

Disease, Bigotry and Imperialist Hypocrisy South Africa Torn by AIDS Crisis

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Introduction

Spartacist South Africa is the first issue of the newspaper of the South African section of the International Communist League (Fourth Internationalist). We seek to build a revolutionary workers party like the Bolsheviks under the leadership of VI Lenin and Leon Trotsky that led the Russian working class to power in 1917. We fight for new October Revolutions as the precondition for an egalitarian socialist society in which those who labour rule. As a fighting propaganda group, we publish our polemical press as the main way to deepen, develop and expand the Leninist vanguard party.

In South Africa, we are at the epicentre of the AIDS pandemic. HIV/AIDS is spreading exponentially around the world, with the overwhelming majority of the 36 million people infected with the disease concentrated in sub-Saharan Africa. The scope of the AIDS disaster threatens the survival of the human species in the cradle of mankind. We have therefore devoted this extraordinary first issue of *Spartacist South Africa* to the battles unfolding over HIV/AIDS—an agonizing and polarising social crisis that is tearing the country apart. In so doing, we lay bare the anti-working-class, anti-woman, anti-poor nature of the bourgeois-nationalist African Nationalist Congress-led capitalist government. This pamphlet brings together dispatches from South Africa with two other related articles, all of which were originally published in *Workers Vanguard*, the newspaper of the American section of the ICL. We seek to break the wall of silence surrounding AIDS, which threatens the most economically active sections of the population, the newly born and African women especially.

Every step of the search for any treatment for HIV/AIDS has been undermined by the profit-driven capitalist system and the backward, racist, anti-gay and anti-woman ideologies it spawns. People with AIDS are viciously stereotyped, ostracised and stigmatised. Because it is a sexually transmitted disease, the repressive taboos, guilt and shame over sex that subjugate women in the repressive bourgeois family play a key role in sabotaging any scientific approach to a cure for AIDS (Acquired Immune Deficiency Syndrome). In Africa, like other parts of the so-called Third World, women often have very little control over their reproductive lives. How many children they have, or whether to have sex with a condom—many women have very little say over these matters. Rape and other forms of sexual violence also contribute enormously to the HIV epidemic. Some AIDS sufferers blame a girlfriend or wife for “witching” them with the disease. *Lobola* (bride price) treats women in southern Africa as chattel to be sold

from father to husband. Female genital mutilation is still practised openly in rural areas and secretly in the townships. Polygamy based on the economic subordination of women still occurs.

Women who have talked openly about the HIV/AIDS epidemic courageously challenge deeply patriarchal customs where any woman mentioning sexual life runs contrary to “tradition.” After announcing she was HIV-positive on World AIDS Day in December 1998, activist Gugu Dlamini was beaten to death by a rabid mob in eastern KwaZulu-Natal. We wrote “Brutal Murder of South African AIDS Activist” in February 1999, which to our knowledge was the first protest statement in the country.

South African President Thabo Mbeki’s anti-scientific diatribes—reflecting the ANC bourgeois-nationalist government policy—have sparked bigoted attacks on people infected with AIDS and ignited a furore at the international conference on AIDS in Durban in July 2000. Following the AIDS conference, comrade Karen Cole of Spartacist South Africa presented a talk, “South Africa Torn by AIDS Crisis,” which takes head-on the ignorant statements challenging scientific evidence that HIV causes AIDS and underlines the need for international socialist revolution to overthrow the capitalist exploiters.

Since then, broad protests drawing in unionists, gays, women, blacks and youth around the world have focussed attention on the fight for cheap anti-retroviral drugs. Extortionate Western drug companies have sought to protect patent rights and super-profits by overcharging millions who are dying from the disease. Integrated demonstrations in March demanded access to affordable treatment and drugs, pitting people against the capitalist system, which in its drive for profits necessarily exacerbates the AIDS pandemic ravaging sub-Saharan Africa. The first article in the paper, “South Africa: Thousands Protest Drug Monopolies, Mbeki Regime,” looks at the South African events and includes a polemic against the reformists of “Labor’s Militant Voice” in the US, who were linked to the Democratic Socialist Movement in South Africa (formerly Marxist Workers Tendency). These small-time social democrats retail anti-scientific obscurantism, reinforcing social backwardness in the US and falling in line behind the reactionary crusade of the anti-gay bigots.

Although the pharmaceutical giants finally withdrew the lawsuit denying production of cheap anti-retrovirals under the pressure of international protests, the ANC-led capitalist government has refused to do anything to

make the anti-AIDS drugs available. The ANC government has withheld drugs like AZT and Nevirapine from the desperately impoverished masses as mother-to-child transmission of the virus is daily adding to the toll of those dying who could be saved by even minimal access to these drugs. While the epidemic spreads, government privatisations of public enterprises means patients lie on the floor at Johannesburg and Chris Hani Baragwanath hospitals, waiting for beds and physicians as services are slashed. Not surprisingly, struggles over access to quality health care and affordable drugs continue to erupt across the country.

In early stages of the epidemic in America, AIDS was largely stigmatised as a "gay disease" and therefore research and treatment were ignored, despite the far vaster resources available to American capitalism. Today, even those privileged few with access to expensive anti-retroviral cocktails continue to endure diverse forms of social discrimination. At the same time, American racism denies access to existing treatments for ghetto and barrio residents, among whom AIDS is now growing most drastically. As the accompanying article shows, "AIDS Ravages Black America." Blacks and Hispanics account for **two-thirds** of new AIDS cases. Black women in particular account for 64 percent of all new infections among women in the US.

Under capitalism, the availability and quality of health care for the masses of working people will always be subordinated to the drive for profit. As Marx-

ists, we understand that scientific progress cannot rise above or be separated from class interests in any society. The modern gains of science will be put fully in the service of humanity when world socialist revolution sweeps away capitalist rule. The AIDS epidemic underscores the irrationality and cruelty of capitalism and imperialism. The International Communist League fights to build the revolutionary workers party necessary to lead a workers revolution to victory. As revolutionary Trotskyists, we do not simply seek to expose the exploitation of workers in the factories, but always to champion struggles against every manifestation of social oppression and police tyranny. As Lenin emphasised in *What Is To Be Done?*, a revolutionary socialist aims not to be a trade-union official, but a "tribune of the people": "[H]e is no Social-Democrat who forgets in practice that 'the Communists support every revolutionary movement,' that we are obliged for that reason to expound and emphasise *general democratic tasks before the whole people*, without for a moment concealing our socialist convictions."

This first issue is dedicated to the memory of our comrade, Susan Adams. Her obituary is on page 4.

Spartacist South Africa

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Our comrade Susan Adams died at home on the morning of February 6 after a two-year struggle with cancer. In her 30 years as a communist cadre, Susan served on many of the battle fronts of our international party. There is hardly a Section of the International Communist League or an area of our work which did not benefit directly from her political counsel and from her exceptional talents as a teacher and trainer of a new generation of proletarian leaders. She continued to carry out vital work as a member of the leading committees of the Spartacist League/U.S. and the ICL until her death. We salute her memory and share in the pain and loss of her longtime companion and comrade, François, her family and her many comrades and friends around the world.

Like thousands of youth, Susan was propelled into political activism in the mid-1960s by the civil rights movement, the growing opposition to the Vietnam War and the near-revolutionary upheaval in France in May 1968. She vehemently rejected the mysticism and hypocritical moralism of her Catholic background and struggled against the internalized oppression that it caused. While at the University of California in San Diego, she joined Students for a Democratic Society (SDS) and was drawn to the pro-working-class wing led by the left-Stalinist Progressive Labour Party. Susan was won to Trotskyism as she began working with the SL-led Revolutionary Marxist Caucus of SDS 1970 after moving to the State University of New York in Stony Brook. She became a member of the Spartacist League in December 1971. Within months, she was elected organizer of our rapidly growing Bay Area local committee, helping to integrate new recruits from a variety of political tendencies.

When we set up a branch in Detroit in early 1973, Susan was chosen to lead it. She proudly described this center of the black industrial working class as the Vyborg of the American proletariat, in reference to the militant proletarian stronghold of Bolshevism in Petrograd on the eve of the Russian Revolution. After little more than a year in Detroit, Susan moved to New York to be the central leader of our national youth organization, the Spartacus Youth League. As always, she took on this task with energy and political determination, frequently touring the locals, initiating or directing local and national SYL campaigns, overseeing the publication of a high-level monthly press, Young Spartacus.

In 1976, as the Spartacist tendency began to gain small footholds in Europe, Susan took on another crucial area of party work, this time for our International Secretariat. Stationed mainly in Paris, she became the central leader of our work in Europe, and Paris became one of three main political centers of our International. Until 1992, Susan was the principal leader of the Ligue Trotskyte de France. Determined to implant the Cannonist understanding of party building and

Bolshevik norms of functioning which were largely alien to European cadre, she worked closely with often inexperienced leaderships in the European sections, getting them to seize on opportunities for building the party, to carry through regroupments with leftward-moving elements of opponent organizations and to combat the incessant pressures of French parochialism, British Labourism, resurgent German nationalism and so on.

In 1992, when the LTF leadership itself succumbed to the same pressures Susan had seen so clearly and fought so well elsewhere, there was a sharp political fight at an ICL conference. Susan sought to assimilate the political lessons of the fight and only a few months later accepted the difficult assignment of heading up our small ICL station in Moscow, taking up the work of our comrade Martha Phillips who had been murdered at her post there earlier that year. To her last days, Susan would speak fondly of her "Moscow boys," as she called the young members from various countries, among them recent recruits from the former DDR (East Germany), who had volunteered for this arduous and dangerous assignment and who received their shaping as Leninist cadre under Susan's tutelage. After nearly 20 years of overseas assignments, Susan returned to the U.S. to work in the central party administration, directing her energies particularly on working with a new layer of youth recruits in New York and nationally. Seeking to capitalize on our very successful anti-Klan mobilization

in October 1999, Susan addressed the New York Spartacist branch, of which she was political chairman:

"This demonstration really does put into context the last decade, when there wasn't very much going on. In the last couple of years, there have been many struggles in the party. We have sought to grind off the rust in the party and prepare ourselves for exactly the kind of situation that I think our party responded to very well this month. And now the question is the follow-up. In short, the whole point here is: this is what we live for, this is what we prepare for, and now we're in it and we must take advantage of it in the maximum political way."

Susan's beauty and graciousness struck all who met her. She solicited and listened intently to the opinions of the newest youth member no less than those of the most senior party cadre, arguing with them openly when she disagreed. Her intellectual curiosity was intense. Her critical-mindedness, integrity and revolutionary determination serve as an inspiration to us all as we go forward to realize the task to which she dedicated her life, the reforging of the Fourth International and the achievement of communism worldwide. A fuller appreciation of Susan's life and work is included in Workers Vanguard No. 755, 30 March 2001.

Susan Adams



1948-2001

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Billions for AIDS Research! Free Quality Health Care for All!

South Africa: Thousands Protest Drug Monopolies, Mbeki Regime

“Labor’s Militant Voice” Reformists Push Deadly Anti-Science Bigotry

A Pretoria courtroom erupted in singing and dancing on April 20 when AIDS activists heard that 39 major pharmaceutical companies would abandon a lawsuit against the import and production of generic anti-HIV drugs. The extortionate prices charged by the bloodsucking drug giants have helped ensure that all but a tiny handful of South Africa’s nearly five million HIV-positive people—and some 20 million others in the rest of sub-Saharan Africa—are denied the anti-retroviral cocktails which have vastly extended and improved the lives of many in the U.S. and other Western countries. Speaking at an international AIDS conference in Durban last year, an HIV-positive South African high court justice, Edwin Cameron, declared: “Amidst the poverty of Africa, I stand here before you because I am able to purchase health.... I am here because I can pay for life itself. To me this seems a shocking and monstrous inequity.”

The drug monopolies’ suit targeted a law passed by the African National Congress (ANC) government in 1997 aimed at circumventing patent “rights” on essential medicines. But the bourgeois-nationalist government of ANC president Thabo Mbeki is no less complicit in this monstrous inequity. Minutes after the announcement, ANC health minister Dr. Tshabalala-Msimang stated, “We never said we want to use anti-retrovirals,” arguing that such drugs are still too expensive and too dangerous for widespread use. “We are doing very well,” she professed, simply with nutrition programs and treatment of opportunist infections. This smug claim comes only months after a report by the United Nations Program on HIV/AIDS predicted that *half* of all current 15-year-olds in South Africa and Zimbabwe may die of AIDS.

Mbeki’s ignorant diatribes last year denying that the HIV virus causes AIDS were aimed in large part at deflecting criticism over his government’s refusal to allocate medical resources to combat the epidemic. To lend credence to his anti-scientific bigotry, Mbeki set up a panel of “experts” including the scientific godfather of the anti-HIV “theory,” Peter Duesberg, a professor of molecular and cell biology at UC Berkeley. Despite overwhelming evidence that a course of anti-retroviral medication for HIV-positive pregnant women can prevent transmission of the virus to the fetus, the Mbeki government has thus far refused to implement even this relatively inexpensive program,

rejecting a German firm’s offer of free AZT for this purpose.

While the ANC nationalists talk of “nation-building” and an “African renaissance,” they are beholden to the imperialists. With patent claims imposed under the terms of the World Trade Organization, “some [South African government] officials opposed the legislation permitting the import of generic and other cheaper drugs, fearing that it would harm the confidence of investors,” reported the London *Guardian* (18 April). Meanwhile, the U.S., Britain and other imperialist governments, despite hypocritical criticisms of Mbeki’s rantings, act as enforcers for the pharmaceutical monopolies. A February 1999 State Department report boasted that “all relevant agencies of the U.S. government...have been engaged in an assiduous, concerted campaign to persuade the government of South Africa to withdraw or modify” the 1997 statutes. Having finally dropped South Africa from its punitive “trade watch” recently, on April 30 the U.S. raised the spectre of trade sanctions against Brazil for manufacturing and distributing generic anti-retrovirals.

In fact, what led to the climbdown by the pharmaceutical monopolies in South Africa was fear of growing international competition from generic drug producers like the Bombay-based firm Cipla, combined with a campaign of mass protest by the South African Treatment Action Campaign (TAC). TAC was formed by activists outraged over the government’s decision to halt programs—carried out in the guise of research—under which anti-retroviral drugs were given to pregnant women at Soweto’s Chris Hani Baragwanath and other hospitals. Beginning with the Durban conference last July and again throughout the spring, thousands have taken to the streets of Pretoria and Johannesburg—joined by solidarity demonstrations in London, Paris, New York and other cities—to demand that anti-retroviral drugs be made available to the millions of HIV-positive Africans.

Contingents from the COSATU trade-union federation have been prominent in the recent multiracial protests, reflecting the fact that AIDS runs rampant among South African miners and other workers. The protests also featured large numbers of openly gay men and women along with demonstrators wearing T-shirts reading “I Am HIV Positive.” The protests are

all the more dramatic given that just over two years ago, in December 1998, AIDS activist Gugu Dlamini was stoned and knifed to death by a KwaZulu-Natal mob for daring to speak out about her HIV-positive status. Protesters have carried such slogans as "Workers United in the Fight for Affordable Drugs," "To Hell With Patent Rights When It Comes to Our Lives" and "Capitalism—A Sick System."

A 20 March statement by the South African Communist Party (SACP), which is part of Mbeki's "tripartite alliance" government along with COSATU, "heartily welcomes" an offer by Cuban leader Fidel Castro to help "circumvent patent laws to produce cheap generic drugs for AIDS." It speaks to the power of a planned, collectivized economy that the Cuban deformed workers state, though far smaller and poorer than capitalist South Africa, has been able to develop such medicines even in the face of a suffocating U.S. blockade. But in an earlier statement following the Durban conference, the SACP agnostically alleged it had "not sufficiently studied the complex issues about anti-retroviral HIV/AIDS drugs so as to comment." The SACP's doubletalk illustrates its treacherous role, and that of the SACP-influenced COSATU bureaucracy, in helping to chain the powerful black proletariat to neo-apartheid capitalism through the ANC-dominated nationalist popular front.

To even begin to provide free, quality health care and treatment for all in South Africa requires the creation of a workers government and the expropriation of the pharmaceutical giants. As we wrote in "Disease, Bigotry and Imperialist Hypocrisy: South Africa Torn by AIDS Crisis" (WV No. 749, 5 January):

"The AIDS pandemic also exposes the lie of 'nation building' rhetoric; it obviously cannot be solved within the borders of one country.

"Only world socialist revolution can tear the means of production out of the hands of the greedy capitalist class, ushering in an egalitarian socialist society. Then all the positive gains of modern science can be put at the service of mankind, and all the fake science that is used to justify and defend capitalist rule can be rejected. How we approach this grim epidemic is shaped by our vision of a communist future."

Scabs, Bigots and "HIV Denialists"

This vision is utterly alien to a small, social-democratic outfit in the U.S. called *Labor's Militant Voice* (LMV), which openly retails in this country the same anti-scientific obscurantism pushed by Mbeki. "Does HIV Really Cause AIDS?" questioned a headline in *Labor's Militant Voice* (Fall 2000), answering "Labor's Militant Voice writer John Reimann doesn't think so." Reimann's article was also posted on the LMV Web site in a special section titled "Questioning AIDS," which provided a platform for such prominent "HIV denialists" as Mbeki's "expert" Duesberg—including a direct link to Duesberg's Web site—chemistry Nobelist Kary Mullis and one Charles Geshekter, a professor of African history at California State University's Chico campus and self-described "adviser" to the U.S. State Department.

While averring that it "does not have an official position on this controversial issue," LMV claimed that "there has been a suppression of views that differ from the HIV=AIDS=Death hypothesis." Belying their protests of objectivity, LMV's "present editors" boast of having organized a debate appearance by Duesberg at the University of California in the mid-1990s. Duesberg argues that HIV is only a harmless "passenger virus" that never hurt anybody and blames the spread of AIDS on things like the use of stimulant drugs (e.g., amyl nitrate "poppers") by gay men. He even claims that medications like AZT are responsible for killing people!

By early May, LMV had removed the "Questioning AIDS" page from its Web site, explaining in a statement that "it was causing some confusion" because "it seemed to some that (despite our statement to the contrary) we were taking a position in support of the views of the dissidents. (Some of us do, some don't.)" This squeamish disavowal notwithstanding, the LMV statement concludes: "Once again we recognize how difficult it is to get the viewpoint of the aids [sic] dissidents."

The supposedly "suppressed dissidents" hailed by LMV hardly needed its Web site to propagate their reactionary views. Firstly, there is Duesberg's own Web site, which includes an article titled "Mbeki Takes on the AIDS Industry" by one Tom Bethell, who identifies himself as a contributor to the right-wing journals *American Spectator* and *National Review* and a "media fellow" of the Hoover Institute. A book edited by Duesberg, *Inventing the AIDS Virus*, with a foreword authored by Mullis, is published by Regnery Publishing. Before revamping its Web page this month, Regnery boasted of being "America's most dedicated conservative publisher." Regnery also publishes fascistic, anti-gay bigot Patrick Buchanan and works like *Coolidge: An American Enigma* ("one of the most successful presidents in history"), *The Quotable Ronald Reagan and Leftism Revisited: From de Sade and Marx to Hitler and Pol Pot!* Another Regnery gem is *The Myth of Heterosexual AIDS*, which "exposes" such "rumors" as that "AIDS is no longer anchored to the high risk groups of homosexual men and intravenous drug abusers but is spreading from heterosexual to heterosexual through intercourse at epidemic speeds." Exporting this line to southern Africa would be grotesque, as AIDS has overwhelmingly been transmitted there through heterosexual sex.

LMV's choice of such reactionary company is in keeping with its own reformist politics. LMV is a split from Labor Militant (now Socialist Alternative), U.S. affiliate of Peter Taaffe's Socialist Party in Britain. Pandering to chauvinist backwardness among English workers, the Socialist Party refuses to call for withdrawal of British imperialist forces from Northern Ireland and regularly provides a platform for an anti-Catholic Loyalist killer, Billy Hutchinson. Until the 1990s, Taaffe's outfit (then called the Militant Tendency and centrally led by Ted Grant) was buried deep within the Labour Party—even as Labour in govern-

ment deployed troops against the Catholic minority in Northern Ireland and ordered disgusting “virginity tests” against Asian women seeking entry into Britain. For a number of years, the Militant Tendency itself administered the Liverpool city government, presiding over massive unemployment and ghetto repression.

In the case of their South African operation, this “enlist” policy translated into liquidation into the bourgeois-nationalist ANC as the Marxist Workers Tendency, better known by the name of its paper, *Congress Militant*. Now renamed the Democratic Socialist Movement and out of the ANC, they devote their efforts to appeals to the ANC-allied COSATU bureaucracy to form a Labourite, economist “workers party.”

This is the retrograde “tradition” LMV continues in the U.S. Both Reimann and another LMV leading light, Richard Mellor, are former union bureaucrats in the San Francisco Bay Area. Expelled by the International bureaucracy of the Carpenters union for leading a 1999 wildcat strike, Reimann responded not by mobilizing the union membership in his defense but by dragging the union into the courts. And Mellor, a onetime vice president of AFSCME Local 444 in Oakland, firmly supported the union tops’ “organizing” of cops and prison guards, lamenting in his *AFSCME Activist* newsletter (July-September 1995) that the “union movement is weakened” by efforts of “correctional officers” in New York to leave AFSCME. Trying to emulate his Liverpool comrades, Mellor ran for Oakland City Council in 1995 in a campaign single-mindedly devoted to the reformist proposition that the capitalist state can be made to represent the interests of the working people. His program did not oppose the death penalty, or defend abortion rights or immigrants.

With embrace of the capitalist courts and the racist, anti-labor cops—the core of the capitalist state—as their hallmark, it is no wonder these small-time social democrats reinforce social backwardness in the U.S. and fall in line behind the reactionary crusade of the anti-gay bigots. LMV’s stance is reminiscent of the “sewer socialists” of the pre-World War I U.S. Socialist Party right wing, which included outright racists like Victor Berger.

Marxism and Science

As a Marxist political organization, we do not purport to have expertise in medical science. Our purpose is to build the revolutionary workers party that is needed to lead the proletariat in overthrowing the capitalist profit system and ushering in the planned, collectivized economy that will mobilize resources on the basis of social need and not what the drug companies find profitable. We seek to approach general social questions in a scientific manner. What is at issue here is the defense of science itself. As Regnery’s publishing output lays bare, what animates the “HIV denialists” is not the science of retrovirology but providing pseudo-scientific legitimacy for a reactionary

social agenda that would condemn millions of people to death. Their message that AIDS only affects gays and drug addicts and that white, middle-class, heterosexual America is safe serves the bible-thumping bigots who view AIDS as “god’s punishment” for gays, the ghetto masses, drug users. Suicidally, some gay activists formerly associated with ACT UP, which was founded to fight for more research funding and treatment for AIDS, have also bought into this reactionary campaign. Small ACT UP splits in San Francisco and Hollywood promote Duesberg’s lie that HIV doesn’t cause AIDS and have blanketed the heavily gay Castro district in San Francisco with signs declaring, “Plague Peters Out—AIDS Is Not Caused by a Virus” and “No More Tests! No More Pills! No More Fear! AIDS Is Over.”

Ironically, such deadly illusions speak to the *effectiveness* of AIDS prevention and treatment programs—based largely on advances in medical science—especially among middle-class white homosexuals. More fundamentally, it is a measure of a broader climate of social reaction that avowed “Marxists” and gay lifestylists would join with overt anti-gay bigots in promoting the lie that HIV does not cause AIDS. Over the past couple of decades, accelerated in good part by “death of communism” reaction in the imperialist centers following capitalist restoration in the Soviet Union in 1991-92, there has been a growing assault on science by anti-technology Greens and the forces of religious backwardness—from “New Age” crystal worshippers to Christian fundamentalists seeking to purge Darwin’s theory of evolution from the classroom.

The very formula “HIV=AIDS=Death,” thrown up as a straw man by Reimann and the rest of the “HIV denialist” crowd, is an assault on the dialectical materialist method which is at the core of Marxism. No reputable scientist argues that the HIV virus *equals* AIDS, only that HIV is the *cause* of what is clinically diagnosed (usually years after infection) as AIDS. Reimann not only denies that HIV causes AIDS but even that there is an “AIDS crisis,” a phrase he puts in quotation marks. “Here in the United States, AIDS certainly has not developed anywhere near as it was predicted,” he asserts.

Reimann’s dismissiveness reeks with contempt for the impoverished and oppressed. AIDS is today the *leading cause* of death among black people between the ages of 25 and 44 in the U.S.; 30 percent of black gay men are infected, and black women account for 64 percent of all new infections. While the death rate in the U.S. dropped sharply in 1997 following the advent of powerful anti-retroviral cocktails (whose effectiveness Reimann denies), the number of new AIDS cases *doubled* in the following year. And the decline in new cases among whites has been more than offset by an increase among minorities. In Reimann’s own backyard in Alameda County, blacks now make up 42 percent of all new AIDS cases (*Oakland Tribune*, 4 July 2000).

Reimann's article essentially rehashes all of Duesberg's arguments. Reimann writes:

"Surely, something is weakening the immune systems in AIDS patients. Is it a virus? Is it drugs--both illegal as well as such toxins as AZT? Is it malnutrition? Is it repeated assaults on the immune system by frequent diseases (including, but not limited to, std's) as well as continued usage of anti-biotics? Could the general poisoning of the environment have anything to do with it? Who knows? The fact is that these alternative theories have never received the funding to be investigated adequately."

"Of course, there's no millions in profits to be made in this research, and furthermore it would prove politically explosive. So the millions in Africa can die premature deaths, victims of lack of adequate health care, lack of proper sanitation, malnutrition—victims of global capitalism, that is. Much better for big business and their hired and paid-for politicians and 'researchers' to label them as 'AIDS victims'!"

With his references to "illegal drugs" and "frequent" sexually transmitted diseases, Reimann insinuates what the anti-HIV bigots say openly: AIDS is the result of "drug abuse" or "promiscuity." As we asserted in an article headlined "Billions for AIDS Research!" in the early years of the epidemic: "*AIDS is caused by a virus, not by sex, not by, 'sin,' not by pornography*" (WV No. 389, 18 October 1985).

That HIV causes AIDS is a fact, just as gravity is a fact. How the virus works to break down the immune system is a topic of much research and debate. But that it causes AIDS is not a matter of scientific dispute. A National Institute of Allergy and Infectious Diseases (NIAID) Fact Sheet cites one study published in the *New England Journal of Medicine* in 1993 which found **99.9 percent** of 230,179 AIDS patients surveyed to be HIV positive. The NIAID Fact Sheet also answers the myth (promoted by Duesberg) that AIDS is simply a new name for long-existent diseases of poverty, noting: "The diseases that have come to be associated with AIDS in Africa—such as wasting syndrome, diarrheal diseases and TB—have long been severe burdens there. However, high rates of mortality from these diseases, formerly confined to the elderly and malnourished, are now common among HIV-infected young and middle-aged people, including well-educated members of the middle class."

Indeed, if AIDS is the result of poverty or sex—both of which, even Reimann/Duesberg will acknowledge, have been around for some time now—why did the AIDS epidemic begin only in the early 1980s? Perhaps the clearest evidence that AIDS is caused by an infectious agent (HIV) and not "bad lifestyle" is provided by studies showing that anywhere between 15 percent and 40 percent of infants born to HIV-infected mothers go on to develop AIDS (documented in NIAID's "The Relationship Between the Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome"). Moreover, even primitive anti-HIV drugs like AZT dramatically reduce the transmission of HIV infection from mother to child, with rates falling from 25 percent without AZT treatment to 8 percent or less with AZT. By Duesberg's lights, drugs created on the basis of the hypothesis that HIV causes AIDS should have no effect. But protease inhibitors, which are specifically targeted at the virus on the basis of molecular genetics, have significantly lengthened

the lives of AIDS patients and dramatically improved their quality of life.

The lies pushed by Reimann et al. are a literally deadly poison for any HIV-infected people who might be influenced by them. Given the racism inherent in American capitalism, and especially the legacy of the infamous Tuskegee syphilis experiments where black men were criminally allowed to go untreated for decades by researchers who wanted to study the effects of the disease, many black people are justifiably suspicious of the government and the medical establishment. A survey of a thousand black church-goers reported in the *Miami Herald* (2 November 1995) found that one-third thought AIDS was a government conspiracy to kill blacks and another third weren't sure. But as the survey's author noted, those who believed these conspiracy theories (promoted by the likes of nationalist demagogue Louis Farrakhan) would be "less likely to get tested, less likely to use condoms, and less likely to participate in clinical trials."

National Reformism vs. Revolutionary Internationalism

In his statement on the LMV Web page, Geshekter says: "Perpetuating the myth of an 'African AIDS epidemic' caused by sexual promiscuity deepens African dependency on infusions of Western aid for diagnostic tests, high-tech sterilization equipment, medical personnel and drug therapies." Reimann echoes that "the pharmaceuticals as well as all those 'researchers' and others in the AIDS establishment who make a living off of AIDS...found it necessary to manufacture this African AIDS crisis." He complains: "While funding for AIDS 'research' and 'care' has vastly increased in Africa, funding for malaria control has practically disappeared." This reformist is so thoroughly bound by the constraints imposed by the ledger books of a capitalist system in decay that he could not conceive of demanding the vast increases in funding needed **across the board** for health care and medical research.

While bandying about talk of "global capitalism," Reimann's arguments boil down to a polemic **against** anti-capitalist struggle, serving to amnesty South Africa's capitalist government and to let the "multinational" pharmaceuticals off the hook. The imperialist monopolies and the ANC nationalists join in denying necessary medication to the people of Africa, and Reimann chimes in to criminally deny that such medications are even necessary. At bottom, Reimann and his ilk accept that the masses of Africa and the rest of the "Third World" should maintain their conditions of "pristine" poverty free of Western dependence.

In arguing that the drug giants have an irrevocable stake in AIDS research, Reimann pushes the same line as GlaxoSmithKline CEO Jean-Pierre Garnier: "The Aids drugs exist because we've discovered them" (*London Guardian*, 25 April). This is how Garnier justifies Glaxo's astronomical first-quarter profits of close to **\$2 billion**, which works out annually to more

than 25 percent of the South African government's total revenue; the combined worth of the world's top five drug companies is *twice the combined GDP of all sub-Saharan Africa*.

In fact, AIDS drugs exist largely because others discovered them. As spy novelist John le Carré, who researched the drug giants for his new book, *The Constant Gardener*, observed in the *Nation* (9 April):

"Big Pharma did not invent these lifesaving drugs that they have patented and arbitrarily overpriced, incidentally. Anti-retrovirals were for the most part discovered by publicly funded US research projects into other diseases, and only later entrusted to pharmaceutical companies for marketing and exploitation. Once the pharmas had the patent, they charged whatever they thought an AIDS-desperate Western market would stand: \$12,000 to \$15,000 a year for compounds that cost a few hundred to run up."

Research and development of the five major AIDS drugs was financed by the National Institutes of Health or academic institutions like Yale and the University of Minnesota. These discoveries were then licensed to Glaxo and other companies, who market them and reap enormous profits. When it comes to vaccine research, as *Science* magazine writer Jon Cohen documents in his book *Shots in the Dark* (2001), Big Pharma has actually been an obstacle. "The AIDS vaccine 'race'...more closely resembled a crawl. Large pharmaceutical companies like Merck had little interest in developing an AIDS vaccine," writes Cohen. "The result: many promising vaccine strategies never made it out of academic laboratories."

Cynically seizing on the South African health ministry's false claim that it's blocked by the complexities of administering anti-retroviral drugs to an impoverished and uneducated population, a Glaxo spokesman told the *Wall Street Journal* (20 April), "That's the ultimate proof of the issue of pricing...is irrelevant in the grand scheme of things." For these bloodsuckers, pricing—and profit—is the ultimate issue. They scrambled for a deal in South Africa only after Indian drug manufacturer Cipla announced that it could provide anti-retroviral cocktails for as little as \$350 a year, less than 5 percent of Western prices. And the example of Brazil, which started distributing free generic AIDS drugs in 1997, gives the lie to the Mbeki regime's excuses for refusing to implement a treatment program.

Reporting that "virtually every AIDS patient in Brazil for whom it is medically indicated gets, free, the same triple cocktails that keep rich Americans healthy," Tina Rosenberg wrote in the *New York Times Magazine* (28 January): "Brazil is showing that no one who dies of AIDS dies of natural causes. Those who die have been failed." She explained:

"Brazil has shredded all the excuses about why poor countries cannot treat AIDS. Health system too fragile? On the shaky foundation of its public health service, Brazil built a well-run

network of AIDS clinics. Uneducated people can't stick to the complicated regime of pills? Brazilian AIDS patients have proved just as able to take their medicine on time as patients in the United States."

Even Botswana, South Africa's neighbor, has now announced that it will begin providing free anti-retroviral cocktails. A report in the *New York Times* (8 May) makes clear what is motivating Botswana's bourgeois government to implement this measure: the country is home to the richest diamond mine in Africa, from which the South African De Beers conglomerate reaps fabulous profits, and one in every three employees at the mine is infected with HIV. The capitalists understand that no workers means no profits!

In "Questioning AIDS," LMV noted that "science, just like medicine or auto production and development, is subject to the laws and pressures of social forces at play within" capitalist society. These philistines then use this generally correct observation to brand science and all scientists as being in the exclusive pay of big business and "manufacturing" an epidemic out of concern for their pocketbooks. This is simply ludicrous. There should be more scientists working on the battle front to develop cures for this presently incurable disease, not fewer.

In a 1925 speech published as "Dialectical Materialism and Science" (*Problems of Everyday Life* [1973]), Bolshevik leader Leon Trotsky observed:

"The need to know nature is imposed upon men by their need to subordinate nature to themselves. Any digressions in this sphere from objective relationships, which are determined by the properties of matter itself, are corrected by practical experience. This alone seriously guarantees natural sciences, chemical research in particular, from intentional, unintentional, or semideliberate distortions, misinterpretations and falsifications...."

"The social evaluation of science, its historical evaluation, is determined by its capacity to increase man's power and arm him with the power to foresee and master nature. Science is knowledge that endows us with power."

More than with any other disease in modern history, every step in the search to control and cure HIV/AIDS has been hampered by the profit-driven capitalist system and all the accompanying backward, repressive, racist and anti-woman ideological crap, which has come ever more to the fore since the counterrevolutionary collapse of the Soviet Union. Even in the most advanced industrialized countries, people with AIDS continue to be viciously stereotyped, ostracized and stigmatized—and many of those without insurance are denied treatment at all. We fight to wrest the existing scientific knowledge to treat HIV/AIDS and the material resources to apply and develop it from the grip of the capitalists and place it at the service of all humanity through international socialist revolution. It is the purpose of the International Communist League to reforge Trotsky's Fourth International, world party of socialist revolution, to lead that struggle to victory.

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AIDS Ravages Black America

The AIDS epidemic is wreaking a devastating toll on America's black and Hispanic population. Taken together, blacks and Hispanics account for almost *two-thirds* of new AIDS cases. AIDS is eight times more common among black people than white. Fully one in every 50 black men is today estimated to be infected with HIV, as is one in every 160 black women—a rate of infection 20 times that of white women. Though less than 15 percent of the population, black people now account for more than half of all new HIV infections, and black women account for 64 percent of all new infections among women in the U.S.

AIDS is caused by a virus, not by poverty, much less by race—which has no biological significance whatsoever. But the rate of transmission of HIV and treatment of AIDS are very much conditioned by social factors. AIDS calls out every hatred, every prejudice in this sick society: against sexual “deviants,” against the poor and the sick—the victims themselves—and especially against minorities. Black people are almost twice as likely as whites to lack health insurance, and Latinos almost three times as likely. Underlying the policy of malign neglect toward the AIDS crisis, especially in the inner cities, is the capitalist rulers' calculation that huge numbers of the ghetto and barrio masses are “expendable” because their labor is no longer of use for the extraction of profit.

The astounding increase in HIV infection among black women in particular is explained by the fact that the virus is now being spread predominantly through sexual relations and not mainly through intravenous drug use. In the ghettos and barrios, many homeless women are forced to trade sex for shelter. Others are forced into prostitution.

Black and Hispanic gays, who have always suffered disproportionately high death tolls from AIDS, are today being infected at rates rivaling those in southern Africa. A recent study by the Centers for Disease Control and Prevention found that 30 percent

of gay black men in their twenties were HIV-positive. Their condition is compounded by intense anti-homosexual bigotry, endemic throughout capitalist society and promoted particularly by black churches and nationalist demagogues like Nation of Islam leader Louis Farrakhan, who also pushes the notion that AIDS is a government conspiracy against black people. In his book *A Torchlight for America* (1993), Farrakhan rants: “We must change homosexual behavior.... We must change all behavior that offends the standard of moral behavior set by God.” Many gay black men are forced to live secret lives “on the down low,” often engaging in sex without condoms and in denial of the risks.

The AIDS epidemic throws into sharp relief the criminality, the decay and the cruel injustice of the whole capitalist system. As epitomized by the infamous Tuskegee syphilis experiment, racism is so deeply institutionalized in this country's health care system that many black people don't trust white doctors and other health care workers, sometimes discounting even good medical advice. Yet black and Hispanic doctors are few and far between, and the widespread attacks on affirmative action programs ensure that in the future there will be fewer still.

Given the wealth and technical resources of this country, free quality health care for all is objectively within the reach of material possibility. But it cannot happen within the framework of this capitalist system. The capitalist rulers reject even such elementary measures as distributing free condoms and instituting needle-exchange programs, which could drastically reduce the spread of AIDS in the inner cities. But the real obstacle to fighting the epidemic is the whole matrix of poverty, inequality and racial oppression that is integral to capitalist class society. Among the first acts of a workers government would be to provide the food, medical care, housing, education and social services whose lack is so starkly underlined by the AIDS crisis. It will take a proletarian socialist revolution to bring such a government to power.

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Disease, Bigotry and Imperialist Hypocrisy

South Africa Torn by AIDS Crisis

The catastrophic impact of the AIDS pandemic ravaging South Africa was highlighted in early December when former African National Congress (ANC) leader Nelson Mandela joined with F. W. De Klerk, the last president of the former apartheid regime, in launching a national "HIV/AIDS Day" at a Johannesburg cathedral service on December 5. With grotesque cynicism, De Klerk, who presided over a reign of terror against South Africa's black majority and whose National Party supported the Nazis in World War II, compared the AIDS scourge to the Nazi Holocaust of the Jews. For his part, Mandela appealed for compassion for the four million South Africans infected with HIV, implicitly rebuking his successor and current ANC president, Thabo Mbeki. Mbeki's anti-scientific diatribes have encouraged bigoted attacks on people with AIDS and provoked a furor at an international conference on AIDS that met in Durban last July.

Mbeki's ignorant statements challenging scientific evidence that HIV causes AIDS are aimed in large part at deflecting criticism over the refusal of his "tripartite alliance" government—which includes the Communist Party (SACP) and the Congress of South African Trade Unions (COSATU)—to allocate medical resources to combat the epidemic. Seizing on this, the National Party's racist successor, the Democratic Alliance, campaigned for December 5 nationwide municipal elections on a promise of distributing anti-HIV drugs to pregnant women who have AIDS and scored unexpected gains, including among black voters. Meanwhile, the Western imperialists who hypocritically denounce Mbeki refuse to lift a finger to provide medical aid to the impoverished masses of sub-Saharan Africa. Last year, the Clinton administration threatened sanctions against South Africa for trying to buy AIDS medication at international prices lower than those set by the extortionate pharmaceutical monopolies. And Tony Blair's Labour government in Britain, home to the Glaxo Wellcome drug giant, continues to oppose any such effort by South Africa.

We publish below in edited form a talk given in Johannesburg on 18 October 2000 by comrade Karen Cole of Spartacist South Africa.

* * *

The AIDS pandemic that has reached every country on earth touches on a range of social issues. It exposes the most horrible, murderous aspects of capitalism in its death agony. And it underlines the need for international socialist revolution.

Diseases and infection will never completely go away. New diseases will develop: it's just an aspect of nature that microbes and parasites change, mutate and evolve to find an ecological niche in human beings and other animals. It's possible that the AIDS virus will elude modern medical technology at its current state. The 1917 Bolshevik Revolution couldn't do anything immediately about the worldwide influenza pandemic of 1918. Three million people also died of typhus in the Soviet Union between 1917 and 1923. Nevertheless, the Bolshevik Revolution for the first time in history opened the road to get rid of oppression, exploitation and inequality that stand in the way of applying rational approaches to disease research and control and opened the way for massive public health programmes under the direction of a workers state.

The gains of the Russian Revolution could only hint at what a worldwide planned economy could do. The *ABCs of Communism*, which some of you have read, a book used by the Bolsheviks to train workers in literacy and the principles of communism, significantly devotes its final chapter to public health care. It makes the point that the new dictatorship of the proletariat immediately implemented hygienic techniques for public communal kitchens and training for health care workers to control cholera and typhus. They nationalised all private hospitals, opening them to the masses for the first time.

The Bolshevik Party's programme was committed to wiping out age-old oppression and elevating Russia out of poverty and ignorance. The Bolsheviks understood that ultimate success required the extension of the revolution to the wealthy and advanced, industrialised capitalist countries. You can't fight cholera if you don't have the material resources to build river dams and water purification plants. The International Communist League fights for new October Revolutions in the centres of imperialism in America, Europe and Japan as well as in the "Third World." In South Africa, that means we fight for a black-centred workers government that would be centrally based on the black majority while guaranteeing full rights for the "coloured" [mixed-race], Indian and Asian populations and those whites who accept the rule of black workers.

Based on the experience of the Russian Revolution and the lessons of the aborted Chinese Revolution of 1925-27, Leon Trotsky and the International Left Opposition taught that the only way forward for the oppressed masses of the economically backward countries was the proletariat seizing power at the head

of all the oppressed, linked through its revolutionary leadership to the proletariat in the advanced countries. This is the programme of permanent revolution. National liberation and all the basic democratic rights achieved in the advanced industrial countries in previous centuries are only realisable through the dictatorship of the proletariat and international socialist revolution.

The AIDS Epidemic and Capitalist Oppression

We are historical materialists and scientific socialists. Class struggle is the motor force of history. Throughout history, humanity's ability to master its environment is determined by the level of the productive forces at each stage. However, scientific progress cannot rise above or be separated from class interests. Here's an illustration of what I mean, and it is directly relevant to the AIDS pandemic. Penicillin is one of the greatest medical discoveries in the twentieth century. Some of us in this room would be dead today if Alexander Fleming had not identified a mould that could kill staphylococcus bacteria in 1929. All modern antibiotics flow from this discovery. But the development of penicillin was virtually ignored until the U.S. imperialists massively funded and distributed it during World War II, 15 years later. Why then? American imperialism had an interest in keeping its soldiers from dying from battlefield infections.

And what other new technology was the U.S. funding massively around the same period? The atomic bomb, which killed some 200,000 people in Hiroshima and Nagasaki, Japan, and was intended as a warning to the Soviet Union that the U.S. ruling class would stop at nothing to destroy the first workers state in history. So you see the relationship between the development of science and the class interests of the capitalist class. The bourgeoisie can mobilise when it wants to.

One speaker at the July Durban AIDS conference complained that one-quarter of the U.S. defence budget for one year would provide anti-retroviral treatments for all Africans who needed them. That certainly may be true, but of course it is never going to happen. The underlying assumption of this statement is that if the imperialist bloodsuckers could be pressured to shift their priorities and be more humane, then all will be solved. But the drive to war and plunder—to acquire new markets, raw materials and cheap labour with the aim of amassing profits—is inherent to the capitalist system in this epoch. The AIDS pandemic also exposes the lie of “nation building” rhetoric; it obviously cannot be solved within the borders of one country.

Only world socialist revolution can tear the means of production out of the hands of the greedy capitalist class, ushering in an egalitarian socialist society. Then all the positive gains of modern science can be put at the service of mankind, and all the fake science

that is used to justify and defend capitalist rule can be rejected. How we approach this grim epidemic is shaped by our vision of a communist future.

Let me give a few facts up front about HIV and AIDS. You cannot get AIDS from mosquitoes or through casual contact with infected persons. The human immunodeficiency virus, HIV, concentrates in body fluids that are most commonly passed on through any form of sexual intercourse, through blood transfusions, needle sticks and the sharing of hypodermic needles, or from mother to child at birth or through breast milk. Because blood transmission is most efficient, sexually transmitted diseases that cause open sores on the penis or vaginal or anal passages increase the possibility of transmission, as do sexual practices that might tear the anal or vaginal walls. One of the reasons that AIDS has spread so fast in southern Africa is that untreated sexually transmitted diseases like syphilis, gonorrhoea and pelvic infections are widespread.

People may have the virus for many years without any symptoms. But eventually the virus will suppress the person's natural defences against infections, called the immune system, and the person will develop AIDS. Acquired Immune Deficiency Syndrome—that is, they will develop life-threatening illnesses that almost never appear in healthy people with normal immune systems. In Africa, where people are already weakened by many untreated diseases and malnutrition, the virus destroys what's left of the already weakened immune system more rapidly.

The virus is of a particularly complex variety called a “retrovirus,” which relates to its structure and how it reproduces itself. Anti-retrovirals like AZT and Nevirapine suppress and slow down the advance of the virus. An inoculation ideally gives you immunity; that is, it actually prevents you from catching the disease in the first place. But the HIV virus can mutate—change its structure—rapidly. So treatment applied to one strain won't work on another, somewhat like the influenza virus where a new vaccine must be developed every year to prevent only the most common varieties. Edward Jenner proved the efficacy of vaccination against another worldwide killer, smallpox, in 1796, and the last person on earth who caught the disease recovered, in Somalia, in 1976—almost two centuries later. And smallpox was a very simple virus.

HIV/AIDS is still spreading exponentially worldwide. In Africa, it was initially spread by those who travel a lot for a living such as airline workers, truck drivers, seamen and soldiers and spread rapidly among professionals such as teachers and doctors. Now, infection has become rampant especially in poorer areas and population groups. Less developed countries account for 95 percent of known cases and 70 percent are in Africa. Twenty-four million HIV-infected people live in southern Africa. Predictions of rates of increase must be continually revised upwards.

The report of the United Nations Programme on HIV/AIDS that came out in June predicted that half of current 15-year-olds in South Africa and Zimbabwe may die of AIDS. In Botswana up to two-thirds of youth will die of AIDS. The rising number of orphans throughout southern Africa means there are a growing number of households headed by children. It's difficult to get accurate statistical surveys, which are basic to public health care and would inform development of a cure, because people avoid getting tested for fear of persecution. The vast majority of youth do not even know they are HIV-positive. Also some say, "Why get tested? There is no treatment available."

More than with any other disease in modern history, every step in the search to control and cure HIV/AIDS has been hampered by the profit-driven capitalist system and all the backward, repressive, racist and anti-woman ideological crap that comes with it. This epidemic has arisen and is spreading in the epoch of capitalism's decline. The optimism of the scientific revolution that accompanied the rise of the capitalist class has long been on the decline, exemplified by the resurgence of religious fundamentalism, superstitions, prejudices and obscurantism. Even in the most advanced industrial countries, people with AIDS continue to be viciously stereotyped, ostracised and stigmatised. These prejudices are compounded many times over in Africa and other countries of the so-called "Third World" like India. And because it is a sexually transmitted disease, the special oppression that women suffer under capitalism creates a major obstacle to a cure. All the guilt, shame and repressive taboos about sex that are designed to subjugate women via bourgeois morality also play a major role in sabotaging a scientific response to AIDS.

Imperialism and Neo-Apartheid Capitalism

South Africa was built on the superexploitation of black labour, extracting huge profits for the imperialists. And the imperialists and landlords' craven junior partners of the capitalist ANC-led Tripartite Alliance can only continue to perpetuate death and misery for the African masses by overseeing neo-apartheid capitalism. In South Africa, the contrasts of uneven and combined development are most sharp. The white ruling class and petty bourgeoisie live as well as anyone in America or Europe while the black masses live in conditions that have not been seen in America or Europe for several centuries.

What incentive is there for the capitalist class to find a speedy cure or to treat those already infected? Internationally, the bourgeoisie views the spread of HIV/AIDS in Africa as a convenient answer to unemployment and low productivity. An article in *Business Day* (November 1999) outlines the following: Every year the U.S. Investor Responsibility Research Center

asks multinationals how they perceive the South African business climate. They reported that AIDS was no problem. The epidemic is mainly confined to those who are economically marginal: women and children, the unemployed and unskilled workers who can be easily replaced given the massive unemployment. Insurance companies are unconcerned because these people are not insured. Mines are closing, so miners are disposable, and due to the many job-related illnesses they suffer, they die quickly once their immune system is compromised. Investors are slightly concerned that the disease is beginning to spread to skilled workers and teachers. But they are most worried that the South African government may choose to spend money on health care for people who, as far as they are concerned, will be dead within a couple of years, rather than spend that money to repay bank loans.

The 17 July edition of the widely circulated American magazine *Time* featured an editorial comparing the AIDS epidemic with the bubonic plague of 14th-century Europe. A full third of the European population died in what was then called the "Black Death." The writer says that "every cloud has a silver lining"—good always comes of bad—wiping out much of the population in the 14th century led to an increase in labour productivity and paved the way for progress. Therefore, according to this, killing a third of the African population may be just what Africa needs to modernise!

Recently Clinton has decided to throw a few cents at AIDS programmes in Africa, partly to secure the black vote in the U.S. in an election year. Clinton is also motivated by fear that American soldiers may be exposed to AIDS when they are sent to war-torn African countries to protect American economic interests. During his recent visit to Nigeria, where his real worry is about the potential of militant oil workers interrupting the flow of oil, he promised some token aid. Tell the people of Iraq—where the U.S./UN starvation blockade causes up to 200 children a day to die of malnutrition and lack of medicines—about Clinton and the U.S. bourgeoisie's concern for health care!

ANC on AIDS: Confusionism and Criminal Neglect

According to the UN report released in June, although Botswana has the highest percentage of HIV-positive people, South Africa has both the greatest absolute number and the highest growth rate in southern Africa. The fastest-growing sector is young women. The government's response has been to deny that HIV causes AIDS, to deny that AIDS exists at all and to blame pharmaceutical companies and the CIA for spreading such "lies." They have found endless ways to impede and postpone implementing the most minimal, well-known and tested medical treatments.

When Mbeki called together a panel of discredited researchers and local healers earlier this year to open

a discussion on whether HIV causes AIDS, government spokesman Parks Mankahlana ominously warned that any critics of the government on this issue should be silenced. In response to the Durban AIDS conference statement reaffirming that HIV causes AIDS, Mankahlana said the statement "belongs in the dustbin." Mbeki hailed another recent conference of these AIDS-denying pseudo-scientists in Uganda, which criminally called for stopping all HIV testing and condom distribution!

The confusionism and abject neglect has already resulted in untold deaths and misery. Social workers at Chris Hani Baragwanath Hospital in Soweto have reported that patients, particularly husbands, have stopped coming to the clinics because the president says HIV doesn't exist. And it also created the atmosphere that allowed a mob in KwaZulu-Natal in December 1998 to stone and knife to death Gugu Dlamini, a courageous young woman who spoke out on the occasion of World AIDS Day about her HIV-positive status. In rural KwaZulu-Natal, where the rate of HIV infection is the highest in South Africa, it is commonly believed that women are the source of the disease and all those infected should be killed. Gugu Dlamini's body now lies in an unmarked grave.

Why have the bourgeois nationalists latched onto theories which fly in the face of almost 20 years of experience with this disease? Because Mbeki and the black front men for capitalist rule are incapable and unwilling to provide the most basic material needs. The imperialists celebrated Mandela and the ANC coming to power because they counted on Mandela's moral authority to suppress the just aspirations of the horribly oppressed black masses. Therefore the ANC must lie and rationalise their attacks on the working class in service to their capitalist masters.

The neo-apartheid capitalist regime administered by the ANC, COSATU and the SACP—what we call a “nationalist popular front”—speeds up privatisations and retrenchments and is expanding the repressive state apparatus. From their golf clubs and African fashion shows, the government bureaucrats and new entrepreneurs—subcontractors for the capitalist class—exhort the masses that the days of “toytowing” [the defiant dance of anti-apartheid marchers] are over; this is your government.

While the imperialists write off Africans as hopeless barbarians, their lapdogs of the national bourgeoisie expound about the “African Renaissance” and laud “African solutions” romanticising tribal societies and conciliating “traditional leaders” in parliament and local government. Meanwhile, the racist hypocrites of the Democratic Alliance and other foul leftovers of apartheid piously shake their fingers at Mbeki for his statements about HIV/AIDS while praising him for toeing the International Monetary Fund (IMF) and World Bank line of slashing jobs and cutting back social services.

The ANC health minister, Tshabalala-Msimang, has pronounced that it is unwise to spend money on

AZT for HIV-positive pregnant women (which has proved to protect the foetus against infection) because these women will only create more orphans as a burden on the state. The message here to AIDS sufferers is “Drop dead!”

The South African constitution and the laws passed since 1994 are continually lauded as the most democratic in the world. For example, abortion was made legal. Currently the official position of the government is to leave the legal right to abortion to the “individual choice” of doctors and nurses. We say health care workers who deny women abortions should find jobs in another industry. Health care workers who reflect the anti-scientific prejudices of the ANC government often abuse and harass AIDS patients, pushing bourgeois moralism and blaming them for their illness. In order to maintain one of the most unequal societies on earth, the bourgeoisie must pit one sector of the oppressed against the other to cover its own bankruptcy. Since they cannot provide the facilities for abortions or for care for AIDS patients, they have no interest in fighting backward ideas.

Women are promised full and equal rights in the constitution, but the ANC has never even taken a public stand against female genital mutilation still practised openly in rural areas and secretly in the townships. In some cases, the clitoris and labia are cut off. In others, young girls' vaginal openings are sewn up and later bloodily torn open when they wed. On top of all the physical and mental damage that accompanies such mutilation, these women are much more susceptible to HIV infection.

The ANC was recently on its knees eulogising the filthy rich Randlord Harry Oppenheimer, one of the latter-day architects of the brutal migrant labour system. A short time later, South Africa became the last country in the world to switch to the modern injected tuberculosis vaccine. Oppenheimer probably knew a lot about TB since it flourished in his congested hostels for migrant miners. Now tuberculosis is on the rise again because it can thrive in the weakened immune systems of people with AIDS. The mine and factory owners who condemned black workers to squalid, congested housing used to complain that blacks were biologically susceptible to TB; therefore, TB was “treated” by sending sick, used-up black workers to the rural bantustans to die. The TB death rate in South Africa is as bad today as a century ago; 10,000 mainly young men and women die every year from TB, which continues to be stigmatised as a disease of “fast living, hard drinking and smoking.”

Apartheid Crimes and Conspiracy Theories

The first recorded cases of AIDS in South Africa were white homosexuals in the 1980s. Considering there were no medical records kept for blacks, coloureds and Indians, it is impossible to trace the his-

tory of the disease in this country. The apartheid regime's campaigns against AIDS in the '80s included putting stickers on taxis from Jo'burg to Soweto that said, "You can't get AIDS from swimming pools"—not exactly a relevant issue for the apartheid townships. The campaign used a drawing of a supposedly "neutral coloured" yellow hand. But for black women whose main occupation was as domestic servants, the yellow hand recalled the rubber washing gloves belonging to the hated "madam." During the early '90s, the Nationalist Party put up posters in Soweto with crude depictions of black men, warning that returning ANC exiles were bringing AIDS into South Africa.

AIDS conspiracy theories are widely held. There is an understandable mistrust of so-called "Western medicine" and white doctors who historically abused, neglected, poisoned and experimented on black people, and not just here. In the U.S., in the infamous Tuskegee experiments 400 Southern black men with syphilis were left untreated for over 30 years and allowed to die to see its effect on their mortality rate—and on their children. Under apartheid, young women in Botswana were sterilised and given forced injections of the contraceptive Depo-Provera, at that time banned in the U.S. and other countries. South African women were forced into massive birth control programs, sterilised without their knowledge and administered IUDs (contraceptive intrauterine devices) as conditions for employment. Meanwhile, Afrikaner women were told to "Make Babies for Botha."

Then there is the case of Dr. Wouter Basson. This apartheid regime version of the infamous Dr. Mengel in Hitler's concentration camps carried out biological and chemical warfare "experiments" on kidnapped township residents in Zimbabwe and poisoned SWAPO prisoners in Namibia and then went along for the helicopter ride to drop them into the ocean. After a cover-up by the security forces in the so-called "Truth and Reconciliation Commission," the reason Basson is on trial now is to further "reconciliation" with the apartheid butchers. Basson is still a practising cardiologist one day a week at a public hospital in Pretoria, so the ANC is paying for his legal expenses. The workers in power would try him and many other apartheid murderers for their crimes.

With all the stigmas attached to AIDS, mothers are afraid to admit they are bottle-feeding their babies for fear they will be ostracised. The international manufacturers of milk and baby formulas have been remarkably silent regarding affordable bottle milk for babies at risk. Back in 1976, we supported international protest when Nestlé's dressed up its salespeople in nurses' uniforms to fool impoverished women and push expensive manufactured milk. While breast-feeding is more desirable than bottle-feeding because of the immunities it passes on from mother to child, the real issue with the former is malnutrition and with the later access to clean water. However, now that it has been proven that HIV is conveyed by breast milk,

a basic preventive measure would be to provide free formula to all infected women.

Volunteer Cuban doctors are sometimes the only doctors who will service the rural areas, and are embraced by the population. That doctors from the Cuban deformed workers state do this service underscores why we defend the enormous gains embodied in the Cuban Revolution—the collectivised property forms and planned economy—as we do in China, Vietnam and North Korea against internal counter-revolution and imperialist attack. After the 1949 Revolution in China, large public health campaigns were launched, women were freed from slavery and concubinage. To this day, the standard of living in China is higher than in capitalist India, a country which achieved political independence from Britain at about the same time as the Chinese Revolution, but which is devastated by imperialist neglect.

Union Tops, Fake Lefts Front for ANC

In South Africa, health care in rural areas is often a container car or a van that may arrive once a week. As we speak, there is a cholera outbreak in KwaZulu-Natal not far from Durban, which has been out of control for two months. Over 20 people have died so far; more than 2,000 people have been hospitalised. Every day there are newly reported cases, and many more go unreported because people have not gone to clinics for treatment. Cholera is an example of a completely understood disease that is totally preventable and treatable—and has been for over a century.

Unemployment is at 50 percent or higher, and latest reports are that the gap between wealthy and poor is increasing. It's election time, so Mbeki has been double-talking about providing some token amount of free electricity, while always calling to get rid of the so-called freeloaders. This is happening while fuel wood is diminishing. Rural labourers are still paid in kind—for black and coloured workers in the Western Cape's money-making vineyards, this means a high rate of infant alcohol syndrome. The development of water resources is planned for livestock, not for women who have to haul water back to their dwellings.

The SACP-dominated COSATU leadership sabotaged the national protest called the day before the AIDS conference in Durban by mobilising the most token presence. Why? They could not embarrass Mbeki, their alliance partner. The pro-capitalist COSATU leadership's treacherous role in the nationalist popular front is to keep the lid on the explosive and powerful South African proletariat, to tie the oppressed masses to the bourgeois-nationalist ANC. In the Metalworkers [auto, steel, etc.] union, NUMSA, discussion of AIDS is tabled to the "Gender Committee," which is the code word for "toss it to the women." The recent national COSATU congress supposedly did their big act of defiance of Mbeki by declaring it is "morally wrong" to deny drugs to

pregnant women and rape victims. They buy the moralistic line that only some are innocent. How about everybody else infected? Teenagers, IV drug users, truckers, prostitutes, miners? Do they deserve it?

The SACP played its role at the conference of slavishly shoring up the class-collaborationist alliance against any opposition. After the conference, the SACP made a declaration on AIDS which cravenly capitulated to Mbeki, stating they have “not sufficiently studied the complex issues about anti-retroviral HIV/AIDS drugs so as to comment.” Meanwhile, those already infected continue to suffer miserable deaths. The fake left—from the International Socialist Movement and Keep Left [a group buried inside the SACP linked to the U.S. International Socialist Organisation] to WIVL [Workers International Vanguard League] and WOSA [Workers Organisation for Socialist Action]—also echo the moralism, and deflect all criticism away from the nationalists by appealing to the multinational drug companies and the World Bank. At the 26 September protests here in Jo’burg in conjunction with the protests in Prague at the IMF/World Bank meeting, the fake left channelled the anger of the protesters into begging the imperialists to “cancel the debt.”

Militant South African workers, like the workers at the Volkswagen plant in Uitenhage, are looking for an alternative to the class-collaborationist national popular front. However, the South African proletariat cannot go forward on a narrow trade-union programme which accepts capitalism. The proletariat must take up the fight for permanent revolution by building a Leninist vanguard party, based on the most advanced layers, that will be a tribune of all the people, that will defend the Gugu Dlamini and all the oppressed.

Free, Quality Health Care for All!

Under the ANC regime, hospitals have been closed in the name of reducing duplicate services segregated under apartheid. Kempton Park Hospital outside Johannesburg was shut down. In Johannesburg, Hillbrow Hospital stands empty for years while the AIDS epidemic grows among the destitute immigrant population of the area and patients lie on the floor in Jo’burg Hospital and outside Chris Hani Bara admitting area waiting for beds. Retrenchments and privatisations are causing ward closings and cutbacks. The 26-year-old singer and star of the widely acclaimed movie *Sarafina*, Wendy Mseleku, recently died after being turned away three times from public hospitals for lack of beds. In large parts of rural areas, where health care is solely in the hands of nurses, many of these nurses are the same young women who are being devastated by the disease.

Nurses and health care workers were among the first targets of the ANC’s anti-working-class programme. In 1996, the Mandela government was to decree free health care for all children under the age

of six at local clinics and hospitals. As we wrote at the time, that was a cynical lie. No additional funds were allocated to hire more nurses and other health care workers. There was no equipment or medicines. When nurses went on strike, the SACP/COSATU bureaucrats called the nurses’ action “counterrevolutionary.” Isolated by COSATU, the strike eventually ended, and 6,000 nurses were dismissed by the provincial government of the Eastern Cape, headed at that time by Raymond Mhlaba of the SACP.

Black nurses and student nurses have been in the forefront of protests for decent health care for decades. Health care was totally segregated under apartheid—white hospitals were built in urban areas, and no hospitals were built in the rural areas where the majority of the black population lives. No matter how much experience a black nurse had, she was always under the direction of white nurses, often young Afrikaners who were incompetently trained in backwater Calvinist Dutch Reformed *platteiland* schools. In the 1950s, black nurses were at the centre of protests against carrying passbooks, since they were almost the only black working women in urban areas. The police were turned on them in Soweto and Durban.

Back when the apartheid government decided to forcibly move the first black nurses from the all-black Baragwanath Hospital to the all-white Jo’burg Hospital because of a supposed “shortage of nurses,” the black nurses protested because the white hospital was at 50 percent capacity and Bara was over 100 percent. In 1985, hospital workers at Baragwanath went out on strike. Student nurses were assaulted by security guards, 700 workers were arrested and 1,700 dismissed, sparking solidarity actions across South Africa and international protest. Today Chris Hani Bara services a population of 3.5 million blacks. The hospital is falling apart. In Khayelitsha Day Hospital in the Western Cape, doctors see up to 96 patients a day each. In most hospitals white doctors and black patients do not speak the same language, making diagnoses slow and difficult.

We sell our newspaper at Jo’burg Hospital, mainly to black nurses and hospital workers. The unionised staff is constantly threatened with being replaced by non-union contract labour, and some have been already. We talked to a doctor who staffs the Casualty Unit. He said that on an average day, two-thirds of the people coming into the unit have symptoms of full-blown AIDS. Many come in with ritual cuts on their bodies administered by *inyangas* and *sangomas* [traditional healers]. Doctors must treat people who are suffering from self-induced vomiting caused by herbs and from repeated enemas prescribed by traditional healers. When I asked the doctor what he thought of the latest vaccine trials, he answered despondently, “There’s no electricity. You can’t distribute a vaccine without refrigeration.”

Anti-retroviral drugs have extended the lives of those who can afford them, mainly in the advanced capitalist countries. The pharmaceutical companies

make more profits on chronic illnesses like diabetes or AIDS which require a continual variety of medications and procedures and have no cure, so they have a marketing policy of pumping out copy-cat anti-retroviral drugs rather than engaging in long-term vaccine research with uncertain results. Years have been wasted because basic research for vaccines just does not turn a fast buck. Provincial hospitals have been defying the government to take limited handouts of drugs from different charitable sources.

What can we say about Uganda's so-called reversal of AIDS? Uganda's much-acclaimed campaign was centred around the "ABCs"—Abstinence, Be faithful to your spouse, use Condoms. A United Nations report claims that the prevalence of HIV in Uganda has fallen from a high of 14 percent in the early '90s to 8 percent today. But to call Uganda a "success story" captures how bankrupt current programmes are, how hopeless are policies based on "don't have sex" and how venal are the bourgeois nationalists. In Uganda, there are no medicines to treat AIDS-related illnesses, and there are 20,300 people for every doctor. Last year, President Yoweri Museveni called for the arrest of homosexuals. Uganda's terribly low life expectancy, only 40-41 years, is all attributed to preventable conditions: childbirth circumstances, malaria, pneumonia, diarrhoea, poor nutrition and unsanitary water. The average annual income is 1,850 Rand [US\$250]. As the bloody imperialist carve-up of the Congo [where Uganda has intervened] heats up, bullets will surely be a rising cause of death.

Imperialism, Nationalism and Social Backwardness

One example lauded as an "African solution" to AIDS is where thousands of unmarried women and children attend monthly virginity testing "ceremonies" in KwaZulu-Natal. This was a virtually extinct centuries-old custom that has been revived in the last four years. Girls are stripped naked and endure a humiliating half-hour examination by older girls to ascertain if their hymen is intact. There has been much favourable coverage of this in the media. Nomagugu Ngobese, who has just completed a book, *Fertility and Customs*, spoke recently at a government-sponsored Gender Equality and National Youth Commission meeting advocating these procedures. She stated, "Moral values are possibly the only solution we have to curb the rising HIV/AIDS statistics."

At an educational conference in Pretoria, the deputy education minister said the "African renaissance" should be founded on "a recovery of moral values and ethical conduct." Mary Crewe, director of the AIDS study centre at the University of Pretoria, responded that linking AIDS with religion and morality has fed into denial and apathy around the disease and to marginalisation and social rejection of sufferers. The teaching of "right and wrong" related to AIDS was

detracting from, as she put it, "the overriding moral imperative to save lives." The only "morals" that the capitalist class has is to rake in profits, backed up in blood by the state—the cops, the courts, the prisons, the army—and ideologically by the conservatising force of religion.

Traditional healers are hailed by the government as the front line against AIDS. They are the only "health care" many people ever see. People are poisoned, murdered and raped by these "healers," who encourage the revival of beliefs in witchcraft, beliefs which have caused mob killings of mainly old rural women. In fact, to be a woman and old is suspect in conditions where life is normally cut short by violence and "inexplicable" deaths from preventable diseases.

The Gauteng Health Department funds AIDS education for the Traditional Healers Organisation. Since bloodletting through razor cuts to communicate with ancestors is a common cure for witchcraft, the ANC "educates" these healers to use different razors for each client. Demonstrations through downtown Johannesburg feature banners reading, "One Man, One Razor." Beside their role in furthering ignorance, these traditional healers are part of the repressive political structure that runs from the community "*sangoma*" straight up to CONTRLESA, the House of Traditional Leaders, which is officially part of the bourgeois state.

These bastions of reaction, former apartheid bantustan collaborators, are murderous remnants of pre-capitalist society. Throughout southern Africa, they fight tooth and nail to deny women abortion, inheritance and property rights. They are courted by the ANC just as they were courted by the original colonials and the apartheid regime. They run much of KwaZulu-Natal, the epicentre of the epidemic in South Africa, and many parts of the most impoverished Eastern Cape. Bourgeois-nationalist ideology has always relegated women to being baby-makers. The capitalists and their lackeys are the enemies of women's liberation.

We fight for women's liberation through socialist revolution. Since the beginning of class society thousands of years ago, the institution of the family has been the fundamental source of the subjugation of women as dependent domestic slaves. In a socialist planned economy, the family as a social unit will be transcended by socialisation of childcare and household duties. Only then can relationships be entered into freely and without economic compulsion.

The oppression of women in Africa cannot begin to change and the drudgery and hardships women suffer cannot begin to be alleviated without a socialist revolution extending to the advanced capitalist countries. Women in southern Africa are still largely deemed minors with few enforceable rights of ownership or inheritance. Widows are still inherited by their husband's brothers. Polygamy based on the economic subordination of women still occurs. Women are

under tremendous economic pressure to demonstrate their fertility. And children are, in fact, the only potential means of support in old age.

Lobola [bride price] is pervasive, and *lobola* basically means women are property like cattle. Children are considered illegitimate and have no rights under customary law if *lobola* payments have not been completed. And most significantly for the spread of AIDS, the man pays for the woman to provide him with sex. Women are afraid to ask their husbands to wear condoms, and are beaten and turned out for refusing sex. Rape is rampant in South Africa. Rape and “dry sex” practices (where women apply detergent or herbs to dry out their vagina, which supposedly increases a man’s pleasure) multiply the possibility of infection. Moreover, it is widely believed that sleeping with a virgin will cure AIDS.

The Christian missionaries who accompanied the imperialist plunderers imposed on women a conservative, restrictive family ideology against which their lives were judged, enforcing their subjugation. Many women traders and entrepreneurs in urban and port areas were driven back into domestic slavery. The apartheid migrant labour system that historically tore apart families continues and has been called the “engine of the epidemic” because it encourages multiple sex partners. The migrant labour system, which permeates all of sub-Saharan Africa, is perpetuated under neo-apartheid capitalism because it is the backbone of the superexploitation of black labour.

Foreign workers desperately seeking jobs in South Africa are targeted by the government. The apartheid regime used to send South African miners back to the rural areas to die from TB; now the neo-apartheid state carries on the same policy with workers from bordering countries—HIV-positive Mozambican miners are deported to die without even being informed of their status. The health minister recently argued that they cannot distribute Nevirapine lest people from neighbouring countries flock to South Africa for treatment. We demand full citizenship rights for all immigrants, including access to schools and medical care.

Prostitutes should not be afraid to get health care and education and should not be at the mercy of gang violence. We are for the de-criminalisation of prostitution. Professional prostitution is actually a minor business compared to all the ways women living in poverty must sell sex for survival. Teenagers and young women need money and gifts to get through secondary and tertiary institutions. Women acquire “sugar daddies” to survive, and for money for their children. Youths hang out where trucks lay over along the highways of southern Africa to earn a bit of money. Domestic work is still the largest category of legal employment for women—sex for money is the only other option to housework. So-called educational campaigns about the sins of promiscuity are not only false and reactionary but also absurd in a situation where you are having sex so you can buy some maize

for you and your child to eat. At the Durban AIDS conference, advocates of vaginally applied anti-viral foams—which may afford easy and private protection—protested that they are not being adequately researched and funded. Underlying the lack of interest in the foams is the morality issue again—sex for any reason but reproduction is deemed sinful.

Full Democratic Rights for Homosexuals!

Homosexuals continue to be scorned and threatened everywhere. In the ‘80s anti-apartheid activists who struggled also for democratic rights for gays often had to fight their way into the political organisations. Tseko Simon Nkoli, a young gay COSAS [Congress of South African Students] and ANC activist, was arrested in 1984 for speaking out in defence of the massive stayaway strikes that fall. He was kept in detention for 16 months and then brought to trial as part of the world-famous Delmas treason trial which started in 1985, along with Mosiuoa Patrick “Terror” Lekota and Popo Molefe [who are now respectively minister of defence and premier of North West Province]. He had to argue against the anti-gay bigotry of the other ANC defendants who wanted to throw him out of the case. On 30 November 1998, Simon Nkoli died of AIDS.

In at least 30 African countries it is illegal for a man to have sex with another man. In South Africa, the constitution, on paper, opposes discrimination based on sexual orientation. However, when Mbeki launched his so-called research panel, he motivated questioning the connection of HIV and AIDS by saying, “Are you aware, whereas in the West, HIV and AIDS is said to be largely homosexually transmitted, in Africa, including our country, it is transmitted heterosexually?” So instead of scientific investigation and understanding, there is vilification and prejudice. HIV/AIDS is not a “homosexual disease” or a “heterosexual disease.” HIV is a *virus*. Mugabe of Zimbabwe has called homosexuals “pigs,” “perverts” and “worse than beasts.” Until 1989 in Zimbabwe, putting AIDS as cause of death on a death certificate was banned. The heads of state of Zambia, Namibia, Kenya and Swaziland have all made public their contempt for homosexuals, citing both “African traditions” and “biblical teachings.” This month, the minister of home affairs of Namibia called on the police to eliminate homosexual men and women from Namibia.

Evidence as far back as ancient San [Bushmen], nomadic hunters of southern Africa] cave paintings shows that homosexual relations have been around forever in Africa, just like everywhere else in the world. The suppression of gays is directly related to the suppression of sexuality and the subordination of women and youth in the social unit of the family, the main institution for the oppression of women and children in class society. Democratic rights are indi-

visible. Communists fight for full democratic rights for homosexuals. We fight against anti-gay bigotry and we are for the legalisation of all “crimes without victims.” The guiding principle for sexual relations should be that of effective consent—that is, mutual agreement and understanding as opposed to coercion—and the state has no business interfering.

We are for free, quality health care and treatment for all and for massive medical research programmes. It certainly means that the working class must expropriate the pharmaceutical companies. It means education—including in scientific matters—which begins with teaching basic health care, medical precautions and sex education. Education here also means literacy. We are for expropriating the capitalist class as a whole without compensation—that means the land, the banks, the mines and industry. Free medical care requires building up the infrastructure, training nurses and doctors, construction of hospitals and clinics, as well as uncongested housing, clean running water, electricity and paved roads. All of southern Africa needs a genuine socialist construction programme.

The organised and combative South African proletariat must take the lead under the leadership of a revolutionary internationalist Trotskyist vanguard party. This is why you must become a communist.

Only the communist party we are building here and internationally has the programme to be the tribune of all people—women, gays, immigrants and the rural poor. We look forward to the day when all socialist humanity, using the knowledge and science of the past, will have the freedom to go forward and explore all the difficult questions of life. In summary, I would like to read a passage from a 1925 speech by Trotsky on “Dialectical Materialism and Science”:

“There are two aspects of by no means equal merit to the scientific contributions of the past which are now ours and upon which we pride ourselves. Science as a whole has been directed toward acquiring knowledge of reality, research into the laws of evolution, and discovery of the properties and qualities of matter, in order to gain greater mastery over it. But knowledge did not develop within the four walls of a laboratory or a lecture hall. No, it remained a function of human society and reflected the structure of human society. For its needs, society requires knowledge of nature. But at the same time, society demands an affirmation of its right to be what it is, a justification of its particular institutions—first and foremost, the institutions of class domination—just as in the past it demanded the justification of serfdom, class privileges, monarchical prerogatives, national exceptionalism, etc. Socialist society accepts with utmost gratitude the heritage of the positive sciences, discarding, as is the right of inventorial choice, everything that is useless in acquiring knowledge of nature but only useful in justifying class inequality and all other kinds of historical untruth.”

—*Problems of Everyday Life* (1973)

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AIDS Pandemic Ravages Sub Saharan Africa

Brutal Murder of South African AIDS Activist

JOHANNESBURG—After announcing that she was HIV-positive on World Aids Day last December, Gugu Dlamini, a mother and AIDS awareness activist, was beaten senseless by a rabid mob claiming to be “cleaning the area.” She died of her wounds a few weeks later. Dlamini lived in eastern KwaZulu-Natal, a province at the centre of the AIDS epidemic in South Africa. She was lynched for having the courage to talk about her disease, to talk about her sexual life in a society where women live under patriarchal practices such as polygamous marriages, female genital mutilation and lobola (bride price)—“traditions” upheld by tribal reactionaries in league with the capitalist rulers.

The killing of Dlamini near the city of Durban illuminates the immense social backwardness and material deprivation underlying the spiralling AIDS pandemic in sub-Saharan Africa, where over 22.5 million carry HIV, the virus that causes AIDS. By current statistics, more than a fifth of the South African black working class—the bedrock of the capitalist economy—are HIV-positive. In KwaZulu-Natal, some 5,000 HIV cases emerge *every month*, including 1,000 babies whose life expectancies are between two and five years.

While the African National Congress-led bourgeois-nationalist government of Nelson Mandela has put on paper some of the broadest liberal democratic laws—striking down prohibitions on homosexual sex, legalising abortion and promising free health care to pregnant women and their children—all these legal provisions amount to a cruel hoax. Far from improving the lives of the impoverished masses, the ANC regime, acting as front men for the white capitalists, has laid off thousands of workers, kept education as a privilege for the children of a few ANC cronies and the white racist ruling class, and shut down many hospitals. This capitalist government cannot and will not deliver on promises of quality health care for women, housing, jobs, education or anything else the population desperately needs.

South Africa is an extreme case of what Marxists call combined and uneven development. A large-scale, modern industrial base and mining complex were built through the superexploitation of the black toilers by the white capitalist class. Yet the black masses remain mired in “Third World” conditions of extreme poverty, superstition and vestiges of tribalist loyalty and enmity. This is starkly demonstrated by the spread of the AIDS epidemic from central Africa

through southern Africa and now to South Africa, where it is devastating the black population. At the same time, the privileged white minority continues to enjoy living standards comparable to the wealthiest enclaves in North America and West Europe, including the best medical care money can buy.

In 1994, open white-supremacist rule was replaced with the dismantling of apartheid, legalised segregation, and the election of Nelson Mandela as the country’s first black president. Mandela’s “tripartite alliance” with the misnamed South African Communist Party (SACP) and the Congress of South African Trade Unions (COSATU) is a nationalist popular front in which the black working class is chained to its exploiters and oppressors through the bourgeois-nationalist ANC. The pro-capitalist COSATU leadership periodically pays lip service to the causes of the working class, while brutally enforcing capitalist austerity.

The black and also Indian and coloured (mixed race) working class has resisted these attacks by the white Randlords and their ANC/SACP front men, and South Africa is now experiencing a major upsurge of labour struggle. However, popular disillusionment with the ANC regime and its broken promises has also taken reactionary forms: the scapegoating of AIDS victims and activists and the lynching of immigrants from Mozambique and other neighbouring countries, who are often blamed for transmitting the AIDS epidemic to South Africa.

The post-1994 neo-apartheid setup in South Africa is fragile and deeply contradictory. It cannot last. The future of South Africa depends critically on the construction of a multiracial proletarian vanguard party based on the Trotskyist programme and perspective of permanent revolution. In West Europe and North America, social and economic modernisation was brought about by the bourgeois-democratic revolutions of the 17th, 18th and 19th centuries. But progressive bourgeois revolutions are not possible in the backward countries of Asia, Africa and Latin America in the present epoch of capitalist imperialism. Social and economic modernisation as well as national liberation can be achieved in these countries only through proletarian revolution.

A proletarian revolution in South Africa, by expropriating the Randlords, would liberate resources to alleviate desperate social conditions both in that country and throughout sub-Saharan Africa. Among the enormous gains of the 1917 Bolshevik Revolu-

tion in Russia were bringing literacy, basic education, modern medical care and women's equality to the backward, Turkic-speaking and traditionally Islamic peoples of Soviet Central Asia. Ultimately, overcoming the hideous impoverishment and cultural backwardness of sub-Saharan Africa requires an ***internationally planned socialist economy*** based on proletarian revolutions in the advanced capitalist countries of North America, West Europe and Japan.

AIDS Epidemic in Neo-Apartheid South Africa

The AIDS crisis in South Africa is compounded by dangerous, widely held superstitions and backward social beliefs, stemming particularly from the oppression of women, and the effects of mass poverty—prostitution, illiteracy, lack of education. The AIDS virus is transmitted through semen or other secretions during unprotected sex, through intravenous drug use and blood transfusions, from a pregnant woman to a foetus, or through breast milk to a baby. Though there is no cure at present, the spread of the disease could be reduced through condom use, the distribution of sterile needles for drug users, drug therapies for pregnant women and providing infant formula. Because good medical care and especially drug therapies are extremely expensive, AIDS has increasingly become a ***disease of poverty*** around the globe, from Southeast Asia to the black ghettos of the U.S. The AIDS pandemic in southern Africa is so acute that the rate of new infections is over ***ten times*** that of West Europe and the U.S. Most medical insurers refuse HIV treatment, which costs from 1,500 rand (roughly U.S. \$250) to 4,500 rand per day, while the average black miner earns 700 rand a month.

On the streets of Durban, purveyors of *muti* (traditional medicines) offering mystery powders and ground bones as cures for the ravages of AIDS are found side by side with the advanced technology and technique necessary to operate the world's ninth most-active industrial port. *Inyangas* (traditional healers) are more often than not called upon to “throw the bones” to diagnose the disease. Worse still, “some healers end up sucking the blood from the infected person” (*The Star* [Johannesburg], 1 December 1998). Some AIDS sufferers are led to believe that they are bewitched by a girlfriend or wife.

In KwaZulu-Natal and throughout South Africa, immigrants from Mozambique and elsewhere “north of the Limpopo” are increasingly being used as scapegoats for the vast spread of AIDS. In early January in Tembisa, northeast of Johannesburg, six Mozambicans were “necklaced”—burned alive—by a 400-strong “street committee” mob run by the ANC, as a direct consequence of the government campaign of blaming immigrants for escalating crime born of desperate poverty. Spartacist South

Africa demands: full citizenship rights for all immigrants!

With elections impending after four years in power, ANC deputy president Thabo Mbeki took pains to kiss HIV-positive babies at AIDS Day photo-ops, hypocritically donned red ribbons and pontificated on the “African renaissance.” Mbeki launched an 80 million rand “awareness” campaign, which has as its main theme a call on youth to refrain from sex until marriage. This “family values” crusade is part and parcel of the ANC campaign for “moral renewal,” which is meant to camouflage the regime’s manifest inability to deliver real improvements for the masses. Bourgeois-nationalist politicians, the church and other institutions push the lie that sex outside marriage is “dangerous” and “immoral” in order to shore up the institution of the family, the key prop of women’s oppression under capitalism.

In the advanced capitalist countries, those with HIV are stigmatised and often denied care or even simple democratic rights. Sexual bigotry and racism in the U.S. have meant indifference to the deadly disease, which is seen as the problem of marginalised groups like homosexuals and the ghetto poor. In South Africa today, blaming immigrants, women and gays for the spread of AIDS and other social ills can mean murder, as shown by the cases of Dlamini and the Mozambicans. The fate of women and the struggle for their full emancipation is tied to the proletarian class struggle against capitalism. For women’s liberation through socialist revolution!

Criminal Negligence of the ANC/SACP Regime

Last fall, in a public relations move the giant Glaxo-Wellcome pharmaceutical company offered free three-day kits of the anti-AIDS drug AZT to health care workers who had been exposed to the HIV virus. Yet the Department of Health criminally refused this offer, presumably because the government was unwilling to spend the money to continue treatment after the three-day supply was used up. Although more than 20 percent of pregnant women are estimated to be HIV-positive, the government also scuttled a multimillion rand pilot programme to provide them with AZT, which has been shown to reduce by at least 50 percent the likelihood of a mother’s passing the AIDS virus to an unborn child. Some government officials obscenely argued that “if the baby does not have HIV, it will live, and the mother will die of AIDS. Who will look after the orphans?” (*Sunday Times* [Johannesburg], 24 January).

There is no way that the mass of South African blacks infected with HIV can afford the expensive, life-prolonging drug treatments called “AIDS cocktails.” But even the effective use of condoms to prevent infection, literally a matter of life and death, is

AIDS and the South African Left

Standing to the left of the ANC/SACP regime are a number of groups identified with or claiming to be in the Trotskyist tradition which act as left tails of the nationalistic popular front. The International Socialist Movement (ISM), a split from the tendency led by Tony Cliff's British Socialist Workers Party, recently wrote in an article titled "Socialists and the AIDS Epidemic"; "Obviously steps to counter this problem would be to launch an international campaign featuring presidents, general secretaries, archbishops and even the Pope talking openly about sex and sexual practices; it would involve the mass, free distribution of condoms as well as ensuring that drug addicts would have access to clean needles". Revolutionaries would have to clean out condoms and give drug users clean needles. But these reformists have long failed to break the working class ciety and reject the fight to break the bourgeois class from bourgeois nationalism, including by tailoring the revolution of ethnic/tribalist hostilities. Only the forging of a revolutionary proletarian party that fights for a black-centred workers government to expel white landlords and all of the parasitic capitalists can cut through the hatreds born of superexploitation and the bourgeoisie's divide-and-rule policies of the bourgeoisie masters. A victorious proletarian revolution in South Africa would lay the basis for smashing imperialists domination throughout sub-Saharan Africa. At the same time, it would immediately face the military might of world imperialism, especially the U.S. This under-scored the burning urgency of a revolutionary *international* workers party! Reforge the Fourth International, which will marshal the world's resources in eradicating hunger and poverty and advancing the struggle for a Leninist-Trotskyist world pre-condition for an egalitarian socialist society in South Africa. Rights for new October Revolutions as South Africa moves and perspective. Spartacists programme the bulk of a revolution in the U.S. This under-scored the burning urgency of a revolutionary *international* workers party!

blacked by the negligence of the South African regime. The government imports large quantities of condoms from East Asian factories, which are supposedly inspected for quality control by South African medical officials. Yet a large fraction of these can be sold to be old, inferior or otherwise defective, splitting apart when used. Even the John-and-Jean ship their castoffs here" (27 December 1998).

While doing little to prevent the spread of AIDS, the ANC-led government is using this terrible medium to stay jobless, at home and pregnant.

The left face of the Mandela/Mbeki regime is provided by the reformist South African Communist Party which also exercises leadership over the COSATU union federation. Linking AIDS to the left's "globalisation" shibboleth, the SACP wrote: "The lack of autonomy that accompanies poverty is a major contributor to the spread of HIV/AIDS" and blames policies "advocated by the World Bank/IMF" (Lusengozi, November/December 1998). The SACP has some merit. It's these social-democratic ex-stalinists who help administer the starvation, poverty and death of capitalist rule in South Africa.

The SACP/COSATU bureaucracy, anti-labour, anti-woman, anti-health-care programme was under-scored when they banned one of the earliest labour struggles against the regime, the 1995 nurses strike, "counterrevolutionary". The strike of these women workers, who are on the front lines of the fight for decent health care, was smashed by the right for provincial government headed by then SACP national chairman Raymond Mhlaba.

The black South African working class continues to defy and challenge the masters of the so-called stock exchange, their ANC junior partners and SACP strike activists since Mandela became president. What is needed is a revolutionary party which can channel the raw militancy of the working class. And its growth is needed to combat the neo-apartheid capitalist system.

This requires combining revolutionaries such as Leinhardt with the working-class organisations of the proletariat. As Lenin as hostility to immigrants and AIDS victims which is a struggle against the neo-apartheid regime, into a struggle against the neo-apartheid capitalist system.

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