Black and white researchers are saving black women's lives

By *moderator*
Created *2010/08/03 - 4:02pm*
3 August, 2010 - 16:02 ? moderator

In his column published in the Sowetan on 27 July 2010 (?Research on HIV prevention gel put black lives at risk?), Andile Mngxitama viciously attacks South African researchers who recently announced a huge breakthrough in the development of a microbicide, a gel that they hope women will be able to use to reduce their risk of being infected with HIV from sex. Under the guise of black consciousness he distorts facts, takes an opinion on something he knows little about, and makes statements that will cause life-threatening confusion. Steve Biko would never have written in this way.

Mr Mngxitama is wrong on every count. Let me set out the facts.

The trial he refers to is known as CAPRISA 004. It is the first trial ever to establish that a microbicide reduces the risk of women contracting HIV from sex. Until the trial results were made public, no-one knew if such a gel would offer any protection. Earlier studies had only shown that it was safe to use. Now the scientific world has evidence on the basis of which many women ? especially black women ? may be protected from HIV infection in the future.

The trial did not put black lives at risk. All the women who participated were extensively counselled about HIV prevention. In fact there is evidence that simply participating in a trial reduces the risk of HIV infection. But it is also known that even in trial settings, where participants are freely provided with condoms, lubricant and ongoing HIV counselling, some degree of unsafe sex continues. As a result, after 2½ years, 11% of trial participants ? and not the 60% Mr Mngxitama claims ? contracted HIV.

Mr Mngxitama asks why the study was not conducted on urban white middle class women. The answer is simple. There is a high prevalence of HIV among black women because of the combination of poverty, sexual and social inequality and illiteracy. It would have been impossible to conduct this study amongst a population that has a relatively low HIV prevalence. The trial participants were chosen because they are part of communities that have been hit particularly hard by HIV.

The reality is that many women in South Africa have unsafe sex, often because they are unable to get their male sexual partners to wear condoms. They are fully able to make choices for themselves, but all too often their male partners impose their bad choices on them. It is these women who are most in need of female-controlled prevention tools such as a microbicide.

Mr Mngitxama protests that ?none of the women knew who was protected and who wasn?t.? But a key principle of clinical research is that the only scientifically acceptable way to do determine if a new medicine works is by randomly dividing the trial participants into two. The first group is given the test product. The second group is given what is called a ?placebo?, something which looks, feels and smells exactly like the product being tested, but without the trial ingredient (medicine) ? in this case the antiretroviral (ARV) medicine tenofovir.

So, all women got gels, but only half of them got gels containing the drug. However each participant was fully counselled about the trial and understood that:

(a) There was a 50% chance they had been given the gel (and a 50% chance that they had been given the placebo);
(b) There was no evidence that the gel worked; and
(c) Even if the gel worked, it would not be 100% effective ? meaning that condoms should also be used consistently and correctly.

Without any evidence, Mr Mngxitama patronisingly suggests that informed consent is ?tricky? for vulnerable women. Echoing former President Thabo Mbeki he attacks orthodox science and accuses those who have conducted trials of male circumcision and microbicide gels of ?medical science genocide? and of treating blacks ?as one would treat an animal?.

I could go on and on, but I won?t. But let me list two more of Mr Mngxitama?s long list of errors and misleading suggestions:

? The women who tested HIV positive were not ?used as lab rats and discarded? ? they were all directed into care. As and when necessary, they will be able to access ARV treatment.
? New prevention technologies are not being targeted at blacks, but rather at all people at high risk of infection. For example, a trial that is currently taking place in Cape Town amongst men who have sex with men is designed to establish whether a daily dose of two ARV medicines can reduce the risk of HIV infection. Many of those participating in the trial are white and middle class.

Finally, there is a good reason why those concerned with medical ethics have not raised their voices about the trial ? it was conducted ethically. The researchers have advanced the struggle against the pandemic in South Africa and beyond. They are African scientists advancing African knowledge from African universities. They are deserving of our praise, not uninformed and dangerous attacks.
