

er regimens of nevirapine (see p. 2160). "Researchers advise governments," says Tshabalala-Msimang. "They're doing studies. They said we should wait."

Quarraisha Karim bristles at this. "Research is being used as an excuse not to make policy," she says. Makgoba adds that the MRC has presented the government with studies that prove the cost-effectiveness of providing AZT/3TC. He thinks part of the reluctance to follow the advice of scientists comes from the government's antipathy toward pharmaceutical companies. "It's an unhappy relationship," says Makgoba. "And the science is caught in the middle of it."

Parks Mankahlana, Mbeki's spokesperson, confirms a widespread rumor that providing treatment to infected pregnant women worries the government because of the number of surviving orphans this policy would create. "A country like ours has to deal with that," insists Mankahlana. "That mother is going to die, and that HIV-

negative child will be an orphan. That child must be brought up. Who's going to bring the child up? It's the state, the state. That's resources, you see?"

Obstetrician James McIntyre, who co-directs the Perinatal HIV Clinic at Soweto's Chris Hani Baragwanath Hospital, says this cynical argument doesn't even make sense. "Drug treatment doesn't create the orphan problem," says McIntyre. "If we do nothing, seven out of 10 kids will be uninfected, and they'll be orphaned. And we have to consider what happens to orphans. It's a whole lot easier for the family to take care of uninfected children."

When asked how Mbeki feels about embarrassing his country's AIDS researchers, Mankahlana responds, "People are just being foolish." He adds: "You know, Mbeki wants to wake up in the morning and see the South African economy grow. He wants to see jobs being created. He wants to see crime levels coming to zero. He wants to

see lodgings of people improve. OK, there's this problem of HIV/AIDS, but you see scientists must work. They must do what they have to do, which is to find a cure for this thing. They must. If they want government assistance, they will get it. End of story."

Of course that's not the end of the story. When thousands of AIDS scientists and hordes of journalists flock to Durban in July for their weeklong international meeting, they will focus the world's attention on South Africa's response to HIV and AIDS. Makgoba suspects the conference may go a long way toward helping his government develop a sound strategy for confronting the epidemic. "When South Africa was tearing itself apart with apartheid, the world came to South Africa and solved the problem," says Makgoba. "When South Africa is tearing itself apart with AIDS, it may just provide another opportunity for the world to help."
—JON COHEN

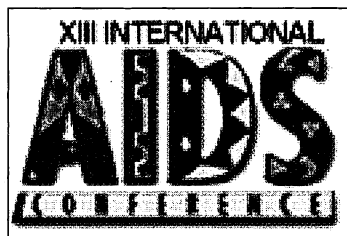
NEWS

Confronting Conference Complexities

DURBAN, SOUTH AFRICA—

For most of his life, Hoosen "Jerry" Coovadia was a second-class citizen. As an ethnic Indian in South Africa's apartheid system, the University of Natal pediatrician had limited freedom to conduct his own research and little contact with colleagues abroad. "Access to the outside world and the research agenda was dictated by the white minority," he says matter-of-factly. But, like that of millions of black, Indian, and "colored" citizens of South Africa, Coovadia's world changed in 1994 when South Africa held its first democratic election. Next month, Coovadia's status in the new South Africa will be unmistakable: He will chair the XIII International AIDS Conference here, the first time this high-profile gathering has been held in a developing country.

"We see this conference not only as an opportunity for scientific discourse, but as a chance to highlight South Africa—the extent of the epidemic here and what we've been able to do in this country," says Salim Abdool Karim, who chairs the conference's scientific committee. Karim, who also is of Indian descent, notes that he and other scientists for many years supported an academic boycott imposed by international colleagues to pressure the South African government to end apartheid. "Even though it was a necessary strategy, it hurt us and the enemy," says Karim.

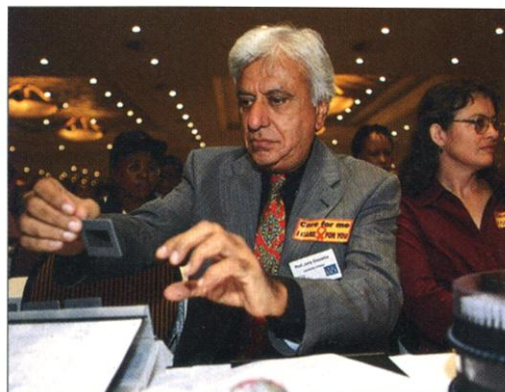


"Research in South Africa is still suffering from that. It's just a necessary part of the price we paid for our freedom."

Coovadia, Karim, and the other organizers have gone to great

lengths to make the conference work smoothly. They've had several meetings with representatives of pharmaceutical companies, who in years past have set up luxurious, even garish, booths to promote their latest anti-HIV drugs—which most Africans of course cannot afford. "If they keep their word, they will have much more restrained displays," says Coovadia.

The organizers also have tried to allay,



Picture perfect? Jerry Coovadia has worked overtime to prevent problems from disrupting the meeting.

as best they can, the concerns that many foreign scientists have about visiting South Africa. Some have called for a boycott to protest South African President Thabo Mbeki's handling of the country's AIDS epidemic; others worry for their safety. Although most international AIDS conferences have issued upbeat press releases in the weeks preceding the meeting, the South Africans have put out notices arguing against a boycott and describing the various security firms they (and some pharmaceutical companies) have hired. Another press release states that a protest march against "pharmaceutical giants" will precede the opening ceremony and "will be peaceful, not 'another Seattle,'" a reference to last year's riots that disrupted the World Trade Organization meeting in Seattle, Washington.

Coovadia says he welcomes protests as long as they don't cause harm or damage. "We ourselves grew up in an environment where we protested apartheid," he says. Although he suspects attendance may be lower than the last few meetings—both Geneva in 1998 and Vancouver in 1996 had about 10,000 attendees—he says he expects at least 8000.

Karim stresses that South Africa offers something never seen before at an international AIDS conference: an upclose look at the AIDS epidemic, ground zero. "It's very nice to go to Vancouver. It's very nice to go to Geneva," says Karim. "But we want the world to see what the epidemic can do to destroy a country and a continent."
—JON COHEN