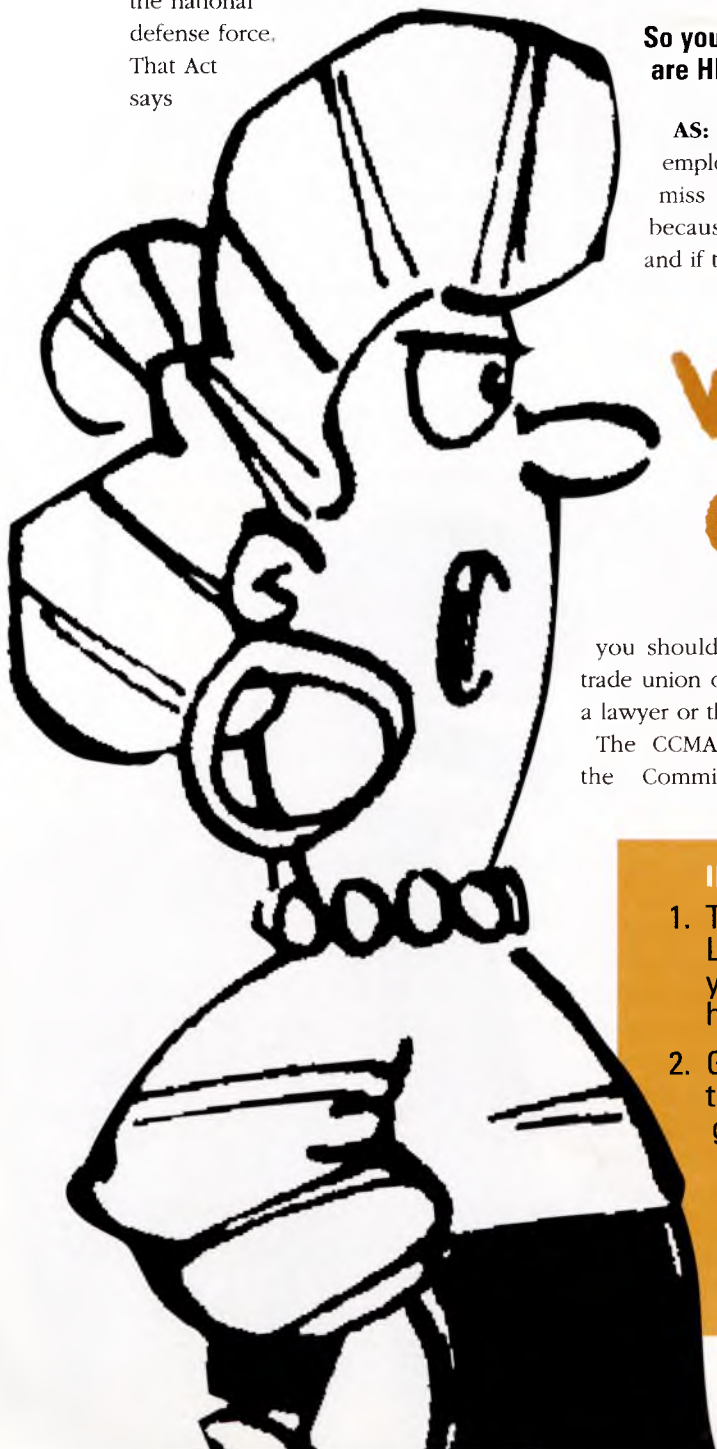
your alternative work, or make your work environment suitable so you can work for as long as possible, but they can't in any circumstance make you have an HIV test.

IF YOU ARE DISMISSED BECAUSE YOU ARE HIV+.

1. Take your blue card and go to the Department of Labour and apply for unemployment benefits so you have some money coming into the household.
2. Go to your Trade Union, go to an advice office or the CCMA for help in getting your job back or getting compensation.

CCMA: Cape Town 021 469 0111
Johannesburg 011 377 6650
Durban 031 306 5454

Or check the telephone directory for the CCMA Office near you.



So there is a law that protects people with HIV/AIDS against discrimination?

AS: There isn't a special law that protects people with HIV/AIDS against discrimination, but instead the Labour Relations Act, which applies to all South Africans, that protects everyone from a whole range of kind of discrimination - like your age, your sex, or your race, or your disability, and that protects people who have HIV, just like it would protect people in a wheelchair, or a woman who can't be discriminated upon if they were pregnant. The labour relations act is a very important piece of literature and it does protect workers.

Rights



IF YOU THINK PREJUDICE IS DEAD IN THE NEW SOUTH AFRICA, JUST ASK ONE OF THE 5 MILLION PEOPLE LIVING WITH HIV/AIDS.

Hello, my name is *Mark and I have HIV. I want to tell you a bit about what's happened since I found out I had this virus. Things have been hard and people are often not very kind, especially when I need to get health care.

Hey! Unzima lomthwalo... This parcel is heavy!

I was once at Groote Schuur Hospital recently.

After meeting the doctor I was told to go to another room for blood checking. After the nurse had finished I asked for water as I was so thirsty. Oh My God! She took five minutes to look for a cup whereas there was one right in front of her. At last she gave me the cup and I could tell from her face that she was not happy at all. I went out of that room deep in thoughts, wondering if I she thought I was the virus rather than the one who has to live with it.

No, let's forget about that one.

Last Thursday, Groote Schuur again but this time the dentist. I had appointment for my two rotten teeth to be taken out. It wasn't my first time at the dentist but something amazed me there.

We were 21 in the waiting room and I was number 2. When I went in to the X-ray room, there was "SPECIAL PRECAUTION" written across my folder like a sign, in such a way that I had to hide it from the other patients. After the X-ray, I went back to the dentist. Just imagine when I was the last one to be attended to whereas I was number 2 on the waiting-list!

The reason was that "BEWARE" on my folder.

After 4 hours, the dentist came to me and said "You musn't feel uncomfortable. I'm going to wear hat, goggles and gloves. I must take these precautions". Well, I know he was right. He injected my mouth and it wasn't even 5 minutes before he started pulling them out. I could only see his shoes. He was in the kit used in the operating room. After finishing he said, "You must not spit anywhere so as to avoid contamination or you will be prosecuted". I felt embarrassed as the door was wide open. Well, the doctor is always right!

These things make me feel like a victim. I don't blame anyone but sometimes the situation seems hopeless. The pain we suffer is sometimes unbearable. We are not given even a last chance to live on and prove ourselves as human beings. Some of us are still fit to work and earn an income, but it's fruitless. You go to any job you qualify for if you are lucky enough to get it. You'll fail 'cause the doctor will test you positive.

Hell, like this there is no sign of life or hope for us. We are living with this time-bomb inside us which can explode at any time and sometimes you wish it would, just to get it over with.

I was lucky and have finally got some work. I was so surprised when they told me to go to the kitchen and make myself at home by a cup of coffee even though they know I am HIV+. Were they not afraid that I will pass this disease to them? I guess they're smarter than that. Really, they put life back into my soul. I didn't know people like them still exist.

* Name changed to protect confidentiality.

NUMBERS WITH NAMES

PWA's fight discrimination

WOLA NANI, CHRIS HANI BARAGWANATH

CHRIS HANI BARAGWANATH IN SOWETO HOLDS THE RENOWNED TITLE OF "LARGEST HOSPITAL IN THE WORLD."

If you drive past it early enough in the morning, before clinic starts, you may see a group of women jogging to keep fit. But this is no costly fitness session helping wealthy women fill up empty mornings in pursuit of Supermodel figures. These are a group of HIV+ women who have initiated their own workout programme in an effort to boost their immune systems and keep healthy in spite of AIDS. They are a prime example of people proving they can continue to live, keep healthy and enjoy life even though they are HIV+.

Chris Hani Baragwanath is in a part of the country where more than 1 in every 10 people has HIV or AIDS and this number is growing every day as the virus spreads. From the hospital, AIDS organisation Wola Nani runs a Family and Community Support Service to the HIV+ community of Soweto. It is strikingly different to other HIV

support services in the respect that people with HIV have an extremely active role in the planning and implementation of programme aspects.

They are not content to quietly let infection take over their bodies. They are not willing to suffer in silence the discrimination of their greater community which doesn't accept that people with HIV/AIDS have the right to live and work free from prejudice. Nor are they willing to watch the virus spread further into their communities, infecting their friends, family and colleagues.

Refusing to become silent and faceless statistics, numbers without names, they are telling their communities of the reality of HIV/AIDS, educating people about prevention and care.

Most of the people on the programme are between 18 and 30 years old.

Partying, relationships, sex, looking and feeling good, are as important to them to any other young person.

But the reality of HIV/AIDS adds a different

aspect and contradictions in their lives. These youths live with the knowledge that they carry a virus that will one day probably kill them. Yet it is a disease they know people can live well with for many years, dependent of their state of healthfulness and lifestyle.

They know also that it is a disease which can be prevented and they are anxious to share this knowledge with the communities in which they live. Undaunted by the stigma, prejudice and discrimination which face many people when they disclose that they are HIV+, members of the Baragwanath group have appeared on both radio and television, they regularly attend HIV maintenance conferences, participate in candle-light vigils, and stage condom demonstrations, giving HIV/AIDS a vocal and public face.

Lisa Baxter



Youth react dramatically to the virus

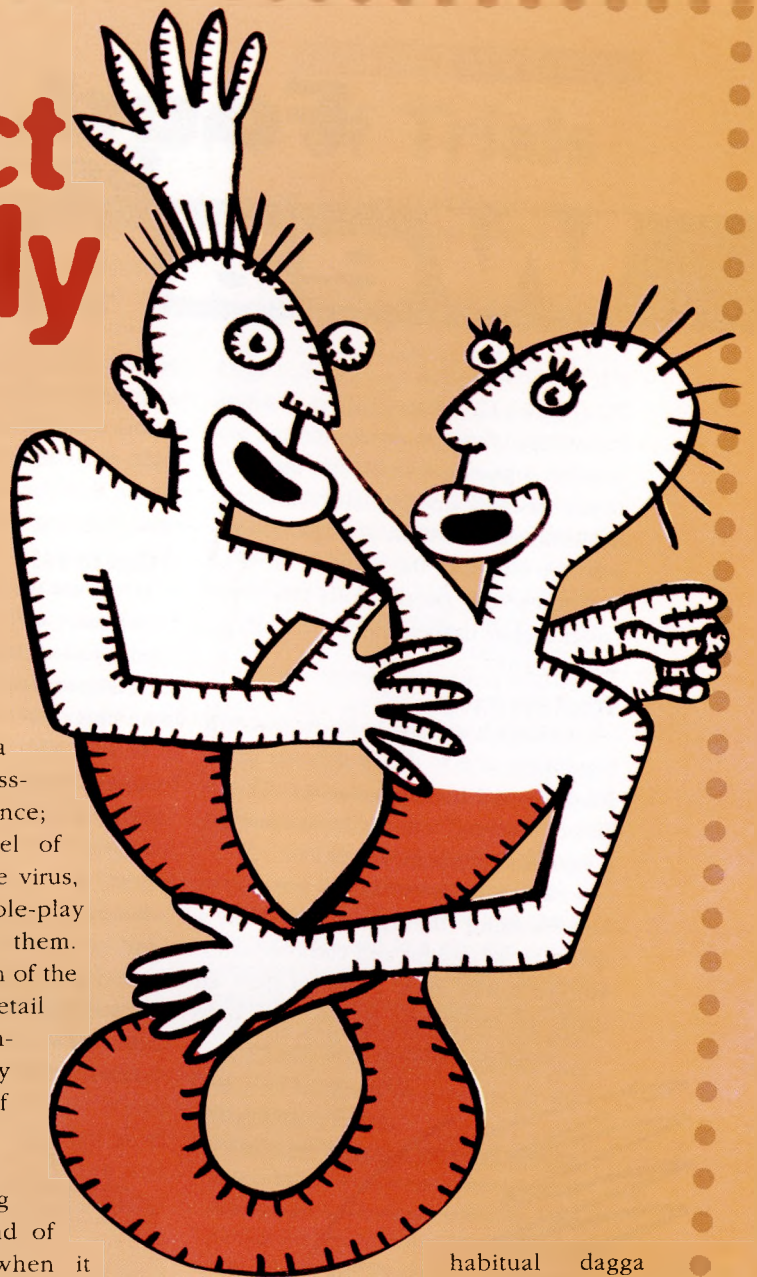
Sandra January

Five times every week, Thetha's fifteen members travel to a small white out-building in a Guguletu yard. This shoe-box headquarters is the nerve centre for a community-based HIV/AIDS awareness initiative run by, and for, the Peninsula's youth. Provided that the taxis are running on time from Khayelitsha, Mitchell's Plain, and a range of other disparate locations across the Cape Flats, Thetha's members gather to formulate their campaign. In their late teens to early twenties, these youths are the campaign's strategic planners, its creative designers, script-writers and its fieldworkers.

From the campaign's modest HQ, dramas are workshopped, dialogues scripted, and plays rehearsed, for production across the Peninsula. Established in June last year, Thetha forms one of ten Zikhulule AIDS

and clinics, to the impromptu "community stages" of taxi-ranks and shopping centres, Thetha make a quick assessment of the audience; their age and level of awareness about the virus, and adapt each role-play accordingly to suit them. But whilst the length of the drama and the detail may change, the central messages stay the same; those of anti-discrimination and acceptance toward people living with HIV/AIDS, and of personal choice when it comes to sex and safer-sex.

Drama is an "easy way to reach



"because AIDS prevention and awareness messages weren't reaching young people fast enough, and weren't accessible to them"

Project's "Youth Against AIDS" clubs. The theatre group was formed under the broad umbrella of "Catholic Welfare and Development", because AIDS prevention and awareness "messages weren't reaching young people fast enough, and weren't accessible to them", explains the Programme's co-ordinator, Khaya Maseka.

Thetha aimed to redress this situation by raising HIV/AIDS related issues through interactive theatre. Performing anywhere from schools

other youngsters", Khaya explains. "After the performance, the actors interact with the audience and it's easier to get them to open up and to ask questions". With some training in counselling, performers are well able to tackle issues and queries arising in response to their dramas.

Vusi, a deep-voiced actor in his late teens, recalled a discussion with a young audience member following a performance. The youth declared his "resistance" to the virus due to his

habitual dagga intake. Dagga, he had

heard, acted as an elixir, making him invulnerable to HIV. Rather than simply dismissing this claim outright, Vusi discussed and deconstructed the myth with him and the audience.

In existence for just over a year, the scope of Thetha's community involvement and the development of its members, individually and as a group, is striking. Some lacking even basic literacy when the group was formed, Thetha's members have honed acting, scripting, facilitative and counselling skills to extend an invaluable service to Cape Town's youth.

Thetha is only one of around ten Zikhulule Youth Against AIDS clubs, and whilst its members are drawn from a wide radius, other groups are located more centrally, close to where their memberships live.

Food Be your Weapon

FROM THE MOMENT A PERSON IS INFECTED, HIV starts to affect nutrition negatively. Even if no symptoms are present, a person with HIV is using up much needed energy, and therefore nutrients, as their body attempts to deal with the effects of the virus. Because of this stress, the people with HIV have much higher nutrient needs than those without HIV.

What we know

It is vitally important to know that HIV negatively affects the body's ability to produce and maintain muscle. This is called "wasting" and is characterised by a significant drop in weight.

In most cases, however, it's possible to beat "wasting" through exercise and a diet high in protein and carbohydrates. Muscle stores more nutrition than fat does, so increasing muscle can help combat nutrition deficiencies.

Also, we know that HIV causes specific nutrient deficiencies,

namely Vitamins A, C, E, B6 and B12, zinc, iron, copper, manganese, magnesium, and selenium salts. People with HIV need to increase their intake of foods that are high in these nutrients, like fruit, vegetables, and herbs.

What to eat

Try to eat one fruit or vegetable high in vitamin C, a dark green vegetable, and a yellow vegetable every day. Over and above that, eat as many others as you like!

People with HIV should eat a large variety of beans and whole grains like samp, mabela, brown rice and oats. Nuts and seeds (especially sunflower seeds) are another good choice.

Pumpkin, potatoes, sweet potatoes, and carrots are great value for money.

As far as meat and eggs are concerned, do not deprive yourself of protein. Eat more organ meats (which are more nutritious and less expensive) like liver and kidney. Lentils and soya are also excellent and cheap protein

sources.

Fish oil is particularly good for people with HIV. This is not the oil which tinned fish are put in but is the oil found in fish flesh, and you can also buy as a supplement. Tinned fish, like pilchards, however, are great nutrition.

Vitamins and Minerals

Vitamin and mineral supplements can be expensive, so prioritise the ones that you need most.

Your first choice should be a good anti-oxidant like Vitamins A, C, E, and Selenium because it gets rid of free-radicals and reduces the damage they do. Free radicals are responsible for tissue degeneration - causing arthritis, heart disease, cancer and damage to your immune system (T-cell suicide). They are naturally released as part of ageing, but increase during illness, exposure to air pollution, cigarette smoke and the sun's UV light. Anti-oxidants help to remove free radicals and can make a vast difference to your overall health. This is why eating fruits and vegetables, which contain anti-oxidant nutrients, can boost your immune system significantly.

Low levels of anti-oxidants in people with HIV mean that it is a good idea for them to eat less polyunsaturated fats (margarine and vegetable oils) which decay quickly, releasing free radicals.

A better source of polyunsaturated fats is sunflower seeds. Eat monosaturated fats like olives, olive oil, avocados, and macadamia nuts. People with HIV generally have low blood cholesterol and so saturated fats like butter and animal fats are fine (unless otherwise directed by your doctor), but try to avoid frying foods.

How to eat

Eat foods as close to their natural state as possible. Eat as few processed, refined, preserved, coloured and artificially flavoured foods as possible. Use wholewheat flour and buy brown bread instead of white bread.

Contrary to many other nutritionists, I believe that anyone who values their health should avoid refined sugar and products containing large quantities of it. Your body uses much energy to process refined sugar and works against your immune system as well as a major cause of cancer and depression.

The best rule to remember is to eat as many different foods as possible to get a balanced diet of all the vitamins and minerals the body needs in maintaining itself.

André Kroucamp
Nutritionist



Trials and Tribulations of Trials

A ray of hope has excited HIV+ people over the world with the discovery of promising drug combination therapy to treat HIV. This announcement at the 1996 International AIDS Conference spawned this hope and in response, nations have extending this ray to all people living with HIV/AIDS (PWA's) . Or have they?

The availability of life-enhancing HIV drugs in most 1st world countries has made a great impact - not only on the physical health of PWA's, but all the way to medical and welfare provisions. I have a good understanding that in the past year the UK, there has been a significant drop in the number of hospital beds needed for HIV positive patients. Patients are, in fact, doing so well that they are spending more time in the local pub and now their counsellors are faced with issues new to the HIV/AIDS agenda - PWA's are all becoming alcoholics and they're actually living longer than they themselves had anticipated!

In our own country, the situation is very different. The needs of PWA's are increasing as is the rate of infection. Fear, rejection, and stigmatisation are the heart of the epidemic and little is being done to counteract them. While we have all heard about the "hope" that combination drug therapy can provide, and we would like to believe that this hope is a reality in South Africa, the real picture is unfortunately less than rosy. With the price tag of around R6000 per month for the treatment, the cost of personally financing these drugs is far out of reach for most - even Mr Average South African.

So where does that leave us - besides feeling that lives in our particular setting are indeed of cheaper value?

Fear not, for it appears aid is on the horizon in the nebulous form of drug companies wanting to

provide HIV drugs at no charge to the client. Sounds like an offer too good to refuse, doesn't it? Well, maybe we should think twice.

Companies interested in testing their drugs see South Africa as an ideal spot, as we provide a largely drug naive HIV-positive population - along with a strong infrastructure to support these research results. Because of the seemingly ever-increasing rate of HIV infection, PWA's are brainwashed to believe that in providing the "correct" criteria, they will be eligible for entry onto a trial - and be "one of the lucky" few who will now receive the chance of living a longer and healthier life.

By instilling this idea into the minds of people who already face society's prejudice and discrimination, you actually increase the stigmatisation. PWA's on trial are often made to feel like the chosen few, which further disempowering them in terms of making choices. It also removes the responsibility of all drug companies to ensure that PWA's who choose to become part of a trial do so with a number of "guarantees"

We are all too aware of the budget cuts that are happening at all levels of Government and the Department of Health has not been sparing in this pruning. I am, therefore, supportive of the notion of drug companies targeting our country as the place to conduct trials with the aim of extending the hope that is currently only available in more affluent countries .

This intervention, however, must be of a more holistic and enhancing nature, taking into account the uniqueness of our country and her people, and respond to the needs of people living with HIV/AIDS in their totality.

Kevin Osborne

NAPWA (Western Cape)

WHAT GUARANTEES SHOULD YOU GET BEFORE GOING ON A DRUG TRIAL?

The right to continual drug treatment even after the trial has ended. At present clients are only given the drugs for the life of the trial. This raises a number of ethical concerns, the least of which is the random removal of clients from a proven effective drug regiment. The right to the latest HIV drug information in an accessible format. People on trial are often told that they will be 'rolled over' onto another trial on the completion of the present trail. This invariably allows the client to feel secure knowing that ongoing treatment is available, but it does not inform or empower the PWA around possible drug interactions and possible future drug exclusions should he chose to become part of the present trial.

The right to proven effective drugs if they have been shown to be as such in other studies. Clients on a trial should not be subjected to a placebo drug if effective drugs are available. This was recently highlighted when the New England Journal of Medicine indicated some trials in developing countries "will lead to hundreds of preventable HIV infections in infants."

The right to make informed choice. This is such a simple statement and one, which I am sure we all presume, happens in the pre-condition of entry onto a trial. Where shame, silence and secrecy are the order of the day around HIV/AIDS issues in this country, it is imperative to stress the importance of ensuring that clients make a decision. This infamous "Virodene" debacle raised a number of important considerations around the individual needs of different PWA's. Lessons need to be learnt from this and the right to accessible, up to date information will enhance the clients's right to make this important decision . We must not fall into the trap of presuming that because the majority of PWA's in South Africa cannot afford combination therapy, they should therefore eagerly, willingly and passively become part of the trial. The prevailing social climate and environment of stigmatisation should, in fact, increase the responsibility of trial managers and doctors and drug companies in ensuring that potential trial clients are in the position to make an informed decision - in the true sense of the of the word.

Get Tested

If you have ever engaged in unprotected sex, or if your relationship with your partner is not manually monogamous, you should get tested for HIV. Knowing your HIV status is being responsible to yourself and your partner and acts as encouragement for others to also know their HIV status, which could decrease HIV occurrences.

Most importantly, if you do have HIV, early detection can make a huge difference in your health and quality of life. The earlier you know, the sooner you can learn to take care of yourself and live well with the disease — many people wait too long when they are already sick until they think about getting tested, and by then,

prognosis may be quite poor, lessening their chances of effective treatment.

Getting an HIV test is simple: usually, your own doctor or ATIC (pg 18) can arrange a test for you, at a low cost or for free. You should also be tested at a place offering counselling before and after the test, and know about support services available if you are HIV+. If you test HIV-, (you do not have HIV), continue to practice safer sex techniques to prevent the spread of the disease and respect yourself.

If you want to make a difference

It's easy to write a cheque, but to share responsibility, you need to give your time. Be a volunteer - participation is a vital part of the success of any organisation, with volunteers making a difference on all lev-

What

YOU

can do

about AIDS

els of commitment - from working to develop programmes or to making the commitment to help how ever needed. There is always something you can do to help, on whatever level of commitment you can give. The more people get involved, the more we can do in changing attitudes and dispelling the myths. Volunteering with an AIDS services organisation is an excellent place to start.

If you are HIV+

Don't go through it alone. There are many support services available to help you learn to cope with and live well with HIV. The best thing for you to know is that you are not alone and you do not have to go through this without support. The first place you should start is with your local ATIC and The Department of Health, which can refer you to the services that best suit your needs.

Learn about it

The best thing you can do to combat HIV and AIDS is to be informed, and share what you learn with others.

Ignorance is the greatest obstacle to preventing the spread of HIV, and continues to divide us in this struggle. We must depend on the truths about HIV, not on misinformation and myth which

have for too long perpetuated stigma and brought devastating results. So just spread the word, not the disease.

If you know someone with HIV or AIDS

The best way to help someone you know with HIV is to be a friend, and treat them the same way you always have. People with HIV need your support, not your fear. You will make a difference by learning everything you can about the disease, and how to give encouragement and care they need in coping with HIV. People caring for someone with HIV often need assistance themselves in coming to terms with how the disease is affecting their lives. Finding support for yourself is often just as important in helping the person you know and love cope with HIV.

Who to call to find out more :

The best places to start are the AIDS Training and Information Centres (ATIC) throughout South Africa, as well as your local Department of Health to find out more information.

There are nineteen ATICs around the country and they are the first stop in looking for services and assistance concerning HIV and AIDS. Check your telephone directory for the ATIC closest to you to find out about where to get an HIV test, services for people living with HIV and AIDS, how to learn more about the disease and what you can do to help.

ATICS

CAPE TOWN	(021)	400 3400
DURBAN	(031)	330 3104
EMPANGENI	(0351)	2 1131
GAUTENG	(011)	725 6712/3
PIETERMARITZBURG	(0331)	94 2111
PORT ELIZABETH	(041)	506 1515
PRETORIA	(012)	308 8743

BELOW ARE A FEW OF THE MANY ORGANISATIONS that provide HIV/AIDS-related services in South Africa. You can find out more about services throughout South Africa at your local ATIC.

GAUTENG

AIDSLINK

(011) 725 6202

083 378 2877

WOLA NANI CHRIS HANI BARAGWANATH

(011) 938 8370

LIFELINE

(011) 728 1331

COMMUNITY AIDS CENTRE

(011) 725 6721/2/3

FRIENDS FOR LIFE

(011) 484 6705

COMMUNITY HEALTH

CENTRE - ESSELEN STREET

(011) 725 6710

TOWNSHIP AIDS PROGRAMME

(011) 982 1016

WESTERN CAPE

TRIANGLE HEALTH PROJECT (FOR GAYS AND LESBIANS)

(021) 448 3812

LIFELINE

(021) 461 1111

NAPWA

(021) 24 1106

WOLA NANI - A CARING RESPONSE TO AIDS

(021) 23 7385

GROOTE SCHUUR HOSPITAL - AIDS UNIT

(021) 404 9111

KWAZULU NATAL

LIFELINE

(031) 23 2323

ADDINGTON HOSPITAL - AIDS UNIT

(031) 32 2111

NAPWA

(031) 300 3914

OPEN DOOR

(031) 304 6701



THE AIDS SHOP

WOLA NANI/3RD FLOOR 76 LONG STREET/

CAPE TOWN

OPEN 9 AM - 4 PM, MON - FRI

HAND-CRAFTED MERCHANDISE PRODUCED ON JOB CREATION PROJECTS, BY PEOPLE LIVING WITH HIV AND AIDS. HANDMADE, RECYCLED PRODUCTS RANGE FROM PAPER MACHE BOWLS, MIRRORS AND FRAMES TO FUNKY PLASTIC HATS. ALSO AVAILABLE ARE CARDS, T-SHIRTS AND BEAD WORK. FEEL FREE TO DROP IN AND BUY OR BROWSE. WE ALSO TAKE MAIL ORDERS AND ORGANISE WHOLESALE PURCHASES NATIONALLY AND INTERNATIONALLY. CONTACT OLIVIA ON TEL : (021) 23-7385 OR FAX : (021) 23-7387



THE
AIDS
SHOP

THE NEW APARTHEID

LIKE APARTHEID, DISCRIMINATION AGAINST PEOPLE
LIVING WITH HIV/AIDS IS BASED ON IGNORANCE.

"I'd been temping at the firm for a while before I applied for
the permanent position, I knew they were happy with my work.

I'd even been unofficially told I should get the job.

Somehow they found out I was HIV+.

They refused my application. Now I'm without any work."

YOU CAN'T WORK HERE

YOU CAN'T GO TO SCHOOL HERE

YOU CAN'T STAY HERE

WHO SAYS DISCRIMINATION IS UNHEARD OF IN THE
NEW SOUTH AFRICA

"I worked for that company for six years.

Then my boss found out I had HIV. That
was the end of my job.

SACKED JUST LIKE THAT

No notice pay, nothing. Six years and
they treat me like that."

"It's ridiculous. I'm an architect. I sit behind a desk all day. How
am I a danger to anyone? I'm angry not just because they
dismissed me unfairly but because my employer also told the rest
of the staff I was positive. That's breaking a confidence. It's illegal.
It's up to me, not him, to tell people."



If you think prejudice is dead in the new South Africa,
just ask one of the 5 million people living with HIV/AIDS.