

EQUAL TREATMENT

NEWSLETTER OF THE TREATMENT ACTION CAMPAIGN MAY 2005

A woman stands in front of a corrugated metal wall. She is wearing a light blue short-sleeved shirt with dark blue accents on the shoulders and a green wrap with white geometric patterns. She is adorned with multiple necklaces and beaded sashes. In her right hand, she holds a dark, horn-like object, and in her left hand, she holds a wooden staff or gourd. The background is a weathered, grey corrugated metal wall with a window or door frame visible.

**Traditional healers
and public health**

EQUAL TREATMENT
May 2005
Issue 15
contents

Focus on traditional healers2 to 8

The priest who would not talk about HIV6

Community stories9 to 12

Blow to access to affordable medicine13

Our rights in our courts12 to 13

Crossword puzzle14



Mr. Fat soothes the audience at the Levis Rage for a Revolution concert

Photo courtesy of Levis



Bed on Bricks at the Levis Rage for a Revolution concert. Funds raised went to the TAC Treatment Project

Photo courtesy of Levis



Traditional healers at a TAC event in Gugulethu

Photo by Aaron Tjoa



The gathering of people at the start of the 16 February march to Parliament, with Freshly Ground performing on stage

Photo by David Le Page



A rear view of TAC's march to Parliament on 16 February 2005 to demand at least 200 000 people on treatment by 2006.

Photo by David Le Page



editorial

Modernise Traditional Medicine

In this issue, we focus on traditional medicines and healers. While standards were developed in Europe and America for testing medicines to identify which ones were safe and effective, no effort was made to do the same for traditional medicines. Traditional healers were oppressed under colonial and apartheid governments and were excluded from development. For example, in 1957 the Witchcraft Suppression Act was passed which prevented traditional healers from practicing their trade. The breakdown in African social structures under white rule also hampered traditional medicine.

The result is that the potential of traditional healers and medicines has not been realised. There are however many opportunities offered by traditional healers for improving public health.

Helping public health

There are an estimated 200 000 traditional healers – about 80 000 more than the number of public health-care professionals. The public health system is overburdened with too few staff and many people go to a traditional healer rather than the local clinic, because they prefer to use traditional healers, there is no clinic nearby or the queues are too long. Opportunities should be created for traditional healers to assist the public health system by counselling and referring patients. Healers should be offered government approved training that will accredit them to prescribe and dispense some prescription medicines, especially where there are not enough clinics.

Test all medicines

The names “Western medicine” and “traditional medicine” are not helpful. Scientists around the world, including Africa, research and develop new medicines. The

real difference is between medicines that have been scientifically tested and found to be safe and effective, and those that have not. It is important to test medicines before giving them to people; many medicines including traditional ones can be dangerous. Scientific tests help us know which medicines are likely to work and are safe to put in our bodies. It is because of scientific tests that we know antiretrovirals are safe and effective. There is no reason why traditional medicines cannot also be scientific medicines.

Reward traditional healers and communities

Drug companies sometimes use traditional medicines to create a new drug without rewarding the community where they discovered the medicine. This is a concern for traditional healers. *Hoodia gordonii* is a medicine used by the San to overcome hunger. It is being tested by a drug company to see if it can be used for weight-loss. The San will benefit financially if the drug is shown to be safe and effective, but it is unclear that they will receive a fair share. TAC wants to work with traditional healers to stop biopiracy (using medical knowledge obtained from traditional communities without paying), fight for more money to be invested in testing traditional medicines and for healers and communities to benefit from the rewards of medicines found to be safe and effective. It is likely that there are some useful traditional medicines and scientific tests will identify these.

Stop unethical healers

Some traditional healers spread dangerous messages. They claim they can treat AIDS and antiretrovirals are toxic. Their behaviour gives other traditional healers a bad name. This shows that regulation is needed so that the traditional healing profession will serve patients better. This is something traditional healers should support. If we modernise traditional medicine, it will benefit everyone, traditional healers most of all.

Zackie Achmat, TAC Chairperson

TRADITIONAL MEDICINES FACT SHEET

Some traditional medicines have been shown to be of benefit while others have been shown to be harmful. Here we look at examples of both.

Herpes zoster

Herpes zoster or “shingles” is a common viral infection among people living with HIV. The infection is characterized by blistering of the skin. A study conducted in Kampala, Uganda, suggests that the traditional medicine referred to as Father Mwebe’s herbal mixture is as effective against herpes zoster and could produce fewer side-effects than the registered medicine acyclovir.

There is evidence that a traditional medicine from Uganda is effective against herpes.

Diarrhoea

There are many Zulu traditional medicines that have been shown to be effective against diarrhoea. These include *Psidium guajava*, *Aristea*, *Iridaceae*, *Bridelia micrantha* and *Eleutheria bulbosa*. These plants grow throughout South Africa and *could* be a cheap and safe treatment option for diarrhoea.

But more research on traditional medicines is needed, especially how traditional medicines interact with other medicines. A recent example of such research found that some traditional medicines actually make antiretrovirals less effective.



Danger! The African Potato can undo the benefits of antiretrovirals.



Danger! Sutherlandia frutescens also undoes the benefits of antiretrovirals

The danger of taking the African Potato and Cancer Bush

African Potato (*Hypoxis*) and Cancer Bush (*Sutherlandia frutescens*) are popular traditional medicines. Some claim these medicines boost the immune system and help fight HIV. However, a recent study shows that people

taking antiretrovirals should not use the African Potato or Cancer Bush because they lower the levels of antiretrovirals in the body. This means that the HIV continues to multiply and you will get sick. It also increases the chance of resistance to antiretrovirals developing.

A study was conducted on the effects of a supplement made from the African Potato on people with HIV. The study was ended when it was found that it caused severe bone-marrow suppression after using it for eight weeks.

St. John’s Wort

St. John’s Wort is an alternative medicine used worldwide to treat depression. But recent evidence shows that it may reduce the effectiveness of the antiretroviral indinavir. People taking indinavir should not use St. John’s Wort.

Sources:
<http://www.dayofgod.net/ga/AFW.jpg>
http://www.sahealthinfo.org/traditionalmeds_sutherlandia.jpg
Journal of Alternative Complementary Medicine, 1999, 5(6), pp. 553-565
AIDS. 2005 Jan 3;19(1):95-7
Nutrition Information Centre, University of Stellenbosch

The African Potato probably reduces the effectiveness of antiretrovirals and should not be taken by people with HIV.

TRADITIONAL HEALING IN SOUTH AFRICA

Across Africa, it is estimated that up to 80% of people use traditional medicine in one of its many forms. In South Africa alone there are an estimated 200 000 traditional healers practising.

by *Julia Cole*

There are many different kinds of traditional healers, each with their own methods of diagnosis and their own medicines. Generally, these can be divided into two categories: diviners who say they communicate with the ancestral spirits to diagnose illness and who sometimes offer medication for the diagnosed problem; and herbalists who use their own knowledge of natural resources (animal, vegetable or mineral) to diagnose illnesses and prescribe medicines.

In order to learn their field, these

traditional healers go through a training programme that involves spiritual and herbal training and lasts three to eight months. Then to practise medicine legally, the traditional healers have to complete a certification process with an organization such as the Traditional Healer Organization (THO).

The process involves a one day workshop and registering with that organization, and can take as long as one year or as short as three to six months.

Once the healer has received a

certificate from the organization, he or she can practise traditional medicine. There are many traditional healers who practise without a licence but the recently passed Traditional Health Practitioner's Bill has made this illegal.

However, there is still no mechanism in force to ensure that traditional healers are trained to meet minimum standards.

Source: www.hst.org.za/uploads/files/chapter18_99.pdf

TRADITIONAL HEALERS AND THE LAW

by *Reid Roberts*

In 1997, the government discussed the need to formally recognize and regulate traditional healers. In 2003, the government drafted the Traditional Health Practitioners Bill (THPB), which regulates traditional healers. The THPB was passed into law in September 2004 :

“To establish the Interim Traditional Health Practitioners Council of South Africa; to provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services; to provide for the management and control over the registration, training and conduct of practitioners, students and specified categories in the traditional health practitioners profession; and to provide for matters connected therewith.”

Outline of the Traditional Health Practitioners Bill

It creates a broad profession called ‘Traditional Health Practitioner’ (THP) which includes herbalists, diviners, traditional birth attendants and traditional surgeons.

It establishes a Traditional Health Practitioners’ Council whose functions include:

- ensuring the quality of health services within the traditional health practice;
- providing for the registration, training and practices of THPs;
- protecting and serving the users of traditional health practices and
- ensuring that traditional health practice complies with universally accepted health care norms and values.

The Council consists of 22 members including:

- THPs from each province who represent each category of THP;
- an employee of the Department of Health;
- someone with appropriate knowledge of the law;
- a medical practitioner registered with the Health Professions Council;
- a pharmacist registered with the South African Pharmacy Council and
- three community representatives.

The Bill makes it illegal for anyone to act as a THP if they are not registered with the Council. The Bill does not detail what the requirements are to register as a THP. This is left up to the Minister of Health but she has not provided this information yet.

INVEST IN RESEARCH ON TRADITIONAL MEDICINES

by Aaron Tjoa



Traditional Healers, like Mrs. Mtyeku above, should benefit if their medicines are found to be useful.

Although many people use traditional medicines in South Africa, few people know about the safety issues and effectiveness of these medicines.

People have the right to know if traditional medicines will assist with healing their illnesses, and



Mkansi Mamayile Salva's medicine cabinet

they need to be able to avoid unethical traditional healers and people who want to profit from HIV and other illnesses by selling ineffective or dangerous medicines.

People also have the right to know the side-effects of traditional medicines. There is a common belief that traditional medicines do not contain poisons and cannot harm as they are made from 'natural' products. A study conducted at Garankuwa Hospital near Pretoria,

however, found that some traditional medicines are poisonous and can cause harm or even death.

For people taking antiretrovirals or any other medicine, it is also important to know if the traditional medicines will stop them from working properly.

Researching Traditional Medicines

Steps have been taken to improve the safety of traditional medicines and how well they work. In 1997, the Medical Research Council (MRC) set up the Traditional Medicines Research Unit (TMRU). Its goal is to make research possible and train researchers in the field of traditional medicines. Their main efforts are to find anti-malaria and anti-tuberculosis medicines from medicinal plants. The MRC also set up the Indigenous Knowledge

Systems of Health Unit, a computer database of all South African plants and their possible medical benefits. Other government bodies and universities are also now doing research.

Despite these efforts, however, progress in researching traditional medicines has been slow, and, according to the TMRU and Global Initiative for Treatment Systems (GIFTS), no traditional medicines have been clinically proven to be effective in the treatment of HIV/AIDS.

Involving Traditional Healers and Protecting Their Rights

While some financial benefits from researched medicine should go to those organizations that do research, it is also necessary that benefits go to those traditional healers and their communities whose traditional medicine knowledge it is. Some benefit-sharing agreements between researchers and traditional medicine practitioners exist. One was drawn up in 2003 between the Council for Scientific and Industrial Research (CSIR) and traditional healers that shares the profits from the sale of medical plant products developed by the CSIR. The MRC has adopted this model as well.

TAC and traditional healers could potentially campaign together to ensure traditional healers and their communities are rewarded for their traditional medicines that are found to be safe and effective.

AN EQUAL TREATMENT INTERVIEW WITH A TRADITIONAL HEALER



Traditional Healer Mkansi Mamayile Salva from KTC in Cape Town.

This is an edited transcript of an interview with traditional healer Mkansi Mamayile Salva.

Equal Treatment (ET): What are some of the challenges faced by traditional healers?

Mkansi Mamayile Salva (MS): Since the 1994 elections, it has been much better. Traditional healers are more respected and we work more closely with doctors and hospitals. Now I refer people to hospitals if they have chronic diarrhoea, dehydration, or are very weak.

ET: What is the difference between a traditional healer (sangoma) and a herbalist?

MS: Herbalists can heal a person but do not have a vision as to where the illness comes from. Sangomas have been trained and can identify where and why a person is ill by using spiritual powers.

ET: What support would you like to see for traditional healers from the government?

MS: Training to improve writing skills because I have to take my patients to the hospitals and clinics directly to explain their problems to the doctors and nurses. If I could write, I wouldn't have to accompany my patients when I refer them to a hospital. I would like the government to build clinics for traditional healers

where we can practice our medicine with the support of nurses. Also, more training on TB, especially how to diagnose it, is needed.

ET: If a person has TB and HIV, how would you treat them?

MS: I would give them traditional medicines but if they do not get better within two weeks, I would refer them to a hospital. If they were extremely sick or weak when they came to me, I would take them immediately to the hospital. That is the policy of the Traditional Healers Organization.

ET: Are traditional healers open to new information on treatment and/or training?

MS: Yes, some are, but they are the minority.

ET: Do you know of the Medical Research Council (MRC) and their program which allows traditional healers to share their medicines and have them tested scientifically?

MS: I have heard of the MRC but I do not know where it is. I did not know the MRC has a program where I could have my medicines tested.

[Editor – it is not clear that much testing is taking place at the MRC]

ET: Would you share your information so your medicines could be tested in a laboratory?

MS: Yes, I am willing to share my medicines because I want to make sure they work safely.

ET: If a traditional medicine is tested scientifically and a drug is made from it, should traditional healers benefit financially from it?

MS: Yes, the traditional healer's information must be protected so they can benefit from it.

ET: What do you think about the Treatment Action Campaign

(TAC) and its relationship with traditional healers?

MS: I think TAC has a positive attitude towards traditional healers and TAC is helping people get access to antiretrovirals.

ET: What do you think about antiretrovirals?

MS: Antiretrovirals are good for people. I have seen people on antiretrovirals who were very weak and have gotten much better.

ET: What would you do if a person taking antiretrovirals came to you and wanted traditional medicines?

MS: I would tell them not to mix traditional medicines and antiretrovirals. They would have to choose between the two.

ET: Could you diagnose if someone was HIV positive?

MS: If they had certain symptoms, I would refer them to a clinic or hospital so they could get an HIV test. If they were very sick with HIV, I would recommend they take antiretrovirals. Traditional medicines are only useful when an HIV-positive person is still healthy.

ET: What do you think should be done to traditional healers who falsely claim to have cures for certain illnesses?

MS: These traditional healers should have their licenses taken away so they can no longer practice and hurt people. They should be stopped. If they do not have a license [have not been registered under the Traditional Health Practitioners Bill], they should be arrested because they are doing something illegal.

ET: Do you know of any traditional healers who do not have licenses to practice?

MS: Yes. There are many.

UMFUNDISI ONGAFUNI NOKUVA NGO GAWULAYO

ngu Zukiswa Nqiwa



Kwilali yase Luqhoqhweni kwisithili sase Lusikisiki, kukho umbutho obizwa ngokuba yi AIDS PROJECT. Wasekwa ngotitshala baseLuqhoqhweni J.S.S. bakuba bebona ukuba izinga lentsholongwane kagawulayo liphezulu. Befuna ukuncedisana nemibutho ejongene nogawulayo. Lo mbutho wacela Medicines Sans Frontier (MSF) umbutho wogqirha abangena mida ukuba bancedisane nabo. IAIDS PROJECT ayikhetanga ndawo, ifundisa yonke indawo yase Luqhoqhweni ngogawulayo. Abahlali banothakazelelo olukhulu.

Kule lali kukho iqabane elinguNomvuyo Jutha elathi lasweleka elaliphila nentsholongwane ka gawulayo. Umhla womngcwabo wawunge 12 March 2005.

Abazali bomfi (uMabhala noSukude) bayamkela lemibutho ngelithi “mabenze yonke into abaqhele ukuyenza xa beswelekelwe lilungu labo”. I-TAC no-MSF benza iimfundiso ngezifo ezingamangenela (OI` s) kunye nangezithomalalisi zikagawulayo (ARV` s).Emva kwemfundiso kwenziwa isikhumbuzo samaqhawe

asele asishiya. Kwacelwa umfundisi ukuba abeyinxalenye.

Xa umfundisi ezakwenza intshumayelo,waqala waphendula ngelithi akanako ukungena into angayaziyo kuba ungumkhokheli wabantu,kwaye nabantu bangamthela nqa xa ekulento yengculaza. Watsho esithi umntu omfunayo uhlala kwilali yakuCabekwana kwaye akanako ukwenza izinto ezimbini ngexesha elinye.Yena ushumayela ivangeli qha, engenabo nobudlelwana nabantu abohlulwa kukuziphatha, lilonke wabe uyala.

Wathi akuba egqibile umfundisi ukuthetha,utitshala uZuziwe weAIDS PROJECT wacela ithuba lokuthetha.Wagxininisa ngelithi ugawulayo makashunyayelwe ezicaweni,watsho emngqala esithi “Tat` uMgaga kufanelekile

kushunyayelwe nakweyakho inkonzo ngogawulayo.Ndaye ndizakuzama ukukuncedisa ngeemfundiso yaye ugawulayo akanakuba ungumfundisi okanye usindisiwe”.Inkweethu yatsho yasuka emehlweni abantu, batsho beqhwaba izandla bexhasa inthetho kaZuziwe.

Ngomhla we14 March 2005 izithethi zakwa AIDS PROJECT zaya kwi-ofisi zakwa TAC (Treatment Action Campaign) beyokuxolisa ngeentetho zikamfundisi emngcwabeni. Batsho besithi bazamile ukuya kwiqumrhu labefundisi (Council of Churches) owathi wothuka kakhulu wakuchazelwa yonke into eyenzekayo emngcwabeni.Umfundisi osisithethi seliqumrhu wathembisa ukuba uzakuthetha-thethana nomfundisi uMgaga ambonise ngokubaluleka kwemfundiso zikagawulayo.

TRADITIONAL HEALERS HELP FIGHT HIV/AIDS

by Zach Rosner

Considering how wide-spread the AIDS pandemic currently is, traditional healers have a large role to play in aiding treatment of the disease, preventing its spread and caring for those who are sick.

In 1994 it was found that there was approximately one traditional healer for every 500 people in Sub-Saharan Africa while there

was only one medical doctor for every 40,000 people. The World Health Organization (WHO) has estimated that around 80% of Africans consult traditional healers. Their cultural importance combined with their close involvement within communities puts traditional healers in a unique position to help fight HIV.

Programmes to involve traditional healers in HIV prevention campaigns have shown some success. These campaigns often focus on educating traditional healers on the spread of HIV and ways to prevent it. This results in increasing awareness of the disease and condom use. Traditional healers who are

TAC TRAINS TRADITIONAL HEALERS

by Masizole Gonyela

TAC in the Eastern Cape conducted training for Xhora (Elliotdale) Traditional Healers Forum at Madwaleni Hospital. This was a four-day course from 20 to 24 March 2005. The traditional healers came from most of the 39 villages around Elliotdale.

Xhora is a rural area with few resources. There is no electricity, sanitation (not a single house has a toilet) or running water. People fetch unpurified water from the rivers.

Mr. Simayi, the chairperson of the forum, said "The majority of people in this area put their trust in traditional healers. We are their primary health care givers. These people go to traditional healers before they go to hospital. They go to a hospital when the traditional healer has given up on them and when they are extremely sick. Eventually they

will die. For example, there was a traditional healer claiming to cure HIV/AIDS. She would give patients three bottles of mixture and where would this lead them?"

Mrs. Mtyeku of the Eastern Cape Traditional Healers Association added that HIV/AIDS is a scientific illness and needs proper research. Therefore no one should claim to cure HIV as this could lead to diarrhoea and unnecessary vomiting which is not good for the health of a person living with HIV/AIDS.

There was, however, a feeling that TAC promotes "western" over traditional medicines, at the



Traditional Healers at the TAC workshop

beginning of the training. The following were the outcomes of the training:

- The response was very positive as traditional healers plan to call on others including villagers to support TAC's campaign to get 200 000 on treatment by 2006.
- Healers would use the information they learnt by deploying themselves to the clinics and schools around Xhora.
- They will also promote prevention and HIV-testing (VCT). The feeling was that those testing negative should remain as such and use condoms. However those testing positive should live a positive lifestyle and access treatment.

Mrs. Mtekyu concluded the meeting by saying the healers appreciated the presence of TAC, as it gave new and important information on HIV/AIDS. She said their association intends to continue the example set by the workshop, i.e. to train traditional healers on new infections such as HIV and measles (there is currently an outbreak in the area).

educated about HIV often help educate other traditional healers and refer patients to hospitals when they are sick with AIDS.

There are some problems that must be faced in involving traditional healers in HIV treatment. More information is needed about the variety of traditional medicines that are used in treating AIDS related diseases and the effects these medicines can have on other drug regimens. For instance, St. John's wort, a popular alternative medicine often used throughout the world to treat depression, has been shown to decrease the amount of the antiretroviral indinavir to levels that prevent it from working

against HIV. Incorporating traditional healers into HIV care requires that sufficient knowledge is available about how drugs work on each other so that we do not undermine proven treatments.

Despite these obstacles, there is tremendous room for involving traditional healers. Educating traditional healers on how HIV is spread and what is involved in treatment is essential. It is also important for government and NGOs to be open to learning more about traditional healers and medicines so that the two groups can work together fairly and constructively.

A TRADITIONAL HEALER'S OPINION

Mercy Manci is a traditional healer in the Eastern Cape. Here are her views on the issues facing traditional healers, especially written for Equal Treatment. Ms. Manci has practiced traditional medicine for over two decades and has fought HIV/AIDS since 1990.

HIV/AIDS epidemic and Traditional Healers

Traditional healers have been and continue to handle the epidemic in a proper manner. For years traditional healers have counseled people on the prevention of sexually transmitted infections (STIs) - a major source of HIV transmission. Traditional healers are also involved in treating opportunistic infections related to HIV, which improves the quality of life of people living with HIV/AIDS. These efforts are often successful and help people live more positively.

The Traditional Health Practitioners Bill (THPB)

The THPB looks good and shows that an effort is being made to recognize that traditional healers are doing something in South Africa. But how long will it take for the bill to be fully implemented?

It might take 10 years or more. The Bill has no provision for us as healers and it is still just lip service. Reading it carefully, it does not cater for traditional medicine but instead focuses on differentiating professional healers and non professional healers. It also mentions forming an interim council but what is what, I cannot tell. What I see is lip service so far.

Antiretrovirals and TAC

Antiretrovirals are very good as people need something to help their health problems. Traditional healers counsel people to stick to their antiretroviral treatment and if they experience side effects, they should contact their doctor. TAC's contribution is appreciated by the people of South Africa, especially those infected and/or affected by HIV/AIDS. But as TAC understands, more work needs

to be done on treatment literacy and nutrition for our people. We have clients who stopped using antiretrovirals because of side effects. They need to understand antiretrovirals and their effects on the diet. The people using antiretrovirals are those with CD4 counts under 200 and are usually without money to buy good nutritional food in order to follow treatment diet requirements. And the very same people are not working and do not have grants. That is another challenge.

“The [Traditional Health Practitioners] Bill has no provision for us healers and it is still just lip service.”



Participants in a media training course run by TAC, some of whose articles appear in this issue of Equal Treatment.

LIFE AFTER TESTING HIV-POSITIVE

by Nokhwezi Hoboyi

Nokhwezi Hoboyi, acting editor of this issue of *Equal Treatment*, tells her fascinating story of how she found dignity and treatment after testing HIV-positive.

My name is Nokhwezi Hoboyi. I live in Vosloorus Location which is in Gauteng Province. My community is a mixed one with some people uneducated whereas some are intellectuals. I am an extrovert. I like socialising and doing something new about my life. After matric I trained as a croupier and I then worked for Sun International Casinos and Akani Egoli. My life has been very interesting.

“The tests came back HIV-positive. At that time I didn’t know what HIV was.”

I am from a very loving and caring family of six children. My parents got divorced after 33 years of marriage when I was only twelve years old. My big brother took me to school until I passed matric. My dream was to become a doctor but I couldn’t further my studies at university due to financial problems.

In 1998 I fell sick and my doctor decided to do some tests to check

what was wrong with me. The tests came back HIV-positive. At that time I didn’t even know what HIV was. My doctor only told me that it was a rare illness and that I would be cured after taking AZT. I was then admitted to a hospital for AZT treatment. I left the hospital with the idea that I was cured, free from the illness. I therefore stopped taking AZT. My life did not change because I was not counselled about the disease. I had no idea that it was life threatening. After being sick in 2001 I discovered what it meant to be HIV-positive. I did not tell anyone until 2002 when I started taking antiretrovirals again - properly this time. I only told my mother who was very supportive of me. I disclosed to my friends and colleagues in 2003. Most of my friends kept away from me; they didn’t want to be associated with me any more. That really hurt my feelings. It affected me emotionally and psychologically but I often told myself that I didn’t need them any more because I had my family’s support.

When I started antiretrovirals I got them from a specialist physician because I was on medical aid. I started on stavudine, didanosine and efavirenz. I have had some side effects such as peripheral neuropathy (numbness or tingling in the feet and legs) and opportunistic infections such as TB. Other than that my life has been better since I started taking antiretrovirals.

In April 2003 when I was in hospital I met a nursing sister who introduced me to TAC and explained what the organisation was about. I



saw the need to join TAC

for support and to gain more information. Joining TAC has been a good turn in my life because I have received training on HIV/AIDS. I have also received support from other activists, those who are positive and also those who are not infected but affected.

My plans for the future are to help more people in my community and achieve the goals I had before testing positive. I hope to live in a community that is free of stigmatisation against people living with HIV/AIDS.

To the people out there, there is life after testing positive and whatever comes your way, if it does not break you, it is only going to make you strong. Life goes on.

GEMEENSKAP AKSIE IN MITCHELL'S PLAN

By *Rodrick Clarence*

Mitchells Plain is 'n groot Bruin gemeenskap, maar mense van alle soorte en rasse bly daar. Dit is geleë op die kus tussen Muizenberg en Khayelitsha.

Die woonbuurt bestaan uit baie verskillende seksies, bvvoorbeeld Westridge, Portlands, Lenteguur, Morganster, Beacon Valley, Lost City Eastridge, Tafelsig en The Farm. Soos jy kan sien is dit 'n taamlieke groot buurt. Daar is baie stigmatisering in Mitchells Plain. Ek is tans besig by die Gemeenskapshospitaal in die buurt – dit is die enigste gemeenskapsinrting vir hierdie groot gemeenskap. Dit is so groot dat ek nie eers by syfers kan uitkom nie. Ek is tans besig met opvoeding oor MIV/VIGS en ek doen ook Vrywillige Berading en Toetsing. Twee dae per week (Dinsdae en Donderdae), is ek by klinieke soos Rocklands en Westridge, om uit te help met MIV/VIGS-opvoeding en Vrywillige Berading en Toetsing. Ek is ook betrokke by die ondersteuningsgroep vir mense wat leef met MIV/VIGS. Op ander dae van die week gaan ek na die hospitaal as 'n TLP (Treatment Literacy Practitioner).

Ek vind dit baie lekker om by die gemeenskapshospitaal te werk, want daar is 'n baie goeie verstandhouding tussen my en die dokters, verpleegpersoneel, klerke, skoonmakers en ander personeel. Die lekkerste van alles is dat ons hand-in-hand saamwerk. Ek word gekonfronteer met baie uitdagings daar, soos bv. 'n gebrek aan spasio

om te sit of loop, onbeskofte pasiënte, ensovoorts. Die hospitaal bedien tussen 300 en 500 mense per dag, en jy moet baie vroeg daar wees om gehelp te word.

Dit beteken mense sit daar van vyf-uur in die oggend om gehelp te word. Sommige kom net vir pille, maar die meeste kom om 'n dokter te sien. Daar word net 'n sekere aantal geneem en afspraak word ook somtyds uitgestel vir tot twee maande. Ons 24-uur trauma eenheid, waar daar net gekyk word na noodgevallen, is verskriklik besig want daar is baie noodgevallen in hierdie gemeenskap.

Die Bruinmense van my gemeenskap stigmatiseer MIV/VIGS tot 'n groot mate. Hulle is bewus van MIV/VIGS, maar hulle wys dit baie maal eenvoudig weg. Soms sê van hulle nog dat dit nie 'n "kleurling siekte" is nie, maar dat dit 'n "swartmens siekte" is, of dat "moffies" dit kry en nie hulle nie. Meeste mense skrik eers wakker wanneer MIV/VIGS hulle eie familedede affekteer. Daar is baie bruinmense wat MIV-positief is, maar dit word onder die stoele en banke weggesteek, of hulle noem die siekte kanker. 'n Paar mense in die gemeenskap raak betrokke in hulle wyke, terwyl die meeste sê "dit het niks met my of my familie te doen nie". Dit is tragies dat so min mense kennis dra van die Treatment Action Campaign.

Dit is vreemd dat daar ook so min jongmense in ons gemeenskap is wat weet van MIV/VIGS – of ignoreer hulle dit omdat hulle te besig is



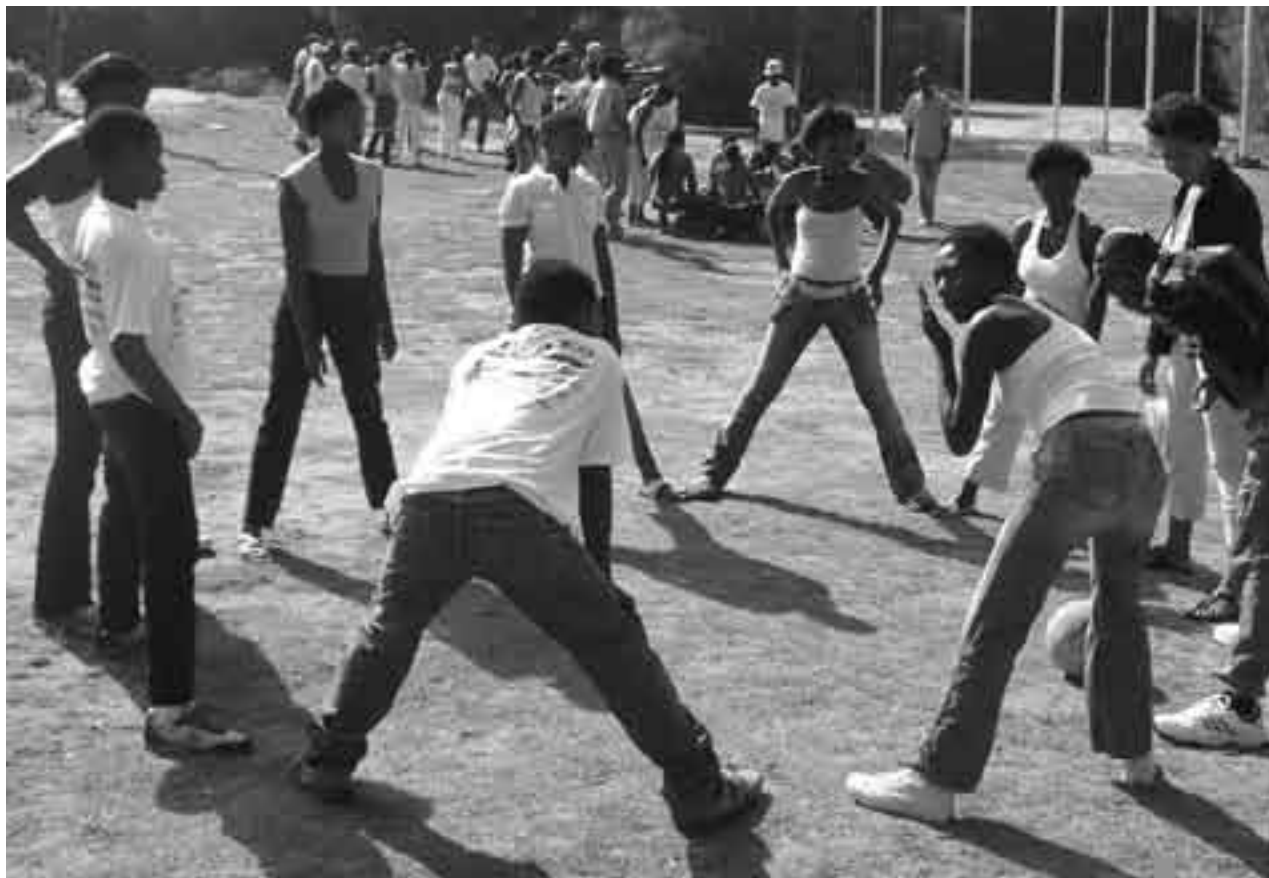
Swart, gay en trots: Rodrick Clarence en Thapelo Moahloli

met drugs en gansterism? Baie van hulle is seksueel aktief, maar is meer bekommerd oor geboortebeperte as om te kondomiseer ten einde seksueel-oordraagbare siektes te verdoed. Nie dat voorbehoeding nie belangrik is nie, maar kondome kan seksueel-oordraagbare infeksies (SOIs) en MIV/VIGS help voorkom. Die jongmense moet ook bewus gemaak word van peer pressure ter wille van MIV/VIGS-opvoeding. Ons moet ook uitryk na die jongmense om groter bewustheid (awareness) van en kennis oor seksualiteit, SOIs en MIV/VIGS te bewerkstellig.

Daar is ook 'n groot behoefte in die gemeenskap vir ouer mense om te leer oor seksualiteit en MIV/VIGS (hulle sê mos: "old habits die hard"). Ons het nog baie werk om te doen in die Bruin gemeenskap sodat ons diskriminasie en stigma kan breek. Ons moet naweke stalletjies by winkelsentrums gaan opsit en praatjies hou. Ons moet ander gemeenskapsorganisasies nader vir beter samewerking en ons moet veel meer opvoeding en mini marches in die Bruin woonbuurte organiseer. As al die organisasies in die gemeenskap saam staan en eenheid bewerkstellig, sal daar meer gedoen kan word en sal ons selfs meer kan uitrig.

TAC YOUTH LEARN ABOUT HIV PREVENTION AND TREATMENT

by Zach Rosner



Participants of the TAC youth sector camp in a team building exercise

The TAC youth sector held its first youth camp during the weekend of 25-27 February. The camp was held in Hermanus and involved over 180 youth between the ages of 16 and 24 from TAC branches and affiliated NGOs.

The primary goals of the camp were to educate on HIV/AIDS issues, train youth for leadership in their communities and within TAC, promote non-racialism and tolerance, and to create a forum where youth from different districts and backgrounds could meet each other so that they could work together in the future.

The camp featured activities teaching people about the work of the TAC, educating on HIV/AIDS issues and treatment literacy, workshops on leadership and the power of youth and featured talks by experienced leaders of the TAC.

The range of HIV knowledge was varied with some youth being well educated in HIV/AIDS issues but most having insufficient knowledge.

Leadership was also a major emphasis of the youth camp including a lively discussion about what it means to be a compassionate leader. "We all want to be leaders, but we don't always know the

qualities that are important" said Nwabisa Njaba, 22, a youth organizer from Khayelitsha. "We had a good debate and learned the qualities that fair leaders have."

The Western Cape camp was one of the first major events held by the TAC Youth Sector. Acting National Youth Coordinator, Arthur Jokweni found the camp to be educational for organizers as well. The camp "was a learning experience and a lot of work, but in the end it was exciting and successful".

The camp was organized by youth leaders in the Western Cape and national office.

HIV IS NOT A DEATH SENTENCE

By *Petunia Nkolele*

My name is Petunia Mkatoko Nkolele. I am 39 years old, and I come from a rural area called Hlanganani in Limpopo. My boyfriend is unemployed and we are having a hard time, but my brother and my mother—who is 74, has a grant, and supports her great grandchildren—help me a lot. I like socialising, and spending time with my partner. I am a person who likes sharing ideas with other people. But I also like a quiet place and sitting alone for some time.

In 1993 I was gang-raped by five young boys, between the ages of 15 and 19. I told nobody. One day in 1999 I noticed funny marks on my body and a change in my skin colour; I started menstruating with no stop, lost weight and felt something chewing me in my stomach. I decided to go for a HIV-test, still keeping quiet about being

raped. When I tested positive I started asking myself: Why does this AIDS thing have to come to me?

I went on with my life as if nothing had happened, until in 2001 when I became seriously ill. I was taken by ambulance to the hospital where I was tested for HIV. The results were still positive. I cried for two whole days until I was introduced to Buyi Ndhlovu, the coordinator of the care group at Elim Hospital, who counselled me and introduced me to TAC.

Through my activities with TAC, I started admitting my status to myself bit by bit, and I forgave myself. I first disclosed my status in 2003 at a TAC congress in Durban. Something just came to me and I jumped up and disclosed. I then disclosed my status to the TAC branch I had opened. I had a hard time telling my mother because she lives in Gauteng, and, as I have learned, one should not tell next of kin over the phone. The morning after my mother was told my status I received a call from her. She said, "I love you my baby," and I couldn't hold my tears. Now my family knows, and I am going public,



Petunia Nkolele

I told myself.

I am proud of my status though it is really difficult to live with the virus. I am using cotrimoxazole and fluconazole and multivitamins for my treatment and I have side effects from fluconazole but otherwise they have helped me tremendously.

TAC has done a lot for me. I am Petunia today because of TAC. I learn new things every day, and I get support from every member of TAC. I see a bright future. My plans are to go on fighting for treatment.

Hey comrades, here is my message to you: to be HIV-positive is not a death sentence. You can still live a wonderful life. So come out and tell everybody, and you will get support and treatment.

OUR RIGHTS IN OUR COURTS

An update on human rights litigation

Compulsory license for amphotericin B

In the last Equal Treatment, we informed you that TAC and the ALP are taking legal action



against MSD to compel them to issue licenses to generic manufacturers for the antiretroviral efavirenz. We are now also taking action against Bristol Myers Squibb (BMS) who

manufacture amphotericin B. This essential medicine is used to treat cryptococcal meningitis, an often fatal and common opportunistic infection in people with HIV. BMS charges R146 per vial to the South African government and R192 to the private sector. Yet in the US, which generally has the world's most expensive medicine prices, it charges R54. It charges the UK government R41 and the Brazilian government R15 (prices are approximate because of exchange rate fluctuations).

INDIAN PATENT BILL IS A BLOW TO ACCESS TO MEDICINE

by Njogu Morgan

On Saturday 26 February, about 70 TAC members from Gauteng participated in a picket at the Indian High Commission against a proposed amendment to Indian patent law. This amendment threatens to cut off supplies of generic medicines from Indian pharmaceutical companies. A call for help had been sent round the world by a coalition of international organisations led by the Lawyers Collective, an Indian health rights organisation. They asked everybody concerned with ensuring affordable access to HIV/AIDS medicines to say no to this amendment. The amendment has been adopted by the Indian Parliament but can still be vetoed by the Indian President.

Indian companies such as Ranbaxy and Cipla produce copies and sometimes variations of medicines sold much more expensively by other companies. These other companies

sometimes obtain the legal right, called a patent, from government bodies preventing anybody else (governments or pharmaceutical companies) from producing or selling specific medicines. The argument for these patents is that companies that spend a lot of their time and money developing new medicines should be rewarded for their efforts so that they will continue to develop new medicines. The amendment, should it go through, would prevent Indian generic pharmaceutical companies from copying new medicines to treat HIV/AIDS and other diseases.

In sub-Saharan African and other poor countries badly affected by HIV, national treatment programmes have been made financially possible only because cheap generic medicines (many produced by



Indian companies) are available. The central message therefore in the memorandum submitted to the Indian High Commission was not to amend the patent law in a way that would limit access to medicines. An official who received the memorandum assured the picketing members that the High Commissioner would respond to our demands within a short period of time. This has not happened.

In the meantime, we shall continue watching the developments in India and take action in support of affordable access to medicines.

Update on TAC versus Rath

Last month we reported that TAC laid a complaint with the Advertising Standards Authority of South Africa (ASASA) against the Dr. Rath Health Foundation. ASASA upheld our complaint and Rath's adverts may no longer appear in the South African media.

However, Rath proceeded to run a smear campaign against TAC in newspapers, some Western Cape townships and on his website. The newspaper attacks have come to an end because of ASASA's ruling.

We have started litigation in the Cape Town High Court to stop Rath from spreading false and malicious lies about TAC. Rath has also started distributing his vitamin pills in some parts of Cape Town, claiming that they treat AIDS and that antiretrovirals are toxic. We are taking action to stop him from doing this too.

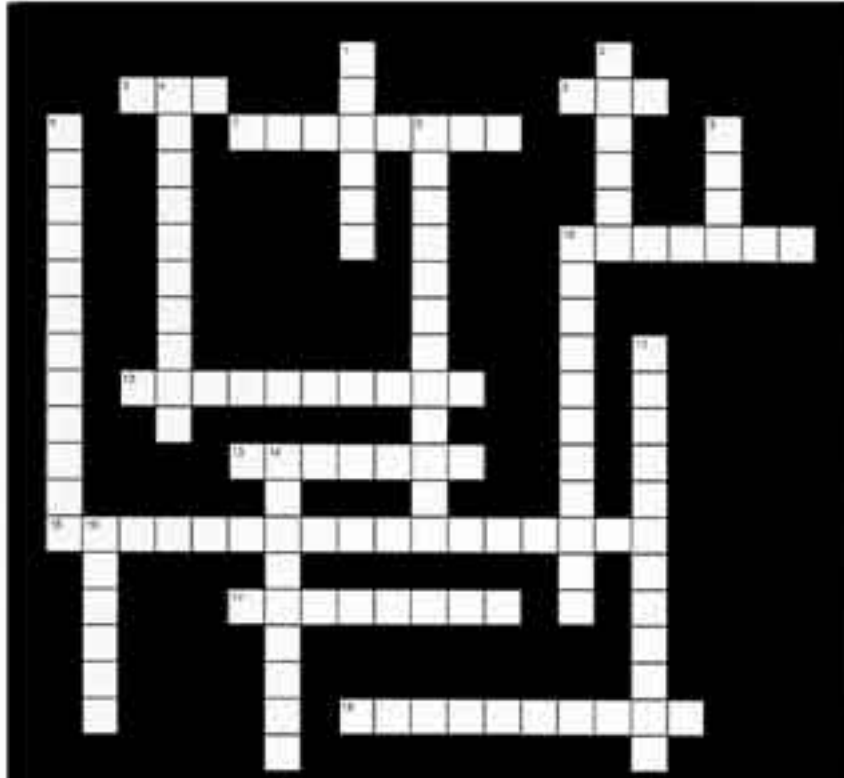
Update on access to information about political party funding

On 10 January the Constitutional Court heard

the Open Democracy Advice Centre (ODAC), on behalf of IDASA, argue that political parties should state who their funders are. Most political parties, including the ANC and DA oppose this. The ANC argued that it is up to Parliament, not the courts, to decide if funders should be made public. The DA argued that it had signed funding agreements with confidentiality clauses and therefore could not reveal the names of their funders. It also argued that it would lose funders if it had to declare them.

EQUAL TREATMENT'S REALLY TOUGH CROSSWORD PUZZLE!

This month: Know your Constitution



Across

3. Number of colours on the South African flag
5. Organisation that represents TAC in human rights legal cases
7. TAC's right to hold marches is protected by Section 17, freedom of _____.
10. Type of constitution in use between April 1994 and February 1997
12. The Constitutional Court has ruled that pregnant women have the right to receive this mother-to-child transmission prevention medicine.
13. The Constitution protects the rights of labourers to join unions and participate in _____.
15. Rights of gays and lesbians are protected under Section 9 (clause 3) protecting equality, including _____ (two words).
17. The age group specifically protected in the Constitution from maltreatment, neglect, abuse or degradation.
18. TAC fights for treatment because Section 27 ensures everyone access to _____ (two words).

Down

1. Length of appointments of judges in Constitutional Court is _____ years
2. Number of official SA languages
4. The preamble to the Constitution begins with the lines "We, the people of South Africa, recognise the _____ of our past".
6. Section of the Constitution known as "the cornerstone of democracy in South Africa" (three words)
8. Location of the Supreme Court of Appeal
9. Number of languages contained in the national anthem
10. TAC recently fought for the release of a document from the Department of Health based on Section 32 of the Constitution, ensuring access to _____.
11. Location of the Constitutional Court
14. Majority of National Assembly needed to amend the Constitution (with the exception of Chapter 1) (two words)
16. Number of judges in Constitutional Court

QUESTIONS FROM BEAT IT! VIEWERS

Thrush on the mouth:

I've got thrush on my mouth. The doctors gave me a pill but it did not work. What should I do?

Sibongile Doro
(name changed)

TAC responds:

Go back to your doctor or clinic. Ask if you need fluconazole. Most of the time, fluconazole is effective at treating thrush, but it is not usually the first treatment given because other simpler treatments might work.

Stigma and discrimination:

I have HIV, but everybody around me talks badly about people with HIV, so I remain in the closet. I do not know what to do anymore.

Pieter Kruger
(name changed)

TAC responds:

Your story is an example of how stigma and discrimination cause pain. It is not easy overcoming prejudice, but we suggest you find out if there is an HIV support group near you. Join it. Your confidentiality should be assured. With time, the support group can help you find the confidence to be strong about living with HIV.

HELP TAC SAVE LIVES!

Make a regular donation
to the Treatment Action Campaign.

Account details:

Nedbank current account: 1950521738
(branch code: 195005)

**TAC will not accept funds
from pharmaceutical companies.**

Section 21 registration: 2000/029181/08. Audits available on www.tac.org.za

**Watch SABC 1 on
Thursdays at 10h30.
Also, from 3 April
on Sundays at 13h30**

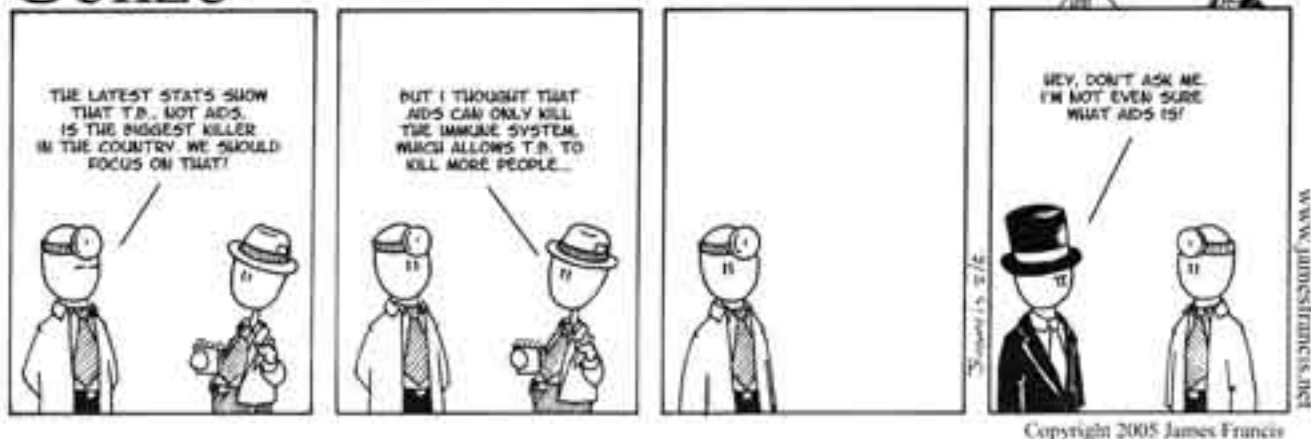


**The TV programme for everyone living with HIV
and AIDS, our partners, families, and friends.**



Gonzo

by James Francis



See James Francis's cartoons on his website, www.jamesfrancis.net

ATTITUDE AWARENESS

By Lerato Maloka

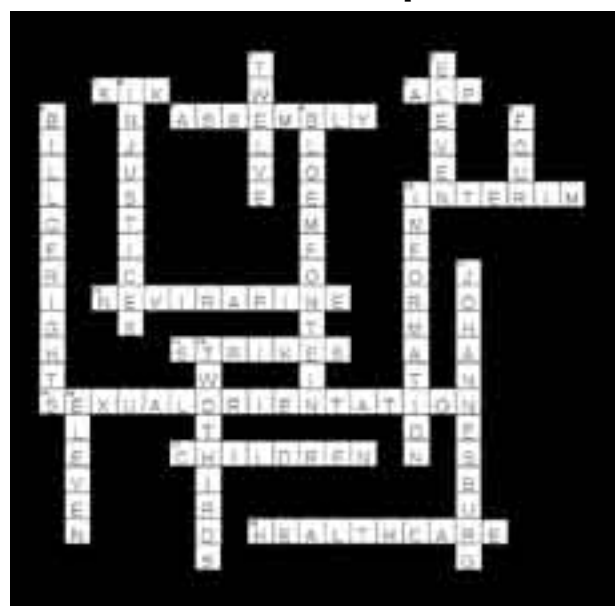


Watch your **Thoughts**, They become your **Words**
Watch your **Words**, They become your **Actions**
Watch your **Actions**, They become your **Habits**
Watch your **Habits**, They become your **Character**
Watch your **Character**, It becomes your **Behaviour**

Whatever you do, **Think Twice**
Whatever you do, **Think Positive**
Whatever you do, **Respect Yourself**
Whatever you do, **Believe in Yourself**
Whenever you think Sex, **Think Condom**

JOIN TAC EVENTS IN YOUR COMMUNITY ON 7 JUNE TO DEMAND AT LEAST 200 000 PEOPLE ON TREATMENT BY 2006

Solution to crossword puzzle



Witnesses to AIDS



*Judge Edwin Cameron and Archbishop Desmond Tutu at the launch of Cameron's book, Witness to AIDS.
Photograph courtesy of Tafelberg Publishers*

*Equal Treatment is published by the Treatment Action Campaign,
34 Main Road, Maitzenberg, 7954
Tel: +27 (0) 21 788 3507
Fax for attention Equal Treatment: +27 (0) 21 788 3726
Email: et@tac.org.za
Website: www.tac.org.za
Distribution: 25 000 copies
Editors: Nokhwezi Hoboyi and Nathan Geffen
Layout: Darryl Cotton
English sub-editing: Daphne Barends
Administration: Faniswa Filani
Front cover photograph of Mkhosi Mameyile Salva by Aaron Tjoo
New layout design: Dore Ferreira*

*Letters to the editor should be 300 words maximum.
Sponsored by Swedish International Development Agency.
TAC is committed to providing people with HIV/AIDS, their families and caregivers with accurate information about life-saving medicines and treatment.
However TAC and its leaders are independent of the pharmaceutical industry and have no financial interests with it.*



THOBANI NGWENI KRAENTSCHE

"I've been taking AZT, 3TC and NVP for almost 4 years. I'm healthy and happy."



CHARTER
Box 9, 2000 Washington, DC
Michael Masquelier, 202.462.4811 ext. 400
michael@unaids.org
For further information please contact us at 1.800.458.5231



my positive stories