Comment&Analysis

Tale of two compartments

Body Language

Jonathan Berger

For a gay man with little knowledge of — or if truth be told, interest in — the vagina, the recent international conference on microbicides in Cape Town represented a personal turning point. To be honest, my knowledge of the "rectal compartment" — as the arse is euphemistically referred to in scientific circles — was hardly any better.

But that changed after attending a satellite session on microbicides for gay men, other men who have sex with men and — in the words of the *Sex and the City* gals — "up-the-butt" girls.

I should have guessed that an afternoon dedicated to anal sex would prove interesting, if not entertaining. Held in the farthest reaches of the International Convention Centre, where the regular pounding of the ground at the adjacent building site literally made the earth move, science combined with sex to turn data into dinner party conversation. Too bad I eat alone most evenings.

Surprisingly, I was unprepared for what was to come. For example, how was I to know that there are an estimated five times as many acts of unprotected anal intercourse between heterosexuals as there are between men who have sex with men? Or that semen can travel two to three feet up the colon? Who would have figured? Who would have measured?

Perhaps the most fascinating snippet of information was the matter-of-fact reference to the practice of anal bleaching, apparently quite common among moneyed, white, west coast boys. (For the record, that's LA and San Francisco, not Paternoster or Saldana Bay!) Too embarrassed to admit that I had never heard of the practice, I sms'd a couple of friends for help. The only other friend I was prepared to ask was already sitting next to me, equally bewildered.

A personal turning point: the international conference on microbicides

J, an HIV and health media activist, advised me that his outfit warned against the use of common household products. I assumed this to include baby oil. N, an HIV treatment activist, promised to quiz his dinner guests. It subsequently transpired that not a single one of them — all conference delegates — had ever heard of the practice. I had to swallow my pride and ask a gay United States federal employee — yes, Dubya, gay — for help.

Turns out, anal bleaching is, well, anal bleaching. Ouch!

Sexual innuendos aside, rectal microbicide research is unfortunately very unsexy. The International Rectal Microbicides Working Group estimates that it will cost about $70-million to develop a single rectal microbicide candidate over a 10- to 15-year period.

It suggests that at least five candidates should be developed over this period, meaning a total of $350-million — or about $35-million a year. Current expenditure stands at a miserable $7,2-million. Ouch indeed!

In the past six years, this research has attracted a total of $34-million of funding, including only $6,6-million from the National Institutes of Health (NIH) and "in-kind" donations from the private sector valued at about $100 000. Vaginal microbicides seem to have fared substantially better, currently attracting annual funding of about $140-million. But this is nowhere close to other areas of research. Consider, for example, that the NIH spent $1,7-billion on bioterrorism last year alone. For 2006, Congress approved $3,3-billion for bird flu research. Beware the virus that may come, but don't worry about the one that's already here!

Granted, the science of rectal microbicides is complex, significantly more so than that of their vaginal counterparts. And unfortunately, that science is hardly simple. To date, only six candidate vaginal microbicides have completed safety trials and been cleared for large-scale phase three efficacy trials. Optimists believe that these female-controlled technologies — which will reduce but not eliminate the risk of HIV infection — will be available in five to seven years. The back door will have to wait even longer before it can be similarly protected.

So what about my epiphany about the compartment that dares not speak its name in polite gay society? I was to learn that it is a remarkable organ that is stronger than the rectum, more easily protected and home to an entire forest of microflora that scientists believe have the potential to be genetically modified to protect against pathogens such as HIV. Fancy that! Despite my initial ignorance and disinterest, not to mention my penchant for the penis, the vagina had finally found its way into my life.

A plague of inequality

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but they provide little substantive insight. As usual, the devil resides in the details. And it's there that one encounters further evidence of the uneven and discriminatory impact of Aids.

A handful of major companies have introduced high-profile ARV treatment programmes for some of their employees, and some also emphasise prevention. Most companies, though, seem to be taking Aids in their stride. They have considerable leeway for deflecting the effects of the epidemic — and they're using it.

Companies continue to shift the terms on which they use labour, a trend that predates Aids but is having a huge effect on working South Africans' abilities to cushion themselves against the repercussions of the epidemic.

For more than a decade, companies have been intensifying the adoption of labour-saving work methods and technologies, the outsourcing and casualisation of jobs, and cutting worker benefits. The effects have been particularly harsh on workers in the middle and lower skills tiers.

Medical benefits are now customarily capped at levels far too low to cover the costs of serious ill health or injury. Companies have been cutting death and disability benefits, limiting employer contributions and requiring that workers pay a larger share of the premiums for the same benefits. A mammoth shift has occurred from defined-benefit retirement funds to defined-contribution funds (the latter offering scant help to workers felled, for example, by disease in the prime of their lives).

The net effect has been a constant paring of real wages and benefits for those South Africans with formal employment — at a time when they and their families are at increased risk of severe illness and premature death. Recall that we're talking here about those workers with relatively secure, and probably unionised, jobs. Left to fend for themselves are the masses of "casual" workers, and the unemployed.

In such ways, the costs of Aids are being socialised, deflected back into the lives, homes and neighbourhoods of the poor. This amounts to a massive, regressive redistribution of risk and responsibility.

These sorts of adjustments are enabling many companies (particularly larger ones) to sidestep the worst of the epidemic's impact. But many thousands of enterprises lack that evasive agility.

Smaller firms, especially those that rely heavily on the custom of poor households, will be hit hardest, to say nothing of informal retailers, spaza shops and "microenterprise".

The Aids epidemic meshes with the social relations that reproduce inequality and deprivation, generating a glacial, miserable crush. Aids unmasks the world we live in, and underlines the need for drastic change that unreservedly favours the dispossessed.

In a society in which millions are impoverished in the midst of abundance, this crisis demands nothing less than a new strategy — and struggle — for realising social rights.

At the very least, this implies an upgraded social package that slots into an accelerated programme of redistribution and rights-realisation. It would include safeguarded food security, the provision of affordable (that is to say, decommodified) essential services, job creation and workers' rights protection, and the alignment of social transfers to unfolding needs.

Shirk that duty, and current trends will harden and intensify. For hundreds of thousands of people, Aids is already dismantling the hope of a better life in the most incontrovertible way possible: by killing them. It threatens to steal from many millions more the very idea of a different, better world.

Hein Marais's new book, Buckling: The Impact of Aids in South Africa, is published by the Centre for the Study of Aids at the University of Pretoria. It can be ordered at csa@up.ac.za or http://www.csa.za.org

Madam and Eve are on leave. They return next month.

Notes&Queries

Where did the expression "bless you", normally used when you sneeze, originate?

● Blessing a sneezer stems from the plague: the Black Death that devastated Europe in the middle of the 14th century, with lesser but still calamitous outbreaks in later centuries. In its pneumonic form, the plague's first sign is sneezing. As the disease had then about a 95% fatality rate, anyone who sneezed had most need of blessing.

Plague also gave us a nursery rhyme, probably from the 17th-century London epidemic: "Ring a ring o' rosies (the red body rash)/ A pocket full of posies (flowers carried and sniffed to ward off infection)/ Atishoo! Atishoo!/ We all fall down (dead)." — *Garry C French, Pondoland*

Where does the expression "close but no cigar" come from?

● The phrase "close, but not cigar" originates from fairgrounds in the United States in the mid-20th century, where cigars were handed out as prizes to winners at various stalls. Nowadays you get a fluffy toy, if you're lucky. — *Julia, Parkview*

What is the origin of the term "hat trick"?

● Everyone agrees the term hat-trick originated in cricket in the 1870s — when a bowler takes three wickets with three consecutive balls — but they differ on what the hat had to do with this trick. It could be that the player earned his "cap" and became a full member of the team this way — but that would have meant a lot of uncapped batsmen. A more reasonable explanation is that the bowler was allowed to pass the hat around to collect money from the crowd after achieving this feat. — *Ulrike van Heerden, Benoni*

Why do old people shrink?

● As people age, their body loses fat and muscle which protect their bones from the crushing effects of gravity. As a result, the spine degenerates and gets compressed over time, making a person lose a little height. Osteoporosis, which happens when the spongy tissue inside bones breaks down and is not replaced by new tissue, can also cause people to shrink.

Not only do you shrink as you age, you also shrink during the course of a day. The water in your spine is compressed by gravity so you finish the day a bit shorter than you started it. However, your body recovers overnight as you sleep, so you are standing tall again in the morning. Older people have less water in the spine to begin with, so do not recover so easily. — *Leon Thompson, Cape Town*

Any answers?

● When is "good enough" good enough? — *Darryl, via e-mail*

● Why is the opening of a man's pants called a fly? — *Lisa Webber, Eastern Cape*

● Which Hollywood film first used the word "fuck", and which uses it most often? — *Drew, Greenside*

Compiled by Helen Yardley

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