

The AIDS time-bomb is ticking away in South Africa

by David Hammer

No matter what the composition of the government after South Africa's historic elections of April 26-28, that government will have to confront the growing crisis of HIV (Human Immunodeficiency Virus, which causes AIDS) infection in the South African population.

AIDS was first found in South Africa in 1982, when two homosexuals died. Today, there are a minimum of 600,000 people in South Africa infected with the HIV virus—or nearly 2% of the entire population. According to Dr. Clive Evian, of the Johannesburg City Council AIDS Information Center, another 500 people are infected each day. More than 3% of the Soweto black township south of Johannesburg is HIV-infected, the *Johannesburg Star* recently reported, although the highest incidence of AIDS infection is believed to be in the impoverished Natal/Kwazulu area.

AIDS deaths are also climbing. Since 1985, there have been a total of 8,687 deaths reported as being related to AIDS, a figure released by the Metropolitan Life Insurance Co. based on data gathered from clinics around the country. However, AIDS often is not listed as the cause of death. The death rate is rising—4,937 people were officially reported as dying of AIDS in 1993.

Tuberculosis, which in the last five years has emerged as the critical marker for HIV infection, is also on the rise. According to government statistics, there are 10 million people in South Africa infected with TB. In 1964, there were 66,701 TB cases in the country; in 1990, there were 804,000 cases.

IMF conditionalities must be rejected

The rise in both AIDS and TB infection will continue, unless urgent measures are taken to arrest the economic collapse of South Africa. The precondition for that is that the new South African government must reject the conditionalities of the International Monetary Fund and World Bank, no matter what the pressure from foreign and domestic banking establishments.

EIR publishes here an interview conducted on March 10 with Dr. Ruben Sher, currently director of the National AIDS Training and Outreach Program (NATOP). Before taking

this post a year ago, Dr. Sher was the chief collector of data for the South African Institute for Medical Research. The collection of AIDS data has now shifted to the Epidemiology Department of the Department of Health, but Dr. Sher reports that chaos in the government has brought disease data collection to a near standstill.

Interview: Dr. Ruben Sher

EIR: I'm seeking information on the extent of the AIDS problem in South Africa.

Sher: I can tell you from clinics and from testing and the people that we are seeing, that obviously the rate of new infections is very high. There are no two ways about it.

I run a clinic at one of the hospitals here; we are seeing 30 to 40 and sometimes even more cases every Wednesday, and that's just one in three hospitals in the Johannesburg area. Those are not new ones for the most part, though some are. They have been diagnosed in hospitals.

For instance, at the hospital that I work in, any person coming to have any surgical procedure—whether it is EMT or major surgery or gynecological surgery—will have an HIV test. It [testing] has its merits because we are identifying a lot more positive people than we would have otherwise. And it permits us to try to trace contacts, and what have you. Some of the insurance companies have made estimates; I think their estimates on the rates of positivity at the end of 1993 were something like 600,000. So, in fact, if you deduce those figures, it would seem that there are somewhere between 400 and 500 new HIV infections every day occurring in South Africa. But the cases haven't been proven; they are estimates.

In February 1993, the last time I was on top of the data, we had 1,803 AIDS cases in the country that we knew of. Obviously, there were more.

EIR: That's the number of full-blown AIDS cases?

Sher: Yes, full-blown.

EIR: What was the number of infections at that time?

Sher: The number of infections was 48,951. This data came from laboratories testing for HIV infections; it came from blood transfusion studies; and it came from clinics at the mines.

EIR: When you said that you didn't know any physicians in Johannesburg who send their statistics in on AIDS, why is that?

Sher: Of the three clinics—I've asked one of the other chaps and he said he hasn't sent in—I think it is because there is no mechanism of collecting the figures. We are not asked to submit these things. There have been no sort of formal follow-ups.

When I was doing it, I used to phone up all the physicians and all their laboratories and get their figures from these people; that is not occurring now. That's the reason why. These figures are there; they could be looked up in the hospital records and what all.

EIR: Since tuberculosis is a marker for AIDS, have you seen any dramatic increase in the number of deaths resulting from an infection of tuberculosis in the country?

Sher: Yes. We are seeing a very lot of tuberculosis in the population. And as you probably know, it usually starts a little bit earlier than the other opportunistic infections. Because we do have such a high prevalence of tuberculosis in any case.

EIR: The number that you had mentioned before? The 600,000 positives at the end of 1993?

Sher: This is from certain insurance actuaries, such as Metropolitan Life.

EIR: I've heard also from sources close to the Surgeon General's office that the actual rate of infection in South Africa now is 10-12%.

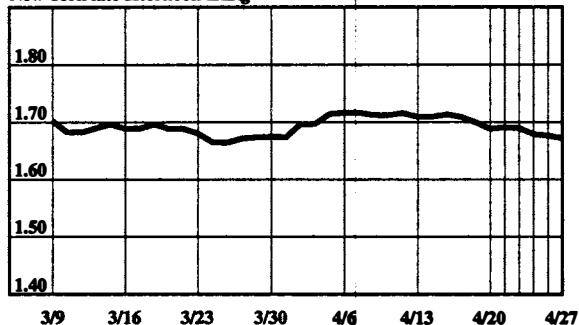
Sher: I don't believe that. I'm not sure where those figures came from, but if you look at studies done at the Blood Transfusion Service, the antenatal studies in Johannesburg, they were only about 7-8%. In Durban, it was a little bit higher than that; I think it was up to 10% or maybe more. That's in antenatals. I think if you are looking at the total number, I don't think it is more than 3-4% overall. Mind you, it's pretty high in places like Durban; if you look at their studies, you'll find them high. Antenatal studies in Durban would be 10% or more, but the overall infection rate is not 12%. But we are sitting on a time-bomb. We must not get away from that.

EIR: It must be alarming to you that there is very little public discussion or attempt really to do much about AIDS, as far

Currency Rates

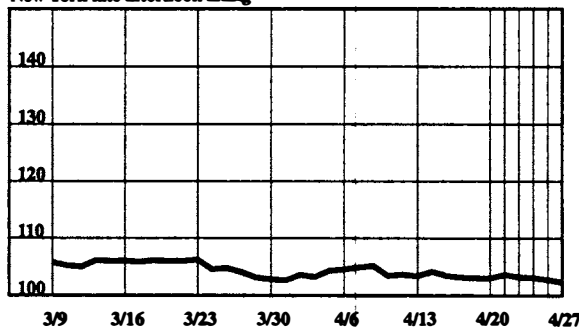
The dollar in deutschemarks

New York late afternoon fixing



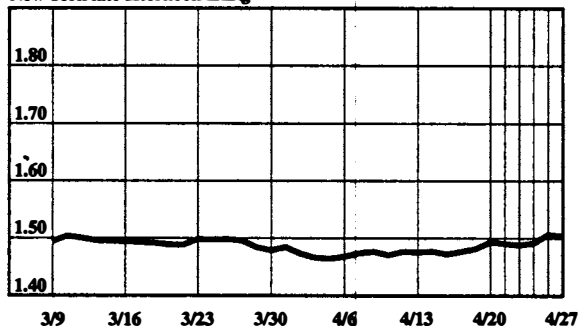
The dollar in yen

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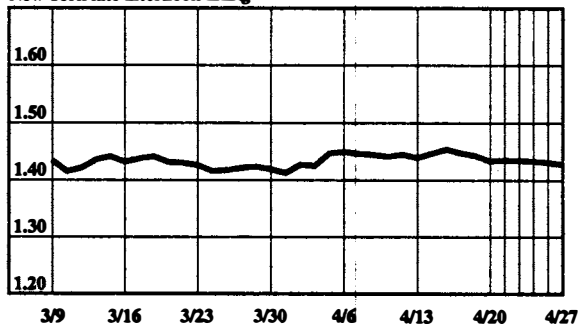
The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing



as I can tell.

Sher: I've been involved in this the last 12 years. We have been trying. And there are a lot more health care workers and educators out there than we have had for many a year. But we've had these problems of the political changes, the transition, other socio-economic problems that have made it very difficult. Very important are the cultural problems that have made it difficult for educators to go out there. But it also isn't working anyplace else. Do you know anyplace that it is working?

EIR: That's absolutely right. Is there any work being done on research on the virus?

Sher: I think South Africa has a good sort of infrastructure as far as doctors, universities, and research possibilities to do these sort of studies. Perhaps much more than a lot of other African countries. You have to understand: We have been isolated for so many years. We never really got the benefit of the World Health Organization programs and things like that. We've got a lot of catching up to do. And to do that, we need interaction with other countries; we need collaboration; we need financial support.

This is the nuts and bolts of the whole issue. We can't move without financial backing. And it should go to people who are capable of doing the work. So we people who live here are not just in it here to come in and get a PhD or something and then leave and that's the end of the story. We live here. We work with the situation. We have a commitment to the people of this country.

EIR: Another thing that I think has to be taken into account is that AIDS is a disease of poverty; it's not simply sex and dirty needles; that's not true. What one has to do is look at broad measures of public health, of sanitation, of housing, of raising the protein intake.

Sher: I agree with you completely. But this is going to take quite a number of years. And in the meantime, we can't just sit back and wait for that to occur. So we have to have some measures that can tackle the problem immediately. And in fact, Mr. [Nelson] Mandela has been going around in his election campaigns talking about AIDS. We are very pleased with that sort of situation.

EIR: What has he been saying about it?

Sher: I went to see Mandela about two years ago and I told him to talk about AIDS. We sent him messages that he's going to now meet with so many millions of people on his electioneering campaigns and that he needs to talk about AIDS. So, in fact, the other day he came discussing AIDS and he told the young people that when he was a youngster he went to college and schools to study; he wasn't running around with girls.

I think that was a profound message coming from that man. We are happy with that kind of situation. He's got to set the example.

Devaluations ravage French Africa

by Lawrence Eyang-Echaw

Three months after the Jan. 12, 1994 devaluation of the CFA franc, the 13 CFA African finance ministers recently met with French authorities in Paris for a quarterly session of damage limitation. The devaluation, unprecedented in the 46-year history of Franco-African monetary relations, has turned out to be a veritable earthquake for this artificial zone of apparent economic prosperity. The World Bank and International Monetary Fund-imposed 50% cut in the value of the CFA franc, has burst the cautiously sustained French myth of mutual benefits for unequal economies.

With the imminent disappearance of the French franc in 1997, due to its absorption into the European currency union, France is frantically attempting to maintain its monetary and financial stranglehold on its neo-colonies for purposes of imperial and cultural aggrandizement.

Throughout the initial years of economic naivety for French Africa, France successfully continued to maintain the arbitrary parity of 1 French franc to 50 CFA francs, despite the repeated devaluations of the French franc (17.55% in 1958; 12.5% in 1969; 3% in 1981; 5.75% in 1982; 2.5% in 1983; and 3% in 1986). These cascading devaluations, which were inevitable for a French economy that was perpetually running behind a robust German economy in the race for competitiveness, had a depreciatory effect on the value of primary products from the CFA zone. (The CFA had initially stood for *colonies françaises d'Afrique*; later on, in an attempt to conceal the colonial trappings of this master-servant economic relationship, it was officially changed to "Communauté Financière Africaine.")

The French African economic mirage did not last for long. With the 40-50% fall in cocoa and coffee prices between 1977 and 1982, all economic indicators in the region were emitting distress signals: The debt burden of the zone, which was \$16.76 billion in 1980, scaled to \$46.77 billion by 1991, attaining the all-time high figure of 104.8% of the total gross domestic product of the region; capital flight rose from FF 96 billion in 1992 to the alarming figure of FF 105 billion, only for the first quarter of 1993! The French central bank was forced to repurchase the large volume of CFA francs pouring in from Nigerian businessmen who had been making huge profits from the retail of manufactured products. Nigeria had for long been alleviating the hardship created by its economic and political instability, by taking advantage of the artificially overvalued CFA franc, which