

TAC E-newsletter - 12 April 2003

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Short Comment on Failure of Government to Sign Global Fund Deals

We are angry that government has once more delayed concluding the Global Fund deals. Yesterday government pulled out of signing the necessary contracts with the Global to Fight HIV/AIDS, TB and Malaria, despite assurances from government earlier this week that the deals would be concluded. This is a clear demonstration that government does not see the urgency to save lives and to implement a range of programmes to alleviate the HIV epidemic. This is further evidence that TAC must continue its civil disobedience campaign. As director of the Global Fund, Richard Feachum, said in a press conference at Bishops Court, Cape Town this morning, these delays are not measured in inconvenience, they are measured in human lives.

It took the government a couple of months to change the Constitution to allow floor-crossing, not to benefit the country but in order to reinforce political power. It is a year since the Global Fund proposals were made, a little less since they were accepted, and government has delayed signing them at every opportunity.

Open Letter by Doctors to Deputy-President Jacob Zuma

Mr J Zuma (Deputy-President)
 Dr ME Tshabalala-Msimang (Minister of Health)
 Mr A Erwin (Minister of Trade and Industry)
 120 Plein Street
 CAPE TOWN
 8001

Dear Mr Zuma, Dr Tshabalala-Msimang and Mr Erwin,

We write as a group of doctors working at primary health care clinics in the public sector.

We want to state that we have reached the point where we are asking ourselves daily how we can possibly continue working with integrity in the context of our many terminally ill HIV-positive patients not having access to life-saving medications.

Every day we are faced by patients who are sickening and suffering awfully and dying in spite of all we can offer them. The support of a caring and skilled health care team, good nutrition and timely treatment of opportunistic infections are inevitably eventually not enough.

The few who can afford Anti-retroviral medications (ARVs) or who are fortunate enough to be on pilot programmes providing ARVs are, like Lazarus, rising from the dead. The many mothers,

fathers, sons and daughters who are not as fortunate, are fading and quietly dying. Daily we see the devastating effects of the disease on families and communities.

Five years ago, the use of ARVs was still semi-experimental. Dosing was difficult, pill burdens were very high and the expense was prohibitive. For these reasons, we could live with the dilemma. But now it is no longer tenable for us to do this. An affordable WHO-approved generic, well tolerated by most patients, can make the dramatic difference between life and death. Consisting of one combination tablet twice daily, it is obtainable in Maseru for around R400 a month. It can be carefully monitored clinically and with simple, cheap blood tests.

Knowing this, we as doctors, are unable to fulfil our Hippocratic Oath to do everything to relieve suffering and prevent death. We find ourselves standing by and watching the survival of those who can afford drugs while the poor suffer and die and their families spiral deeper into poverty and social dislocation.

Yes, we acknowledge that the health-care infrastructure is often inadequate and that the provision of ARVs should not be at the expense of the broader health-care system. Yet they are interdependent. Clinics and hospitals are overwhelmed by ill patients with opportunistic diseases that could be prevented by ARVs. Staff are feeling hopeless and demotivated. The implementation of systems to properly administer an ARV programme would hopefully provide a spur to improve other aspects of health-care delivery as well as the morale of health-care workers.

Yes, nutrition is very important. The rich and well nourished may take longer before progressing to AIDS but, inevitably, the immune system eventually fails in spite of the best nutrition. Without ARVs, many of our previously formally or informally employed poor patients are now too ill to work to obtain food. With treatment, they would be strong enough to provide better nutrition for themselves and their families through continued work.

Yes, prevention is also important. Yet it is clear that with 4.7 million people already infected, treatment is not only a humane response, but is also a vital aspect of prevention. It has been shown to increase voluntary counselling and testing and decrease stigma in communities, and thus lead to more openness and awareness.

Yes, ARVs are not a cure and are not tolerated by all and need careful dispensing and monitoring. Yet we know that Highly Active Anti-Retroviral Treatment significantly enhances the quality and quantity of life for the tens of thousands of people all over the world who have been using it for 5 to 6 years now. Withholding it can be compared to withholding insulin from diabetics.

Caught in this moral and professional dilemma, we ask ourselves:

- Do we continue in this situation of frustration and demoralisation?
- Do we break patent laws and try to import affordable generics for our patients, raising money through the private sector?
- Do we join civil disobedience campaigns and get arrested to highlight the plight of our patients?
- Do we resign and work elsewhere?

We are told that moves are being made towards the provision of ARVs in the public sector yet we hear with dismay that our Minister of Health asks "What is the hurry?" and that the Ministry is "awaiting the outcome of studies". Daily, in the interim, we are facing people who are dying prematurely and families who are losing loved ones, parents and breadwinners.

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