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Sunday Times,
June 4 2000

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BEFORE President Thabo Mbeki made his views on the use of anti-retroviral drugs known, the AIDS movement in the US was enjoying a revlval

- The disease in the devel-
- oped world was under control and was fast losing its stigma as celebrities â\200\234came outâ\200\235 about their status.

The campaign to make drugs more affordable in the developing world, kicked off by the former Health Minister

Nkosazana Zuma, had givenâ\200\231

the US AIDS movement a new lease on life. Affordable drugs for AIDS became its main cam-
paign issue.

So when Mbeki renounced the use of anti-retroviral therapy in South Africa, just as the US activists stood poised to win their battle for cheaper AIDS drugs, they were gobsmacked.

They, and the USâ\200\231s public health officials, were equally stunned when he then made contact with US scientists described as dissidents or AIDS denialists, holding views ranging from the belief that HIV does not exist to the idea that there is no AIDS in Africa and that AZT causes t,he disease.

When -Mbeki wrote to US President Bill Clinton to defend these steps in the most passionate of terms, it seems that AIDS activists, of which there are a few in the White House, were sufficiently horrified to provide a copy of the letter to the newspaper the Washington Post.

A torrent of criticism burst

forth.

By the time Mbeki arrived in the US last week, the perception had been created that he doubted that HIV caused AIDS, that he had done nothing about the epidemic and that he refused to give AIDS drugs to South Africans.

In most of this he had been grossly misunderstood.

Casting aside the emotional defence in his letter, which equated criticism of the dis-

Carol Paton

~ Glaring omission
mars Mbeki's defence
to the Americans of
his stance on AIDS

sidents with the burning of heretics at the stake, Mbeki opted for a businesslike response to the criticism.

For the first time since the storm erupted, he offered a rational response. AIDS was a serious problem, he said, which required a determined response. South Africa was running as large an awareness campaign as possible and had taken steps to involve civil society in a partnership to fight the disease. ,

But the provision of anti-retroviral therapy to all those infected with HIV, even with the promise that prices would

be slashed by 85%, would 2

consume the entire health budget.

Besides, as drug companies themselves admitted, patients on anti-retroviral therapy required constant monitoring and a far better health infrastructure would be needed.

In addition to these practical problems there was an unsolved scientific riddle. While the disease in the developed world had spread mainly among homosexuals, in Africa it was clear it was a heterosexual disease. It was also a mystery as to why scientists had decided in 1985 that AIDS

was not an epidemic in SA but the disease was out of control a mere five years later.

It was these unanswered questions which had prompted him to contact scientists across the board and convene a panel to promote their interaction, Mbeki said.

The experts, some of whom are on Mbeki's panel, agree that these are valid and useful lines of discussion. -

The underlying assumption, hinted at by Mbeki, may be a bit more controversial: that scientific work should be done to investigate whether there are biological differences between blacks and whites.

Leaving this aside, there is little doubt that Mbeki's rational approach worked, along with some deft spindoctoring by US and SA officials. By the middle of his US tour, sentiment in the media showed signs of becoming more even.

But although Mbeki clarified most misconceptions about his ideas on AIDS, he failed in one glaring and vitally important instance.

The Washington Post, the paper which had criticised Mbeki most vehemently, was quick to point it out.

Mbeki had briefed the editors of the Washington Post at length while in town and, afterwards, the paper ran an article carefully recounting

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his views. But it condemned his steadfast refusal to use anti-retroviral drugs for the prevention of transmission of HIV from mothers to babies.

The Post, seemingly annoyed at what it saw as obfuscation, pointed out that not only was this a mistake but

~ that Mbeki had erroneously

downplayed research which has pointed to the efficacy of

anti-retroviral drugs in these circumstances.

After his impressively rational response on the broader questions of AIDS, Mbeki's answers on mother-to-child transmission were disappointingly fuzzy.

Instead of the facts and figures that one might have hoped for, answers were lost in generalities about sub-Saharan Africa.

Many of the assertions about the costs of blood tests, drugs and even health infrastructure were unconvincing without the accompanying facts and figures.

This is particularly so in the light of studies by private health economists which have shown that, rather than being unaffordable, attempts to prevent the transmission of HIV from mothers to babies is cost-effective.

With facts hazy, all that was offered was the old emotional response.

Said Zuma, for instance:
"All that people care about is this AZT nobody asks me what we are doing to make sure the babies survive [thereafter]. It is fuelled by the argument that we need more to buy more drugs, rather than saving children's lives."

But Mbeki's US trip has shown that great strides can be made in a context of rational debate and explanation.

This, and some credible research to examine the viability of a mother-to-child programme in SA, would be very helpful in preventing the discussion sinking even deeper into dogma.

. Sunday Times,
_ June 4 2000

Bigwigs should take on this bogeyman A

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â\200\230A flutter of
red material
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Africansâ\200\231

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THEMBA Khoza, a leader of the
Inkatha Freedom Party in

- Gauteng, died last Sunday. The

cause of his death remains
unknown. However,
point to AIDS, although no one
has said anything â\200\224 neither con-
firming nor denying that Khoza,
41, had contracted the disease.
The silence, in some respects,
matters little. We should be used
to it by now. Black South Africans,
generally, have covered their
eyes and their ears as far as the
disease is concerned. We seem to

be waiting for it to pass us by, like -

a 10-minute Johannesburg thun-
derstorm. We appear unwilling to
acknowledge that AIDS is no
longer stealthily finding its
murderous way into our nation â\200\224
it is already viciously cutting
down lovers, brothers, sisters,
children, husbands and wives. It
infects us all with its terror.
Already, AIDS is factored into

~ almost every aspect of our lives.
Future employment statistics are

calculated with AIDS in mind, and
demographic patterns are deter-
mined in conjunction with pre-
dictions on how many of us will

- beremoved from society through

it and how many orphans the
state will have to take care of.

We can no longer rely on the natural rhythm of life to take its course, to remove the aged and replace them with the ones to be born. AIDS should be our bogeyman, and we should be afraid, very afraid.

But, apart from a President who senselessly shadowboxes in public with AIDS debaters in a theoretical arena about whether HIV

rumours -

causes the disease, the black community generally shuffles along in wilful ignorance and silence.

And few celebrities â\200\224 from the quickie stars who invade our homes with their banal chatter between TV programmes to authentic artists like Rebecca and Brenda Fassie â\200\224 are coming out to spread the gospel of safe sex.

Where are the campaigners, the role models who will warn young people of the certain death that awaits them if they donâ\200\231t take care with their sexual practices? Why are we waiting for the SA government to fund and initiate awareness campaigns?

Support for AIDS campaigns and education lies beyond a ribbon for every cause. A flutter of red material cannot speak as loudly and as visibly as the voice of high-profile black South Africans. Where are the record companies that make money out of the kwaito records sold to black teenagers?

But a part of the responsibility for the silence and lack of openness lies with the black community. Shame still surrounds us and holds our tongues to ransom because we cannot find the courage to stand up, to talk openly about and to campaign aggressively about a disease that kills.

Black men in particular seem incapable of dealing with or accepting responsibility for their behaviour. A sickening sensation overcomes me when I read of black men who rape young children because they believe it will cure them of AIDS. Am I to excuse this as part of a primitive culture

that still persists or a modern

Singing his praises

IDENT Thabo Mbekiâ\200\231s ministers _havg
ls:.lâ\200\230}cl;:&rered him with accolades after his trip Â\$"
e UK and the US.] : ,
to';â\200\230%e Minister of Foreign Affairs, Nkysazana
Zuma, recorded his successes thusâ\200\231: He has
received two honorary degrees, heâ\200\231s been
made Grand Commander of St George and St
Michael, heâ\200\231s an honorary citizen of (:Jeorgia,
heâ\200\231s got the Spirit of Atlanta â\200\224 so heâ\200\231s really
. done very well.â\200\235 The Minister of Trade and
Industry, Alec Erwin, added: â\200\234He deserves
some spirit of Scotland.â\200\235

version of old wivesâ\200\231 tales? [donâ\200\231t
think so. There is never an excuse
for murder. Similarly, we hear of
black men rejecting condoms. It
doesnâ\200\231t feel right, they say; it
doesnâ\200\231t feel as good as skin to
skin. Their girlfriends will just
have to take it. They are â\200\234real
menâ\200\235, the patriarchs who speak
with forked tongues.

In polite company or white
company they will talk the gen-
der-equality talk, boast about the
black women who have succeed-
ed in our society, the number of
black women who occupy seats
in Parliament. But when theyâ\200\231re
alone with their wives or their
girlfriends, the new SA men are
old chauvinists. In the bedroom,
away from critical eyes, they will
insist that the unsheathed penis
is king. Itâ\200\231s part of our culture.

But culture is a fluid thing. AIDS

. is not a white manâ\200\231s disease, nei-

ther is it the white manâ\200\231s burden.

We are all at risk, and, judging
from the statistics, the black com-
munity is the most vulnerable.
Perhaps it is time that black
women begin to realise that they
have power over their lives. They
are the ones who carry HIV-posi-
tive babies and are most at risk.
Why- hasnâ\200\231t Rebecca, who sells
thousands of albums each year,
travelled from community to com-
munity to tell women that they are
mistresses of their own fate?
AIDS offers no moral high
ground, no exemption and noâ\200\231
respite. It knows no race or class;
no distinction between black or
white communities. Neither does
it care about silence or protes-
tations of shame. It just kills.

Sunday Times,
June 4 2000

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Health minister ducks AIDS question and thereby answers
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BY AVOIDING the question
why the government can't get
to grips with AIDS, SA's Min-
ister of Health, Dr Manto Tsha-
balala-Msimang, inadvertently
answered it this week.

Tshabalala-Msimang was in-
vited to a debate hosted by the
Centre for Development and
Enterprise which posed the
question: Why is the govern-
ment struggling to make an im-
pact on the AIDS crisis?

But instead of tackling it, she
deftly rephrased the problem
and asked the audience: Why
is South African society strug-
gling to make an impact?

While her question is an im-
portant one, this change in em-
phasis was a tactical manoeu-
vre to shift responsibility
rather than an attempt to find
real answers.

Instead of seizing the oppor-
tunity to acknowledge past
blunders and inspire confi-
dence in the government's pre-
sent strategies, Tshabalala-
Msimang chastised the audi-
ence for believing that the gov-
ernment has a central role in
tackling the AIDS crisis.

She shifted the focus from
the government to individual
responsibility and thereby inad-

ASSESSMENT

LAURICE TAITZ

vertently questioning the gov-
ernment's ability to lead.

She said : As government we
cannot outlaw sexual contact,

and added, with a giggle, "It is too exciting to do so."

She said: "I am not saying this to minimise government responsibility but there is no way government can make an

impact on AIDS unless every individual takes responsibility for their sexual behaviour."

Throughout the evening, she frequently returned to the same slogan: "Remember, every action counts."

While on the most simplistic level this approach seems to make perfect sense, it fails to

take into account that the low status of women in South African society, violence, poverty and illiteracy all hamper the negotiation of safe sex between partners.

As Tshabalala-Msimang acknowledged later "contradicting her earlier approach AIDS is not just about sex."

It is about attitudes and behaviour and a slew of socioeconomic and cultural forces.

The government may have no role to play in the bedroom, but that doesn't mean it can relinquish its responsibility to lead to govern and to protect.

That comes with the job. So far

the government has struggled to make an impact on the AIDS epidemic because of an unwillingness to tackle the issue head on.

It has not listened to the advice of experts, nor acknowledged failures and mistakes in a way that would prevent their repetition. It should admit that present strategy has helped undermine confidence in efforts to preach prevention.

On Tuesday night, the minister preached that "every action counts". Perhaps she should heed her own advice

Respected academic vs the government on the key issues around the epidemic in 202

THESE are key points in the debate between the Minister of

Health, Dr Manto Tshabalala-Msimang, and the University of Natalâ\200\231s Professor Jerry Coovadia, the convenor of the International AIDS Conference, due to be held in Durban in July.

ON RESPONSIBILITY:

Tshabalala-Msimang: ~ â\200\234We can make laws, we can attempt

to change people s behaviour but we cannot change what'â\200\231s in peopleâ\200\231s minds and their hearts.

- â\200\234Thatâ\200\231s the place where government responsibility ends and mdlvidual responsibility begins.â\200\235

Coovadia: â\200\234There have been problems and mistakes that have affected government credibility. Sarafina 2, Viro-

dene, notification and the composition of the present Presidential AIDS panel have all contributed to todayâ\200\231s problems with controlling the disease through prevention.â\200\234Government is culpable.â\200\235

ON THE PRESIDENT CON-

SULTING DISSIDENTS:

Tshabalala-Msimang: â\200\234The President never said HIV

doesnâ\200\231t cause AIDS. The Pres-

ident said we have developed â\200\230. sonous.â\200\234says something that even raises an iota of doubt, the person

strategies and put in a lot of resources and we are not seeing returns. What is it we are not doing right?â\200\235

Coovadia: â\200\234Government has contributed to the present climate of confusion around HIV/AIDS by raising the possibility that HIV does not cause AIDS and that certain anti-

in the street will ask: â\200\230Why the hell should I wear a condom? Why should I stick to one sex partner?â\200\231â\200\235

ON THE ADVISORY PANEL:

Tshabalalala-Msimang: It had never been an idea not to put

It is

- South Africans on the panel.

It was not going to be dominated. It

by our science
Coovadla 2 It [President Thabo Mbeki] had an alterna-

tive. He could have picked up the phone and said:

It Hello,
William [Makgoba, president of the Medical Research Council], this is what some scientists in California are saying. Is it true or not?' "

Sunday 20020301imes,

June 4 200

World leaders
back Mbeki)<

JUSTICE MALALA: Berlin

FOURTEEN world leaders, including US President Bill Clinton, yesterday backed President Thabo Mbeki's campaign to emphasise the role of poverty in the spread of AIDS, and pledged to raise the issue when they attended G8 and World Bank meetings later this year.

Speaking at the conclusion of a

two-day conference of left-leaning world leaders invited by German Chancellor Gerhard Schroeder, the heads of state adopted Mbeki's stance that the AIDS debate had failed to take into consideration Africa-specific issues in the disease's spread.

The leaders will specifically take into consideration Mbeki's belief that in Africa poverty and the lack of action on tuberculosis and malaria are the continent's biggest killer are at the centre of the spread of AIDS.

Clinton, who held talks with Mbeki in the US last week, said: "We agreed that those of us who are members of the G8 will emphasise these issues, particularly the impact of TB and malaria in relation to AIDS."

In their final communiqué, the leaders said: "We support an increased focus on resources in health infrastructure. We also commit to increasing our contributions to vaccine and immunisation efforts that assist the poorest countries and fostering

the development of new vaccines and immunisations to prevent diseases such as TB, malaria and HIV/AIDS."

The summit was aimed at

defining a â\200\234Third Wayâ\200\235 for progressive governments in the new globalised economy. Mbeki was

_the only African leader invited.

Participating leaders included Argentinaâ\200\231s Fernando de la Rúa, Brazilâ\200\231s Fernando Cardoso, Canadaâ\200\231s Jean Chretien, Chileâ\200\231s: Ricardo Lagos, Franceâ\200\231s Lionel Jospin, Greeceâ\200\231s Costas Simitis, Italyâ\200\231s Giuliano Amato, New Zealandâ\200\231s Helen Clark, Sweden'â\200\231s Goran Persson and Portugalâ\200\231s Antonio Guterres. :

Mbekiâ\200\231s influence on the meeting was publicly acknowledged by three of the leaders at the end of the conference.

Jospin said Mbeki had reminded the meeting that globalisation may leave others, particularly the poor in developing countries, behind.

Guterres said â\200\234Mbeki had been very clearâ\200\235 that the world had to work towards â\200\234engineeringâ\200\235 new solutions and mechanisms for its problems.

On Friday, Mbeki told CNN television news that there were no differences between him and Clinton on AIDS. He said the Centre for Disease Control, the US governmentâ\200\231s disease think-tank, had agreed to host a conference of â\200\234so-calledâ\200\235 dissident and orthodox scientists to sort out their differences on the science of AIDS.

COMMENT

Sunday Times, ;
. June 4 2000 .-

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HEMBA Khoza, who has

died at the age of 41, will

always be associated with
one of the bloodiest periods in
South Africa's history.

He was the most prominent
leader of the Inkatha Freedom Par-

ty in the Transvaal in the early '90s .

- at a time when the party was try-
ing to challenge the dominance of
the ANC in the region. He played
" an important role in persuading
the IFP leadership to open an of-
fice in Johannesburg - its first
outside Natal - in July 1990.
Within weeks, violence erupted
between hostel-dwellers - most-
ly Zulu migrant workers from Na-
tal - and surrounding township
residents with whom they'd co-ex-
isted in relative peace until then.
Khoza used to say that as a boy

his fondest wish was to have been "

a great Zulu warrior during the
time of King Shaka when the Zulu
empire was triumphant and feared.
As an adult, he made no secret of
the fact that he believed in vio-
lence as an instrument of politics.

He was born in a poor, rural
area near Eshowe, in southern Na-
tal. He was recruited by Inkatha
when a tribal meeting was held to
. tell villagers of the new organi-
sation. "I didn't believe in non-vi-
olence," he said. "I kept saying:
"These people in Pretoria don't
want to talk. If they don't want to
talk, will we fight?" When told
"Yes, we'll fight," he joined.

As a leader of the IFP in the
Transvaal, Khoza's opposition to
the people in Pretoria was out-
weighed by his determination to
. raise the profile of his party in the

region. There is evidence to
suggest that he used Zulu hostel
dwellers to try to achieve this end

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THEMBA KHOZA)
Believed in violence .

[FP man
put the
â\200\230warriorâ\200\231
into the

party

through a campaign of terror.
There is also evidence that the
apartheid government saw him as

a useful vehicle for its own plans
of destabilisation.

The Goldstone Commission of
Inquiry into violence on the Rand
found that Khoza was a paid agent
of the â\200\234Third Forceâ\200\235. This was
supported in the trial of Vlakplaas
commander Eugene de Kock. The
court heard that Khoza was on the
payroll of De Kockâ\200\231s special police
unit, C10, a government-sanc-
tioned hit squad whose mission ini-
tially was to eliminate apartheidâ\200\231s
enemies and, after the unbanning
of the ANC in 1990, to spread may-
hem by any means possible,

Khoza was identified by former
members of C110 as a pivotal
figure in gun-running activities.

The court heard that from 1990 to

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1992 Khoza was paid between
R1 000 and R2 000 a month from
an SA Police secret fund.

These were nightmare years of
urban massacres, rural assassina-
tions, train killings. and rolling
violence between township resi-
dents and hostel dwellers. Khoza
was implicated in a lot of it.

Eye-witnesses accused him of
leading an attack against Cosatu-
affiliated hostel dwellers in Sebo-
keng in which 30 people were
killed. During the violence, police
found four AK-47s, an R4 rifle and
an explosive device in Khozaâ\200\231s
car, as well as a pistol on his per-
son. In a subsequent court case,
he argued that he'd given the keys
of his car to someone else and
that the weapons could have been

planted. He was acquitted.

A 1992 inquiry by Judge

Richard Goldstone into the train violence heard that Khoza had instigated hostel dwellers to attack ANC followers. At the 1993 trial of hostel dwellers accused of slaugh-

tering 46 residents of Boipatong, a -

hostel dweller testified that Khoza had told residents after the massacre to burn their clothes and remove all traces of blood, and to get rid of the loot they'd pillaged from Boipatong.

Khoza's presence was felt in Natal as well. A police officer told the Goldstone Commission that a suspect involved in the killing of 11 people in a village in northern KwaZulu-Natal had said plans for the massacre were finalised with Khoza, who had brought hostel dwellers from the East Rand to carry out the attack.

Khoza denied all such accusations. He refused to apply for amnesty, and, when he died, he was awaiting trial on 19 charges, including attempted murder, inciting violence and gun running.

Before the violence, Khoza was unknown outside IFP leadership circles. By the time it ended, he was a figure of national prominence. But the bellicose style that had done so much to increase

* awareness of the IFP became a

liability to the party after 1994 as it tried to shed its warrior image and reposition itself as a national party of the moderate centre. E

In 1995, he was outvoted in the race for chairman of the Gauteng council of the IFP. This was after IFP secretary-general Ziba Jiyane made what many saw as a pointed request to delegates to vote for office bearers who would be the new face of the party. Later that year, the party's

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The Rev Phambili Ntloko: Former leader of the Black Consciousness Movement, aged 40, in a suspected assassination while dropping off his daughter at school in Soweto. Ntloko served as the national organiser of the Azanian People's Organisation in the '90s and, at the time of his death, was a director of the Interdenominational Committee for Industrial Mission at Khotso House, Johannesburg.

Brian McCarthy: Chairman of McCarthy Retail, aged 76, after being diagnosed with cancer in December last year. Under his guidance, McCarthy Motor Holdings grew into South Africa's largest motor retailer.

Raymond Webb: President of the Trade Union Council of SA, member of the President's Council and captain of the Transvaal rugby team from 1955 to 1960, aged 69. Webb supported the rights of workers to proper education and training and fought racial discrimination in the workplace.

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national council banned Khoza from making any statements on behalf of the IFP. He was sent to Cape Town as a national Member of Parliament. Khoza was tough, streetwise, physically coura-

geous and an effective organiser-

at grassroots level - invaluable qualities in an era of conflict, not so useful in Parliament. He struggled to come to terms with the culture of parliamentary politics. Although he served on several portfolio committees, he was noticeably absent from the list of those allowed by party leaders to speak on issues of any moment.

His requests for a transfer to the Gauteng provincial legislature were unsuccessful.

He revealed a soft spot for the poor and neglected when the era of conflict ended, be they pensioners or squatters, black or

white, IFP supporters or otherwise. He paid them regular visits, distributing food parcels and words of sympathy and support.

Away from the battlefield, Khoza was the ultimate ladies' man. He dressed impeccably, was extremely attentive and exuded a sexual charisma which many women found irresistible. He would arrive at friends' houses in the company of beautiful women they'd more often than not never

seen before. "This is my fancy,"
he would say, introducing his
latest catch with a shy smile.

Those closest to Khoza suspect
he had AIDS. As far as is known,
he refused to acknowledge this to
himself or to anyone else.

He leaves two wives and six
children.

1) Chris Barron

Sunday Times,
June 4 2003

2 FOuLlTIGCS

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MONDLI MAKHANYA

HE ANC has admitted that

many of its elected offi-

cials are allowing themselves to be corrupted by private business interests.

ANC secretary-general Kgalema Motlanthe said that since the party came to power, the idealism which previously motivated people to become political activists had been eroded. People were now using access to political office to feather their nests.

According to Motlanthe, many of the internal power struggles within the ANC were caused by officials wanting to be in positions in which they would be able to honour favours promised to benefactors in the private sector.

â\200\234We were not able to foresee and understand that conditions of responsibility would bring the possibility of material gain and have the potential of perverting those of our members who assume those responsibilities,â\200\235 he said.

Motlanthe said the infighting which led to the dissolution of the Free State and Gauteng executive committees was the result of individuals wanting to be in positions where they could influence the composition of tender boards and the granting of contracts.

â\200\234The problem was indebtedness to business interests, and people were fighting for positions because they had made promises to deliver.â\200\235

He said there were ANC

branches and regions which were set up solely to put officials in such positions of influence.

The ANC also warns in new documents that "there is a ten-

ANC *
admits |
officials |

are
taking
bribes

using political office to
feather their own nests

dency developing in which positions in government are seen as platforms for acquiring resources and power.

The documents, prepared for the party's National General Council next month, say the ANC risks being "corrupted by and absorbed into the system it sought to overthrow."

However, the ANC stresses that members of the black middle class must be "engaged" to ensure they remain "patriotic" and committed to developing black communities while improving on their own material conditions.

Â® The entire Free State provincial executive committee

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announced yesterday that it would not stand for re-election at a provincial congress in six months' time.

The committee, disbanded by the ANC executive last month, was yesterday replaced by an interim committee. The 39-member interim leadership corps will be chaired by Godfrey Mosala, a

retired educationist who is a veteran of the '50s defiance campaign. He will be assisted by 34-year-old Noby Ngombane, at present political adviser to Free

State Premier Winkie Direko.
ANC Deputy President Jacob
Zuma praised the provincial ex-
ecutive committee members for

deciding to not seek re-election,

COMING CLEAN: Kgalema Motlanthe, who says idealism has given way to opportunism

saying: "They realised that they
need to give the organisation a
chance to rebuild itself."
Outgoing chairman Ace
Magashule said he had been
chairman for a long time and
"did not want to stay in power

forever like 'Robert Mugabe'."

Sunday Times,
- June 4 2000

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Sunday Times

Established 1906

'Nice policy, shame about the capacity |

Education, Kader Asmal, to
review Curriculum 2005 was a
brave and crucial move that will take
education in South Africa forward.
Asmal and his department have

THE decision by the Minister of

: exposed themselves to harsh criti-

cism from independent experts by
- attacking many of the conventional

intellectual wisdoms about how best

to reform schooling.

The review committee's report ac-
knowledges that the curriculum has
; been a tool for renewed enthusiasm

in classrooms but does not shy away

from attacking bad decisions made
about its content. However, the rec-

.- ommendations made about ditching
the curriculum's worst characteris-
tics in favour of a more practical plan
must be accompanied by clear
leadership on exactly how the plan
will be put into practice.

The departmental officials who
drafted the policy under Asmal's pre-
decessor, Professor Sibusiso Bengu,

- and who were the driving force
. behind its implementation must take
the blame for unrealistic policies,

which this newspaper warned were-

doomed to failure from the outset.

But apart from policy weaknesses, the curriculum came undone when it was handed over to the tender mercies of the public service in the provinces. Anyone who doubts this need only consider the fact that only one of the nine provincial MECs bothered to turn up for a briefing on the curriculum changes this week, as we report elsewhere. The report states: "It was extremely unfortunate that the inaugural year of Curriculum 2005 coincided with a crisis in provincial budget management, with the result that the preparation of most provincial education departments was seriously compromised or even disrupted." Even if money had been available, additional obstacles such as a shortage of staff and a dearth of expertise stood in the way. There is the danger that the new, revised curriculum will run into the same difficulties, because the

provincial tier of government remains weak and administrative leaders and managers come and go.

Asmal is not the only Cabinet minister who has torn a strip off the policies of his predecessor.

The Minister of Public Enterprises, Jeff Radebe, the Minister of Public Service and Administration, Geraldine Fraser-Moleketi, and the Minister of Welfare and Population Development, Zola Skweyiya, have

all been unkind about past failings in their departments. ;

Whatever their individual agendas may be, it is refreshing that they have been prepared to recognise that many of the policies designed in

- great haste by former President

Nelson Mandela's Cabinet were - flawed, in some cases fatally so. :

With their eyes on the rapid transformation of the apartheid society they inherited, they did not always fully consider the consequences of their policies. 4

The reviews suggest a greater sense of realism about what is possible with the people and the money available. But again, there is the vexing problem of implementation.

Policy corrections are all very well, but where will the capacity and the resources to implement them come from as long as the public service remains inefficient and poorly managed? :

The lesson of Curriculum 2005 is that the bureaucracy involved and the teaching infrastructure are poor-ly prepared to deliver education to the poorest of the poor. Of course, the rich of all races have enjoyed the benefits of the new curriculum in the well-resourced and wellfinanced schools of the former white suburbs. It is, ironically, the schools serving the poor which have failed.

And until there is real action to deal with the capacity of civil servants to execute policies, the policies will continue to fail.

The measures in place to ensure continuity between policy and implementation are not effective enough. President Thabo Mbeki needs to match the government's policy reviews with a plan to radically enhance the capacity of civil servants to deliver.

- THE WASHIN'GTON Post Sy Hdry TUMHE 11-
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Why Science

Canâ\200\231t Cope
â\200\230With Mbeki

A By STMN EpSTEIN

, glllllppor't for the dissenters has waxed and waned, i
: ; - ~ sliding into the background whenever the mainstream
- Tue WASHINGTON Post SU â\200\231m)â\200\231 TJUHE 4 approach seems tocbkÃ@a.showhlga payo
ff. Ever since the i
200 new and more effective antiviral drugs first became |
available in U.S. pharmacies in 1996, the media and the
: 5 public have shown a diminished interest in Duesbergâ\200\231s
- ; =) R arguments, and medical authorities may reasonably .
â\200\234have concluded that they had finally vanquished their
S Cl e I l C e nemesisâ\200\224or, at least, that no one was paying him much
, / Â» / -mind. Now comes the Mbeki affair to resurrect the
, - argument. 2
Scientists and government officials are right to worry

9 | about the potential costs of the South A s presi- |
, a I I O e - dentâ\200\231s statements. But what is the best way to respond |
: to Mbeki, or indeed to any non

-expert who endorses
contrarian scientific positions? The problem is that to -

. Â° Â° pose the question dismissivelyâ\200\224â\200\234Why donâ\200\231t those igno-
- rant people simply accept the conventional wisdom en-
l e i * dorsed by the vast majority of experts?â\200\235â\200\224misses an im- |

: " portant point: Throughout the history of the AIDS
_ * epidemic non-experts have clgllenged expert pro- -
' ! nouncements about AIDSâ\200\224not always for the better. -. ' |
By Srevey Ersremy e Poo- 5 PatiÃ@rlrlrlts, sometimes scouring the Internet much like
iti are expected to know a little Mbeki, have confronted their own doctors with print-
(a))l(â\200\230;l:l?la {ftâ\200\234ci)?t?i-\201ngs, axereC even when they donâ\200\231t, >
outs of cutting-edge research that the physicians didnâ\200\231t
they often tell us what they think anyway. Yet, ", always know about. Activists, with no fo
rmal schooling
for all their lack of shyness about expressing in virology or statistics but with a hard-wo
n, seat-of the- .
their views, few are the times in which politicians holyd - pants grasp of scientific p'rip
ciple_s, have pressed for :
- forth on questions of scientific fact. World leaders arenâ\200\231t - changes in the desi
gn of clinical trials that have led to -
resumed to have detailed opinions about, say, thP; qui_il- - the enrolling of more patients
. IfeOple are becoming less -
?ty of the evidence presented in a pathbreaking article in ~ inclined to embrace an unthink
ing obedience to the au-
the latest issue of Nature. When it comes to science, it thsmtly of experts; the very bm_mda
nes betgen non- t
seems, politicians are in much the same boat as the rest scientists and experts are becomin
g harder to pin dmyn. !
of us: dxsquahï-\201led from comment by virtue of a lack of - At least in areas like medical
research, where scientists
b ev;mt expertise. pronounce on topics as intimate as our own bodies, we |
That accounts for some of the surprise that greeted - should expectâ\200\224and, I would ar
gue, respectâ\200\224the active .
South African President Thabo Mbekiâ\200\231s unanticipated " participation of the uncreden
tialed. In this regard, sim-
foray into AIDS research. But Mbekiâ\200\231s comments, ex- â\200\224 - â\200\224
ressed in a recent five-page letter to President Clinton, Steven Epstein teaches the sociol
ogy of medicine
gid more than raise a few eyebrows. Mbeki wondered - and science at the University of Calif
ornia, San
whether the knowledge about the AIDS epide{mc gen- - Diego. He is the author of â\200\234Im
pure Science: AIDS,
~ erated by Western scientists could even be ?pphed toan â\200\231 Actiym and the Polmâ\200
\230cs of Knowledgeâ\200\235 ;
African setting. And he seemed to align himself with a - (University of California Press).
T |
group of marginalized scientists he had stumbled upon ply to dismiss Mbekiâ\200\231s foray

into medical topics is probably -
 via the Internet and then personally contacted a lematic and unhelpful. 4 .
 dissenters who maintain that HIV is not the cause of It's risky to generalize too much from the case of |
 AIDS, and that the drugs prescribed to treat HIV in- Mbeki, who is responding to a very particular set of po- â\200\234
 fection actually cause the symptoms of the disease. litical and economic constraints. Among them, of |
 This was not a comment on an obscure technical de- course, are the global inequities that place medical
 bate. This was an intervention into a domain of science treatments for illnesses such as AIDSâ\200\224even after the
 where truth matters with a vengeanceâ\200\224where getting recent 80 percent reduction in the cost of antiviralsâ\200\224 .
 it right has consequences that can be measured in billions of dollars and millions of human lives. And certainly - Still, because ambivalence about
 deferring to expert |
 ly Mbekiâ\200\231s arguments have implications for South Africa- judgment is now so widespread, it is important to con-
 c); where his government has resisted spending money sider the obstacles that stand in the way of developing
 n expensive antiviral drugs like AZT that, if the dis- more productive relationships between experts and the
 :ent:re:re right, shouldnâ\200\231t be consumed at all. 3 rest of us. Here are three of those obstacles: ol
 When Mbeki visited the United States last month, his . When scientific controversies become matters of-
 support of the HIV dissidents was the dominant media public debate, claims about how such controversies
 frame. Scientists and physicians throughout the coun- should be resolved often get mixed up with arleents i
 try bristled with indignation, and some of them called about free speech and its suppression. Mbeki's ex- .
 for a boycott of the 13th International AIDS Conference - ample, compared the HIV dissenters with a victim of the
 ence, scheduled to take place in South Africa next apartheid regime, who were silenced because of the estab-
 " onl,:h L, lished authority believed that their views were dangerous. The ferocity of the response reflected scientistsâ\200\231 frus- .ous. Duesbergâ\200\231s s
 supporters in this country have often
 tration at the apparent resurrection of a debate many compared him with Galileo, who was brought before
 thought had long since been put to rest. In the late â\200\23180s, the Inquisition and silenced_ in the 17th century for es-
 AIDS researchers began responding to the arguments pousing the then-heretical view that the Earth revolved
 of Peter Duesberg, a formerly well-respected professor around the sun. But every scientific controversy has-â\200\224
 f biochemistry and molecular biology at the University of California winners and losers, and not all those
 on the losing end
 of California at Berkeley and a member of the National Academy of Sciences are victims of persecution, nor will
 they inevitably be re-
 OAcademy of Sciences. Duesbergâ\200\231s argument that HIV vealed someday as a Galileo. To be sure, sometimes the
 has not been proven to cause AIDS has since been the scientific mainstream does need to be
 pressured to lis-
 subject of hundreds of articles and letters in scientific journals and respond to an opposing view,
 (This may have
 j m'!nals and the media, and he has gathered a small been the case in the late "80s, when Duesberg first be-
 = ber of scientists (including one Nobel Prize winner - gan publishing his critiques.) But sometimes, when sci-
 sy rd a few advocacy groups behind his banner. Scientists stop responding to a challenger, itâ\200\231s because
 ner) an (I) there really is nothing more to be said.

F

nored by the mainstream is often connected to a presupposition that scientific controversies ought to be easily resolved. Surely, the argument goes, there must be a test or experiment that can settle the matter

Second, the claim that a dissident theory is being ig-

: .once and for all. But as sociological studies show, some-
â\200\230times the very design of the definitive experiment is |

part of what is up for grabs in a controversy: The two

sides cannot agree on what this experiment would look

like. Sometimes the presumably definitive experiment

- is conducted, but its results are challenged by those who

claim it was not properly carried out. As such controversies drag on and become public, the media begin ranking the tokens of credibility of the participants. Reporters sometimes place an undue emphasis on certain very public markers of scientific status, such as Nobel Prizes, and provide inadequate clues for readers to assess the legitimate authority of scientists to speak on specific scientific topics. And the journalistic norm of balance may impel reporters to present controversies as having two sides, even in cases when the vast majority of scientists stand on one of the sides. All these factors prolong a controversy, while giving credence to the view that the challengers of orthodoxy are not being given their day in court. _

Third, the very existence of ongoing scientific controversy on a topic that ordinary people care about often fuels distrust of science, to the extent that people imagine science to be a producer of certainty. Scientists themselves know better: They recognize that most new knowledge is provisionalâ\200\224but they often profess absolute confidence in their findings, because they believe this is what the public expects of them. The problem is that when scientific findings appear to be contradictoryâ\200\224when this weekâ\200\231s study concludes that eggs or wine are bad for you but next weekâ\200\231s study suggests the oppositeâ\200\224people throw up their hands and declare the scientific enterprise to be bankrupt. Or, when someone like Duesberg points out the failure of a reigning theory to account for every piece of evidence, some people assume that the theory must therefore be tossed out. The more that scientists persist in over-claiming, and the more that people demand absolute certainty, the more distrust of science is likely to escalate, and relations between scientists and non-scientists will become ever more fraught..

Scientists and non-scientists alike remain mired in bad habits that make it hard to respond productively to incidents like Mbekiâ\200\231s letter. Addressing those habits will not solve the vast problems caused by the AIDS epidemic, but doing so would make it easier to confront such problems directly and effectively.

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The Doubts

That Doom
South Africa

AIDS, From B1 : S

Recently, he refused to accept the offer from major pharmaceutical companies of heavily discounted antivirals | to curb HIV transmission from mother-to-child and i through rape. Whatâ\200\231s more, he has spent millions investigating what Western scientists proved a decade and a half agoâ\200\224that HIV causes AIDS. And now comes ' the release of the letter in which Mbeki casts renewed doubt on that causal link and argues that an African answer should be found to deal with this â\200\234uniquely African | catastrophe.â\200\235 I had trouble getting AZT before; I can only imagine it will become harder if Mbekiâ\200\231s views become the norm in South Africa. I can only imagine that | there will be more people who will face Busisiweâ\200\231s fate.

Give the man his due. Mbeki is right, of course, in saying that African solutions must be found. In the United States, AIDS is primarily a gay menâ\200\231s and intravenous drug usersâ\200\231 problem. Here, it is spread primarily by : heterosexual sexâ\200\224spurred by menâ\200\231s attitudes toward | women. We wonâ\200\231t end this epidemic until we understand the role of tradition and religionâ\200\224and of a culture in which rape is endemic and has become a prime . means of transmitting the disease, to young women as well as children. :

Thereâ\200\231s no doubt in my mind: Attitude is the father of rape, and the incubator of AIDS. A change in attitude can save lives. The government in Uganda, a country far poorer than South Africa, began encouraging open discussion about AIDS a few years ago and giving drugs to stopâ\200\231 mother-to-child transmission. Infection rates among pregnant women have since dropped from 30 percent to 16 percent. Why donâ\200\231t we see the same sort | of public health measures in South Africa? ÂfX

Here, 36 percent of pregnant women are HIV positive; one in three babies born is infected; 75 percent of | pediatric deaths at one of Johannesburgâ\200\231s largest hospitals are AIDS-related. And the epidemic has not yet | peakedâ\200\224that wonâ\200\231t happen for four years, when the | average life expectancy here is expected to be 35.

Walk into the pediatric ward of a government hospital today, and you'll see children lying in oxygen tents, or % stumbling around, their hands and lips blue from lack of | air, as the virus ravages their respiratory systems. In orphanages, wards overflow with screaming, skeletal babies abandoned by their HIV-positive mothers.

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The strain on government hospitals is acute. Patients have to bring their own sheets; there are not enough IV #poles, so IV lines are draped over light fixtures or any-

- thing high; there are not enough beds, so patients sleep | on the floor or in chairs. A young woman I met last month believes she contracted the virus when she was sick in the hospital. â\200\234They were re-using needles,â\200\235 she told me. â\200\234It was filthy They had no beds, so I slept in a wheelchair.â\200\235 Pregnant with twins, she doesnâ\200\231t have the money for the drugs that would help ensure that her babies wonâ\200\231t be HIV positive. â\200\234How do we forgive this government?â\200\235 she asked. TSNS

I didnâ\200\231t have an answer for her. - Pl

AIDS in Africa will not end because of the avai bility -

of condoms; and we canâ\200\231t wait for a vaccine. Across the | continent a woman who asks her partner to use a condom is asking for a beating. The highest incidence .of HIV here is among girls and women ages 15 to 25, ac- | cording to South Africaâ\200\231s health authorities, with a fifth of all girls ages 13 to 19 now infected. According -to World Bank statistics, six times more 'girls have HIV than boys. Donâ\200\231t those numbers say something about | culture and sexual attitudes? In Zimbabwe, there are | â\200\234pot-wivesâ\200\235â\200\224single women who have sex with a group | of men in return for food and a roof over their heads. ' Throughout the continent, the incidence of child rapeis | accelerating, spurred by the myth that a man who rapes a virgin will rid himself of HIV. Not a single government on this continent has acted to dispel that myth. In many parts of southern Africa, a rapist can pay compensation of as little as \$3 to the family whose child he has raped, and the matter ends there. In South Africa, one in two ; women will get raped at least once in her lifetime. ., |

he results of this kind of behavior are deadly. TSouth Africa now has the worldâ\200\231s fastest-acceler-

ating rate of HIV, with 1,800 new infections each day. We have the worldâ\200\231s most lethal strain of HIVâ\200\224 subtype C, which is easier to contract and kills the fastest. e

We should be putting all our efforts into halting the virus now. With sound education and medical practice backing our scientific knowledge, we can start to do just that. The evidence is there: In three recent major dgug trials in South Africa, antivirals proved startlingly effective in rape victims if given within 72 hours of being raped and for 28 days thereafter. Not one of the hundreds of victims became HIV positive. iy by |

Yet while Africans are dying of AIDS in unprecedented- | ed numbers, our president is setting us back two dec- | ades by entertaining the theories of a group of dissident | American scientists, who argue that AIDS is caused aot by HIV but by a lack of hygiene and poor nutrition.

The fallacy of that theory should be clear to anyone 1 seriously worried about AIDS. There are members of Mbekiâ\200\231s privileged inner circle who have HIV. The | South African National Defence Force, which has a,70

percent rate of infection, has fine accommodations, good food and exemplary hygiene. The workers in the Carletonville gold mines, whose infection rates are at around 77 percent, live in clean housing and have plentiful food.

But tell that to chief undertaker Mbeki. AIDS is our president's Achilles' heel. The man who would lead South Africa from the misery of economic poverty, will, if his policies continue reside over graves. .