

# **TREATMENT ACTION CAMPAIGN CONSULTATION ON ANTI-RETROVIRAL THERAPY**

WILLOW PARK CONFERENCE CENTRE  
Thursday 18 October 2001

## ***Welcome***

by

**Mr Justice Edwin Cameron  
Supreme Court of Appeal**

We speak about “the AIDS crisis” in South Africa. The crisis has three distinct but inter-related components, each stemming from and exacerbating the other. The first is *the crisis of illness and debilitation and death*. Our people are falling ill and they are dying. Nationwide AIDS is already the largest cause of death amongst young adults.<sup>1</sup>

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<sup>1</sup>The Medical Research Council *Report on the Effect of HIV/AIDS on Adult Mortality in South Africa* (September 2001), released in Cape Town on Tuesday 16 October 2001, estimates that 40% of current deaths of South Africans between the ages of 15 and 49 are from AIDS. Two reports in the Johannesburg daily newspaper, the *Sowetan*, on Monday 15 October 2001 are indicative: One, headed “HIV/AIDS Takes Heavy Toll at Bara” reports figures released by Chris Hani/Baragwanath Hospital indicating that 43% of deaths resulted from HIV/AIDS related illnesses. The second, “Corpses pile up at mortuaries”, reports that AIDS-related deaths have put so much pressure on Gauteng hospital mortuaries that illegal methods were being employed to accommodate corpses.

This is not just a conclusion derived from statistical surveys and actuarial calculations. It is a fact whose sombre presence has already entered too many households, too many workplaces, and too many homes and families to be denied. In especially our townships and rural areas, people are dying, in greater numbers than before, and in disturbingly changed demographic patterns. They are dying of AIDS.

This first crisis has triggered a second: a *crisis of action*. How do we respond to this threat to the lives and health and well-being of so many in our nation? The crisis of action challenges in the very first instance our leaders in government and in management. But the call to action reaches further. For every employer, domestic or corporate or governmental, for every workplace and organisation and institution and department and family, for everyone involved in healthcare, dealing with infection, illness and mortality arising from AIDS presents enormous problems of policy and decision-making. Without proper leadership and management, the effects of infection and illness on every individual and every family and every organisation are immeasurably worsened — and the scale of bereavement and death resulting from AIDS promises to be too enormous to contemplate.

This much is — or should be — obvious.

But there are some in our country who dispute the obvious. They dispute the facts about AIDS. They dispute that a virally specific, infectious disease, which in an overwhelming majority of cases is transmitted through sex, is causing a crisis of death and dying in our nation at all. They decry those who ask for urgent and immediate action as causing “hysteria”<sup>2</sup> about AIDS. These attitudes have given rise to a third crisis. It is *the crisis of truth and truth-telling about AIDS*. This crisis is the most acute, since denial, obfuscation and evasion of the truth paralyses our nation, just when principled leadership is required to avoid incalculable suffering and bereavement. The crisis of truth-telling about AIDS exacerbates the other crises, since unless we tell the truth about AIDS we cannot act on it. And we cannot tell the truth about AIDS unless we first accept the truth.

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<sup>2</sup>Ministers Manto Tshabalala-Msimang, Ben Ngubane and Essop Pahad in the Johannesburg *Sunday Times* 14 October 2001 appear to allude to the MRC report referred to above being used a “massive propaganda tool”, and caution against a “sense of hysteria” about AIDS deaths.

Acceptance of the truth starts with the facts. And the facts about AIDS and the virus that causes it are immensely and exhaustively and incontrovertibly established. They are better documented than in the case of any other disease in the history of humankind. We know more about HIV, its natural constituents and virological properties, its entry into, growth within and effects upon the human body, its progression — and its calamitous near-inevitable eventual triumph over the immune system — than we know about any other disease or illness. We also know more about the social properties of this virus and about the conditions that facilitate and accelerate its progress through a population.

Most critically of all, we also know that the progression of the virus within the human body can be stopped. We know that after infection with HIV, combinations of anti-retroviral drugs can in most cases bring viral activity to a complete halt. We know that damage to the immune system can be reversed, and that, properly treated, a person ill with AIDS — even a person very close to death from AIDS — can be restored to life and health and work and play and zest and enjoyment and purposeful living.

This fact — that HIV can be medically managed, and that most deaths from AIDS can therefore be prevented — is the most important fact in the entire epidemic. It is so dramatic and hopeful, so contrary to the messages of blame and victimisation and stigma and despair that otherwise surround AIDS, that it should be conditioning our every response to the epidemic. It should be embraced and proclaimed by our national leaders, and it should form the imperative basis of policy-making in every government department and in every corporation and household and institution and family in South Africa.

Unfortunately, to the cost of the well-being of many thousands — and eventually many millions — of South Africans, this fact is not being accepted. To the cost of many hundreds of babies born unnecessarily with HIV every week and every month, it is being evaded and denied.

That is why this consultation is so important. It is a conference designed to consider, analyse, explore and state this central truth about AIDS — that AIDS does not equal death, that infection does not have to lead to debilitation, that the epidemic does not have to

entail five or six or seven or perhaps even ten million deaths over the next ten years. A distinguished array of researchers and clinicians and activists — the best in our country — will be speaking. They stand for the truth in a nation that from its very leadership is beset by a crisis of truth-telling.

It is bizarre and tragic that we should be enmeshed in a crisis of truth about AIDS when what is required is simple, direct and effective action. The crisis of truth is causing paralysis and confusion in national management of the epidemic at a time when we should be uniting in action.<sup>3</sup> What our nation needs is concerted, well-directed purposeful action, on a country-wide scale, starting from the President's office, and reaching into every corner of our national life. AIDS calls us to action as nothing in our nation's history has done before — and such concerted, purposeful, well-directed action has until now been signally lacking. In its place there have been futile and diversionary debates. There have been obfuscation and evasion and question-raising. These have led to a postponement of decisive national action. This in turn has led to indecision and uncertainty at all levels of our nation's life, at truly incalculable cost in human suffering and loss.

Let us dedicate ourselves to accepting, telling and acting on the truth. Let us call on our leaders, at every level of national life, to accept, tell and act upon the truth. The lives and well-being of many many millions of South Africans depend upon it.

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<sup>3</sup>In the Johannesburg *Sunday Times* of 14 October 2001, President Mbeki was reported as having stated at Fort Hare University, in the ZK Mathews Memorial Lecture on Friday 12 October: “And thus does it happen that others who consider themselves to be our leaders take to the streets carrying their placards, to demand that, because we are germ carriers and human beings of a lower order that cannot subject its passion to reason, we must perforce adopt strange opinions to save a depraved and diseased people from perishing from self-inflicted disease.”