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TAC Electronic Newsletter

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Massive Youth March for HIV Prevention

10,000 people, mostly youths, will march today for HIV prevention in King Williams Town . They will be demanding comprehensive life-skills education and condoms in schools.

Time: 10am to 12pm
Meeting point: Zone 1 Taxi Rank, Zwelitsha

Over 10% of youths aged 15-24 are HIV-positive in South Africa. Nearly half have had sex by the age of 19. (Source: RHRU) TAC believes that life-skills education (including sex education, gender and human rights education, and the science of HIV prevention and treatment) as well as condoms in schools are necessary to reverse the HIV epidemic amongst youth. In contrast to a popular myth, there is no evidence that condoms promote sex. The challenge is to develop a culture where condoms are always used for sex. Making condoms available in schools, coupled with life-skills education, will help create this culture, reduce new HIV infections and save lives.

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Memo for Eastern Cape MEC for Education, Mkhangeli Matomela

MEC Mkhangeli Matomela
Eastern Cape Department of Education
Old Municipal Building, Van Riebeeck Str
Maclear
Zone 6, Zwelitsha
Tel: 040 608 4202/3
Fax: 040 608 4247

15 June 2006

Minister Pandor, MEC Matomela, implement reality and evidence-informed HIV prevention Policies and approaches to save lives.

As a parent I feel it is important that we declare our schools HIV prevention zones. Our reality is children are falling pregnant and becoming HIV positive. As parents we don't like that but we want to protect our children rather than only preach our beliefs to them. We disagree with the MEC that condoms should not be available in schools and that abstinence only must be taught. Our children are sexual beings and explore their sexuality so they need condoms and good information in school premises because clinics are closed by the time school is finished. Mrs E. Baleka, chairperson of SGB Joint Forum, Nelson Mandela Metro.

"As a student living with HIV I struggle. We are not receiving any education and information about HIV/AIDS. We therefore see no benefit in disclosing [our status] within the school and we are afraid to ask questions about HIV/AIDS. Pregnancy rate[s are] high [in] our schools and we get discriminated [against] by nurses when we go to the clinics after school. They shout at us for wanting condoms and contraceptives. There is no support mechanism in our schools for students infected or affected by HIV." Asanda Mofu, Rubusana High school, Queenstown.

We are gathered here today as thousands of youths, parents and teachers from Nelson Mandela Metro, Chris Hani, Cacadu, OR Tambo, Amathole and other areas of the province, to reiterate the calls being made by Asanda Mofu and thousands of youths at schools who are living with HIV, as well as by Mrs Baleka and thousands of concerned parents for the department to demonstrate greater leadership to drive HIV interventions to save lives.

In our country, more than 10% of youths aged 15-24 are HIV-positive and nearly half of them have had sex by the age of 19. In Eastern Cape, prevalence in this age group stands at nearly 12% (HSRC survey, 2005). The Provincial Antenatal HIV prevalence is 28%.

Parents, young people and educators testify that there is no evidence that abstinence is serving as the across-the-board shield against HIV that the education department purports it to be. In fact, the "abstinence pledge" that young people at schools are being made to sign is only encouraging fear and shame in talking about sexual activity and reinforces double standards that young girls and women must bear the sole responsibility to keep the nation HIV-free.

There is massive evidence to show that in most cases, the first sexual experience of, particularly, girls is through coercion. In these cases, lack of information and support on how infection happens and how to prevent it reinforces risk to infection with STIs and HIV.

We want age-appropriate sexuality education to be conducted at every school on an ongoing basis. Life-skills education must reinforce human rights, create awareness of gender imbalances and serve to open safe spaces for young people to speak openly about their dilemmas, their sexual experiences and be adequately informed about how to protect themselves from HIV. In mobilising for the march we worked in more than 150 schools in all the five health districts in the province. In a majority of these schools, teachers reported being ill-equipped to do life-skills, sexuality and HIV education, which undermines their ability to support learners who are at risk, living with and affected by HIV and AIDS. This means that the department needs to invest to ensure that life-skills teachers are trained and employed fulltime to do this work.

Abstinence cannot be the mainstay of our HIV prevention approaches. Comprehensive information and tools including condoms, to enable informed choice and sexual practices must be standard.

In 2000, the Department of Education published excellent guidelines for dealing with HIV/AIDS in the school system. The guidelines highlighted the need for schools to create openness and acceptance towards HIV, develop their own HIV and AIDS policies guided by respect for human rights, encouraged schools to conduct comprehensive HIV and sexuality education, strongly consider the possibility of condom accessibility within school premises, and promote knowledge of services available for prevention, care and support for learners living with HIV. The view was that linked to the establishment of youth friendly clinics, such an approach would ensure that learners with HIV or at risk of infection would be adequately supported.

The progressive ideological underpinnings of these guidelines have since been eroded by narrow morality and a promotion of sexist attitudes and double standards which do nothing to promote the open and supportive environments envisaged previously by the department.

We are informed by teachers and learners that the department has barred any talk of condoms, safer sex and sexuality information in schools. In the face of evidence that HIV infection is high in our schools, it would be willfully negligent of the department to continue with this approach.

In particular, we ask that the MEC of Education and the Education Department in the province should ensure that

- all schools implement comprehensive, evidence-informed HIV prevention programmes;
- the department's HIV policies and approaches be guided by the realities of the lives of young people, not narrow morality
- the department supports and monitors schools to create their own HIV/AIDS policies which are based on the promotion of human rights, informed choice, addressing gender imbalances and state how schools will support learners and educators living with and affected by HIV and AIDS
- schools are safe from all forms of violence including sexual violence against girls and women and campaigns against bullying including homophobic bullying
- it supports schools and monitors them to ensure that age-appropriate sexuality and life-skills education is implemented on a fulltime basis
- condoms are accessible within school premises, particularly in all high schools

- massive training of educators, learners and School Governing Bodies on the science and socio-economic issues relating to HIV and AIDS, to equip them to support learners with and affected by HIV and AIDS, is implemented

- there is systematic referral to health and other services for infected and affected learners

- schools are kept safe from all forms of violence including sexual violence against girls and women and

- that campaigns are implemented against bullying including homophobic bullying.

We also ask that in response, the department sets targets and timeframes for implementing these processes. We ask the department to listen to the voices of young people, parents and educators who are at the coal face of reality and need to respond in enabling ways to the HIV and AIDS epidemic.

Learners are not the only ones negatively affected by the current approach to HIV Prevention. The current approach means that schools do not become safe spaces for anyone, including educators who live with HIV, The current environment is not conducive enough to be open about being HIV-positive. It fuels a climate of fear, shame, and blame and discourages initiatives by keen educators who might be HIV-positive from using their own experience to provide leadership on AIDS in the school environment.

Educators in the Eastern Cape have the third highest HIV prevalence in the country, at 13.8%. TAC notes with great concern this week's report by the Human Rights Commission that HIV and AIDS is contributing to low quality education, thereby undermining the rights of young people to quality education as guaranteed by the constitution.

This report reinforces earlier findings by the Human Sciences Research Council that HIV would lead to skills shortages as teachers were dying from HIV and AIDS and being absent at a rate which did not correlate with the speed at which our country is producing teachers. It also communicates very loudly the message that the time for HIV and AIDS denial and complacency is over for our country.

TAC urges the education department and teacher's unions to massively scale-up programmes for prevention, treatment, care and support for educators living with HIV and AIDS across the education system.

Following the march, we pledge to work with the department, parents, schools, youths and educators to build effective youth-relevant awareness and support programmes for HIV prevention, care, treatment and support, including tackling violence against women and young girls. We will also support efforts by schools to develop their own human rights, gender and evidence-based school HIV and AIDS policies and programmes under the campaign theme: Mobilize Lead, Educate and Support to save lives!

Schools present the most ideal entry-point for HIV prevention, care and support because thousands of young people and educators spend more than 8 hours of their day as captive participants in learning. We urge the department to act with urgency and principle to capitalise on this ideal opportunity to greatly contribute to our country's national response to the epidemic and save lives.

CC: Provincial Premier: Mrs Nosimo Balindlela: Private Bag X0047, Bisho, 5605,
Tel: (040) 639 2070, Fax: (040) 639 1544

CC: National Minister of Education: Mrs Naledi Pandor, Sol Plaatjie House, Room 906,
123 Schoeman Str, Pretoria, 0001
and
2nd Floor, Room 285 102 Plein Str, Cape Town,
Tel: (021) 465 7350, Fax: (021) 461 4788

CC: Deputy President and Head of SANAC: Mrs Phumzile Mlambo-Ngcuka
Private Bag X1000, Cape Town, 8000,
Tel:(021) 464 2100, Fax:(021) 464 2171,
and
Private Bag X1000, Pretoria, 0001

[END OF EASTERN CAPE MEMO AND MARCH]

TAC 16 June events

Two TAC events are planned in the Western Cape on 16 June:

TAC, Simelela and MSF march against violence against women in Khayelithsa

Time: 10am
Meeting place: Site C taxi rank
March route: From Site C taxi rank to Site B police station.
Memorandum handover time: 1:30pm
Contact: Mandla Majola: 021 364 5489

March against discrimination against HIV-positive farm workers

Meeting place: Die Braak Sportsfield Stellenbosch
Time : 10am - 2pm
Memorandum handover time: 1pm

Contact: Fredalene Booysen 083 7742 329 or Sharon Bailey 073 64 02 944

[END OF 16 JUNE TAC EVENTS]

TB and HIV Meeting in Cape Town

19-21 June: TAC and Treatment Action Group, a US based organisation, will host a meeting for advocacy organisations in Africa working on HIV and TB at the St Georges Hotel in Cape Town. This treatment literacy meeting will update activists on medical developments related to TB and HIV. The participants will then develop a campaign plan for making these new technologies accessible to people throughout Africa.

There will be a press conference on 21 June at 1pm at the St Georges Hotel in Cape Town. Media are encouraged to attend. Contact: Nomfundo Eland on 084 399 0022.

[END OF TB & HIV MEETING]

Release of Documents Showing Collusion Between Some Government Officials, including Anthony Mbewu, and Matthias Rath

During the last few months, evidence has come to light demonstrating collusion between some senior officials in the government and the Rath Foundation.

Two newspaper reports exposed this: one by Claire Keeton in the Sunday Times on 7 May 2006 and the other by Andy Shlensky in the Cape Times on 7 June 2006.

TAC has been given copies of various materials related to the Rath Foundation's activities with the Medical Research Council and its head Anthony Mbewu, including photos and minutes of meetings. In the public interest, these documents have recently been made available on our website. The TAC respects the many good researchers producing high-quality work at the MRC, however we are deeply disturbed by the actions of Mbewu.

These documents provide evidence for:

* Some senior government officials using their offices to court, promote and encourage Rath's pseudo-science.

* A possible conspiracy by some in government to undermine the TAC using underhanded tactics. In this regard see Brink's interview with Rath and the minutes of the MRC meeting with Rath dated 23/3/2004.

Note Mbewu is quoted saying:
"NAPWA (National Association of People with Aids) â?? Good group. TAC is paid by pharma cartel. NAPWA has an open mind and will be an great advocacy tool as a counter-balance to attack."

Note the minutes of the interview with Brink which state (reprinted verbatim):

"5th Dec 2001 â?? Call from Sam Mhlongo (Head of Family Medicine MEDUNSA)

Assistance to the ANC to quell TAC and salvage the AZT interdict.
Met with Peter Makaba to draw up urgent application to Constitutional court applying as friend of the court to bring to the attention of the court developments on case. Case argued and sadly moral fiest of Neviropine but declined hearing.
100 point memo to MCC â?? Attention to licensing of Neviropine with iatrogenic/toxic issues.
MCC â?? Revisited license to Boeringer Engelheim. Review still open.
Sam Mhlongo in UK (exile) Govâ??s capitulation is nominal. Mbeki exacted a Clinton Foundation mandate to do close monitoring of drugs and their usage.
Mbeki wants activist org to counterweight TAC. (2003)"

For years, we have heard unsubstantiated reports that some members of government have been conspiring to try to destroy TAC and spread misinformation. These two documents however are hard evidence of such a conspiracy.

The misinformation about TAC's connections with the pharmaceutical industry continues to be spread maliciously despite a high court finding that it has no substance. For example Zizi Kodwa, the ANC YL representative at Nozipho Bhengu's funeral stated:

"But here in South Africa you will find a small number of people who are pushing a very narrow capitalist agenda at the expense of the masses of our people. They push the profit at the expense of the masses. This agenda is created and headed by the big dogs who are the pharmaceutical companies in particular that makes SA people to take their products in order for them to make profit. TAC is being paid by these companies. You would ask yourself that are ARVS the only available resource that can boost the immune system or fight the disease. You will find that the champions doing this like Zackie Achmat in particular is not taking these drugs, ARVs, whereas he is pushing people of SA to take these drugs because he is being paid to do so."

* Possible nepotism: Mbewu apparently introduced Rath to Denova, some kind of marketing company, of which Mbewu's wife, Priscilla Reddy (also an MRC employee) is or was a director. Apparently the negotiations between Denova and Rath failed to produce an agreement, but this needs further investigation.

Furthermore:

* Shlensky's article exposes how Rath paid the MRC R200,000 to run workshops with the MRC. In response to Shlensky's article, the MRC had admitted that
"The amount of R200 000 were transferred to the MRC for these purposes. The workshops were held, where only R37,691.67 were spent. R24,561.40 were calculated as VAT, and the rest (unused) R137,746.93 were sent back to the Rath Health Foundation."

* There is an agreement between the Traditional Healers Organisation which appears to be signed on 8 December 2004 (it is dated 2002, but from the text this seems to be an error). Note that Anthony Brink has signed for Rath.

* We also provide a speech by Mbewu made to Parliament last year which contains pseudo-scientific nonsense.

Here are the documents:

An interview between the Rath Foundation and Anthony Brink before Brink was put on Rath's payroll. Note the references to TAC and various other conspiratorial absurdities.
http://www.tac.org.za/rathmbewu/BrinkInterviewRathFoundation.doc

Minutes with DENOVA, Rath etc.
http://www.tac.org.za/rathmbewu/DENOVA20040325.doc

More minutes with DENOVA, Rath etc.
http://www.tac.org.za/rathmbewu/DENOVAMbewuA.doc

More minutes with DENOVA, Rath etc.
http://www.tac.org.za/rathmbewu/DENOVAMbewuB.doc

Denova's profile
http://www.tac.org.za/rathmbewu/DENOVAProfile.pdf

Minutes Rath, MRC etc.
http://www.tac.org.za/rathmbewu/MRC20040323.doc

Minutes Rath, MRC etc.
http://www.tac.org.za/rathmbewu/MRC20041003.doc

Minutes Rath, MRC etc .
http://www.tac.org.za/rathmbewu/MRC20041903.doc

Letter from Rath to MRC promising funding
http://www.tac.org.za/rathmbewu/MRCFunding.doc

THO/Rath agreement (signed by Brink - December 2004 - not 2002 as stated on agreement)
http://www.tac.org.za/rathmbewu/THORathMeeting-1.jpeg
http://www.tac.org.za/rathmbewu/THORathMeeting-2.jpeg

Photos
http://www.tac.org.za/rathmbewu/MbewuAtMRCSameRoomAsRathPresentation.jpg
http://www.tac.org.za/rathmbewu/NiedwieckiPresentingMRC.jpg
http://www.tac.org.za/rathmbewu/RathAndMbewu.jpg

http://www.tac.org.za/rathmbewu/RathMbewuAndFriendsAtDinner.JPG

Speech by Mbewu to Parliamentary to Portfolio Committee on Science and Technology March 16, 2005 containing pseudo-scientific claims including:
* exaggeration of the epidemiological and virological uncertainties,
* misleading statements to the effect that treatment benefits are undocumented and insufficiently known or studied, and
* misleading, exaggerated statements on the benefits of vitamins.
http://www.tac.org.za/rathmbewu/MbewuTheSocioeconomicImpactofHIVandAIDS16032005-1.doc

[END OF RATH/MBEWU/MRC LINKS]

- AIDS Denialism
- Quackery
- Rath cases
- South African Government
- Tuberculosis

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