

# REMARKS AT THE FIRST MEETING OF THE PRESIDENTIAL ADVISORY PANEL ON AIDS

Pretoria, 6 May 2000

I am indeed, very, very pleased that we have arrived at this moment and would like to welcome Stephen Owen and other distinguished people from outside our country, as well as the scientists from within our own country who are here. Welcome to what for us is a very important initiative.

I am going to read a few lines from a poem by an Irish poet, Patrick Pearce. It will indicate some of what has been going through my mind over the last few months. The poem is entitled, '**The Fool**' and it says:

"Since the wise men have not spoken, I speak but I'm only a fool;  
A fool that hath loved his folly,  
Yea, more than the wise men their books or their counting houses or their quiet homes,  
Or their fame in men's mouths;  
A fool that in all his days hath never done a prudent thing, ...  
I have squandered the splendid years that the Lord God gave to my youth  
In attempting impossible things, deeming them alone worth the toil.  
Was it folly or grace?"

I have asked myself that question many times over the last few months: whether the matters that were raised were as a result of folly or grace.

You will remember the letter we sent inviting you to this meeting. It included a quotation from a report by the WHO on the global situation of the HIV/AIDS pandemic. It said that of the 5.6 million people infected with HIV in 1999, 3.8 million lived in Sub-Saharan Africa, the hardest hit region. There were an estimated 2.2 million HIV/AIDS deaths in the region during 1999, being 85% of the global total, even though only one-tenth of the world population lives in Sub-Saharan Africa. In addition, the report said there are now more women than men among the 22.3 million adults and one million children estimated to be living with HIV/AIDS in Sub-Saharan Africa.

It was this situation, communicated to us by organisations such as the WHO and UN AIDS, which clearly said that here we have a problem to which we have to respond with the greatest seriousness.

And, of course, among the Sub-Saharan Africans are the South African Africans, with millions of people said also to be HIV positive and also many people dying from AIDS. The Minister has indicated our response to this, so I won't go over that ground. But it is important, I think, to bear it in mind because some have put out the notion that our asking certain questions in order to understand better and therefore be able to respond better, constituted an abandonment of the fight against AIDS.

What the Minister has said indicates what we have indeed done. There are other things she didn't mention including the allocation of dedicated funds in our annual budget specifically to address this issue. That is from the point of view of the national government, in addition to what other layers of government are doing. We believe that that response is important, and it is being carried out in an aggressive way, in a sustained way, and in a comprehensive way so that we do indeed respond to the picture that is painted by these figures.

It was because it seemed that the problem was so big, if these reports were correct, that I personally wanted to understand this matter better. Now as I've said, I'm only a fool and I faced this difficult problem of reading all these complicated things that you scientists write about, in this language I don't understand. So I ploughed through lots and lots of documentation, with dictionaries all around me in case there were words that seemed difficult to understand. I would phone the Minister of Health and say, 'Minister, what does this word mean?' And she would explain.

I am somewhat embarrassed to say that I discovered that there had been a controversy around these matters for quite some time. I honestly didn't know. I was a bit comforted later when I checked with a number of our Ministers and found that they were as ignorant as I, so I wasn't quite alone.

What we knew was that there is a virus, HIV. The virus causes AIDS. AIDS causes death and there's no vaccine against AIDS. So once you are HIV positive, you are going to develop AIDS, and you are bound to die. We

responded with that part of the response the Minister was talking about - public awareness campaigns, encouraging safe sex, use of condoms, all of those things.

But as one read on, one noted that we had never said anything in all of this public awareness campaign, that people need to practice safe sex and use condoms in order to stop the other sexually transmitted diseases - syphilis, gonorrhoea and so on - as though these did not really matter. What mattered was this virus.

As one read all of these things, one discovered what, as far as I know, was the first report published in our medical journals in this country about the incidence of HIV among our people in this part of the world. It was published in the South African Medical Journal in 1985. Among other things, that article said that groups at high risk of developing the acquired immune deficiency syndrome - AIDS - in the United States and Europe include homosexual and bi-sexual males; those who abuse intravenous drugs and haemophiliacs.

The article further says that AIDS has been reported in Central Africa. However, homosexuality, drug addiction or blood transfusion have not been reported as risk factors in these patients. It has therefore been suggested that the agent causing AIDS is endemic in Central Africa. However, our preliminary data show that although individuals with antibodies directed against HIV are to be found in South Africa, these positive individuals only come from a high-risk group comprising male homosexuals. Individuals who did not belong to any of the known high risk groups did not have HIV antibodies. Our data, says the article, therefore suggests that the agent implicated in the causation is not endemic in Southern Africa.

That was in 1985. And of course all of the other documentation that I've seen suggests that what was reported here in 1985 to be the risk group in this part of the world, remained the risk group in the United States and Western Europe with a preponderance of these infections being among homosexuals and therefore by homosexual transmission, as it is said, of the virus.

But according to these reports, clearly something changed here. In a period of maybe five, six, seven years after 1985, when it was said that such transmission in this region was not endemic in Southern Africa, there were high rates of heterosexual transmission. Now as I was saying, being a fool I couldn't answer this question about what happened between 1985 and the early 1990s. The situation has not changed in the United States up to today, nor in Western Europe with regard to homosexual transmission. But here it changed very radically in a short period of time and increased very radically in a short period of time. Why?

This is obviously not an idle question for us because it bears very directly on this question: How should we respond? There has been this change, for reasons I can't explain but you, as scientists, surely would be able to explain. Why this change? What therefore is our most appropriate response? And so we started communicating with some of the people in this room, to ask what is the cause?

There is a whole variety of issues that the Minister of Health has just said she will not comment upon, which also I will not comment upon because they are very much part of the subject of your discussions. We were looking for answers because all of the information that has been communicated points to the reality that we are faced with a catastrophe, and you can't respond to a catastrophe merely by saying I will do what is routine. You have to respond to a catastrophe in a way that recognises that you are facing a catastrophe. And here we are talking about people - it is not death of animal stock or something like that, but people. Millions and millions of people.

Somewhat of a storm broke out around this question, which in truth took me by surprise. There is an approach which asks why is this President of South Africa trying to give legitimacy to discredited scientists, because after all, all the questions of science concerning this matter had been resolved by the year 1984. I don't know of any science that gets resolved in that manner with a cut-off year beyond which science does not develop any further. It sounds like a biblical absolute truth and I do not imagine that science consists of biblical absolute truths.

There was this very strong response saying: don't do this. I have seen even in the last few days, a scientist who I'm quite certain is eminent who said that perhaps the best thing to do is that we should lock up some of these dissidents in jail and that would shut them up. It is a very peculiar response but it seemed to me to suggest that it must surely be because people are exceedingly worried by the fact that large numbers of people are dying. In that context any suggestion whatsoever that dealing with this is being postponed because somebody is busy looking at some obscure scientific theory, is seen as a betrayal of people. Perhaps that is why you had that kind of response which sought to say: let us freeze scientific discourse at a particular point; and let those who do not agree with the mainstream be isolated and not spoken to. Indeed it seems to be implied that one of the important measures to judge whether a scientific view is correct is to count numbers: how many scientists are on this side of the issue and how many are on the other - if the majority are on this side, then this must be correct.

In the end, what I'm saying is that as Africans we want to respond to HIV/AIDS in a manner that is effective, a manner that does indeed address the fact of these millions of lives that are threatened.

As I noted, the WHO says that in Sub-Saharan Africa, 2 million people died in 1999 alone.

It is truly our hope that this process will help us to get to some of the answers, so that as public representatives we are able to elaborate and help implement policies that are properly focused, and that actually have an effect. I'm quite certain that given the people who are participating in this panel, we will get to these answers.

And so you see why I've been thinking over this matter over the last few months that perhaps I should have allowed the wise men to speak. Indeed when eminent scientists said: "You have spoken out of turn," it was difficult not to think that one was indeed a fool. But I am no longer so sure about that, given that so many eminent people responded to the invitation of a fool to come to this important meeting.

Welcome and best wishes.

Thank you very much.