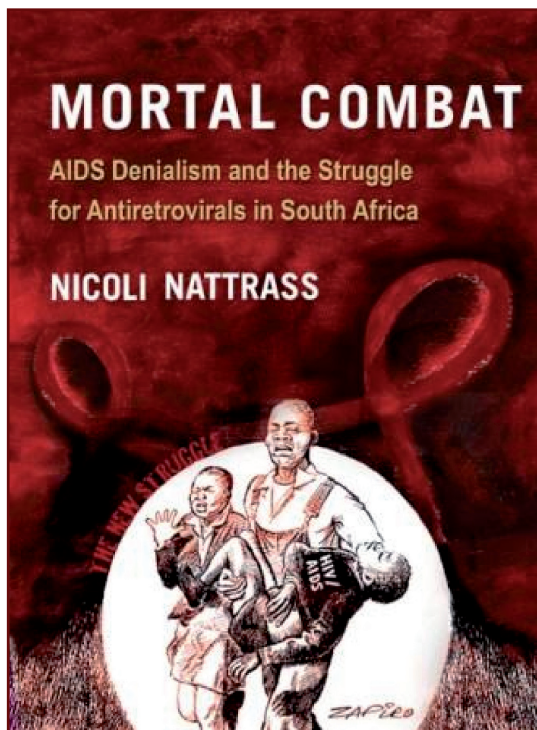




BOOK REVIEW

Mortal Combat – AIDS Denialism and the Struggle for Antiretrovirals in South Africa.

By Nicoli Nattrass. Pp. 272. R170. University of KwaZulu-Natal Press. 2007. Soft cover. ISBN 978 1 86914 1325.



AIDS denialism might be defined as an approach to the HIV/AIDS epidemic that rejects the generally accepted scientific and epidemiological evidence that the disease is caused by a virus transmitted from person to person, principally by sexual contact, and that does not believe that in countries such as South Africa AIDS is rampant. AIDS denialists tend to embrace alternative, unproven and sometimes dangerous medicines and other therapeutic measures. Standard treatments are rejected as toxic and unproven in efficacy and are regarded with suspicion.

Nicoli Nattrass, a professor of economics at the University of Cape Town, is angry that denialism has taken such deep root in South Africa and that it has been condoned, indeed led, from the political top. In *Mortal Combat* she sets out thoroughly and comprehensively the evidence that the country has among the highest prevalence of HIV positivity and AIDS in the world, and argues that treating the disease and preventing mother-to-child transmission (MTCT) make good economic sense. Nattrass blames government, and particularly President Thabo

Mbeki and his two ministers of health who worked with him over the past 10 years in implementing the country's AIDS policies, for the situation. She points out that South Africa has the resources, intellectual capacity, technical infrastructure and imperative to have done far better. The Mbeki presidency will be remembered in history for this aberration. Nicoli Nattrass has favourites, too. The Treatment Action Campaign has been vital in holding government to account. In her view, activism is the way to go. She alleges a progressive and regrettable loss of autonomy and authority of scientific bodies such as the South African Medical Research Council and the Medicines Control Council (MCC). Altogether, hers is a magisterial effort.

Given the diligence with which Nicoli Nattrass has put together her case it is interesting and puzzling that she makes so little progress in reaching an understanding of the nature of AIDS denialism and of the belief systems of those who embrace it. She is perplexed, incredulous, and hugely impatient with them. She recognises the damage done by denialism to the public health and holds the architects of AIDS denialism to account, with some ridicule.

James Myburgh has taken a different approach in his reporting of 'The Virodene Affair' (www.politicsweb.co.za (21 September 2007)). Myburgh is a political analyst and historian who recently completed his doctoral thesis at Oxford University on the early years of the Mbeki presidency. By study of documents in the public domain, and others that were clearly not intended for the historian's scrupulous eye, he has traced the timelines of AIDS denialism in South Africa. He even documents its termination. The key, in Myburgh's view, is Virodene, derived from dimethylformamide, an industrial solvent and potential hepatic and renal toxin. In 1997 it was embraced as a potential cure for AIDS by the minister of health and the South African cabinet, bypassing the normal formal constraints to drug testing and the evaluation of data imposed by institutional ethics committees and the MCC. Myburgh contends that the government interest in Virodene was a complex mixture of pride in a purely South African solution to the global AIDS epidemic and financial in that the African National Congress (ANC) was noted in court papers to have been a designated beneficiary of any profits of the company producing the drug. (The government and ANC have denied any financial interest or other pecuniary involvement in the Virodene venture.)

When it became clear that testing of Virodene would not be allowed by the MCC, on grounds of safety, efficacy and inferior quality, a study was commissioned in Tanzania among military personnel. The results, showing that Virodene had no effect on AIDS, were an enormous disappointment for the South African government. At the same time that these results became available, HAART and MTCT prevention were reluctantly endorsed by government. Myburgh maintains that AIDS denialism in South Africa was a device to postpone



commitment to other public health and treatment approaches pending the anticipated and much hoped for favourable outcome of the Tanzanian Virodene studies. Myburgh concludes that to understand AIDS denialism one has to follow the money.

Another failure in this story is that of the scientific and medical community. We have not understood the nature of denialism and the belief systems that make possible the rejection of scientific evidence. We have failed to engage with those who are unconvinced by our argument, and unmoved

by our impatience and sense of urgency. They do not believe our data or interpretation. We have not explained ourselves convincingly nor understood their scepticism. That is a challenge for the scientific community – one that we have hardly begun to address, or even recognise. We are simply baffled. James Myburgh and Nicoli Nattrass, while contributing enormously to the record, leave it to the scientists to find the solution to AIDS denialism, and to do better.

Peter Folb

IN MEMORIAM

Martin Gerber

Marthinus Christoffel Gerber is op 5 April 1927 op Touwsrivier gebore. Daar het hy sy eerste lewensjare deurgebring en sy skoolopleiding begin. Hy het in 1943 in die Kaap gematrikuleer en in 1950 sy mediese opleiding aan die Universiteit van Kaapstad voltooi.

Martin het as algemene praktisyn begin werk op Clanwilliam en Sterkspruit, distrik Aliwal-Noord, maar algemene praktyk het hom nie geval nie. Daarna het hy in narkose gespesialiseer aan die Universiteit van die Witwatersrand en Baragwanath-hospitaal.

Hy het by dr. Leo Rautenbach se privaat praktyk aangesluit en vir baie jare in Johannesburg as spesialis narkotiseur gepraktiseer. Hy het veral gewerk by die Brenthurst-kliniek saam met drr. George Kuschke en Koos van der Wat, by die Rosebank-kliniek met dr. Willie de Vos, by die Kenridge-hospitaal met dr. Basie Pieterse, en by die Suidrand-hospitaal met dr. Siegfried Johannes.

Hy was getroud met Mariska (née De Klerk) en hulle het 3 kinders gehad – Maretha, getroud en woonagtig in die Paarl, Marius, 'n tandarts in Londen, en Wynand, met sy eie granietonderneming in Johannesburg. Mariska het hom in 1987 ontval. In 1994 is hy met Maggie de Klerk getroud; sy was egter nie familie van Mariska nie. Hulle het afgetree in Margate aan die Natalse suidkus, waar hy sy laaste lewensjare deurgebring het.

Hy het as narkotiseur seker van die moeilikste krisis denkbare moes hanteer, soos toe die suurstoftoevoerpyp na die Boyle-masjien aan die brand geraak en vlam gevat het weens 'n kortsluiting in die nabygeleë elektriese bedrading. Gelukkig kon die betrokke pasiënt vinnig na 'n aangrensende teater verskuif word en die episode het 'n gelukkige einde

gehad. Martin het jare daarna gespot dat sy grys hare te wyte was aan sulke krisisse. Hy het later 'n ontydige terugslag gehad weens 'n beroerte en moes ophou praktiseer.

Martin was 'n stil mens. Hy het intens belanggestel in kuns en het ook 'n groot versameling kunswerke van bekende kunstenaars gehad, o.a. van W H Coetzer, met wie hy bevriend was. Sy eerste eggenote, Mariska, was betrokke by kunswedstryde, en sy tweede eggenote, Maggie, het 'n lisensiaat in drama gehad. As sodanig was hy ten nouste betrokke by die kunste.

Op 31 Augustus 2007 het Martin na 'n kort siekbed op 80-jarige ouderdom gesterf. Aan sy 3 kinders, 3 kleinkinders en Maggie, wat hom getrou bygestaan het tot die einde, ons innige simpatie. Dit was 'n voorreg om hom te ken.

Johan Maritz

Arthur David (Kin) Bensusan (13/06/1921 - 17/03/2007)

My father, Arthur David (Kin) Bensusan, passed away unexpectedly at the age of 85, after a myocardial infarct while on holiday in New Zealand.

Kin was born in Johannesburg in 1921, the son of a physician, schooled at St John's College, and then commenced medical studies at Wits. He joined the South African Air Force on the outbreak of World War II and served in North Africa and Italy as an aerial photographer, having developed a great interest in photography at an early age. He completed his medical degree after the war, graduating in 1950, and entered general practice in Johannesburg. As a child, I remember accompanying him frequently on house calls, as well as patients arriving at our home at all hours of the day and night. Wits graduates may well remember him as 'the residence doctor'. He was a founder member of the College of

1267