

CHAPTER 7

‘AFRICAN AIDS’ AND THE METAPHOR OF THE ‘BLACK DEATH’

7.1 Background: the diminution of history

One of the overriding lessons that can be derived from the previous Chapter is that knowledge of the Acquired Immune Deficiency Syndrome in Africa took the form of typification. American cultural theorist Alfred Schultz¹ holds that “typification” consists of the analysis of a social phenomenon at the level of generality – without looking at its unique attributes or defining characteristics. In my rendering, literary representations of ‘African AIDS’ conjure up certain connotations of typification, since they are based on simplification and generalization. An individual African was placed in the same group as others with whom he or she allegedly shared a specific combination of cultural traits. In terms of this depiction, most Africans are medically problematic and sexually threatening; they contract AIDS because they are inclined towards sexual promiscuity. From this point of view, the story of African AIDS maintained an adversarial stance toward cultural relativism. The narrative of African AIDS was based on narrow, parochial or stereotypical assumptions about an ethnic type: heterosexual Africans.

As we have seen, this form of representation arose from specific historical contexts. The narrative of African AIDS was historically determined. With the modernization of Western Europe in the 19th century, many observers stepped into ‘otherness’ by

singling out Africa as a ‘dark continent’, lacking in the attributes of civilization and being a haven for infectious diseases. Out of this was born a set of fixed or exaggerated ideas regarding African sexuality. In good measure, literary representations of AIDS in many of the scientific sources and the media have been shaped by primordial (past) depictions of Africa as a tragic case, a repository not of boon and benefit, but of drama, spectacle, catastrophe and disaster – for example ongoing wars, civil strife, famine, poverty, drought, and polygamy.

Nonetheless, although media representations of African AIDS were greatly determined by the larger historical forces, these representations abstracted from historical analysis. For one thing, the narrative conventions of African AIDS in the media blamed AIDS not on history (for example the colonial legacy), but on the ‘inherent’ characteristics of Africans themselves. Media reports on African AIDS illuminated what Vera Dika² would call an “authentic ethnic type” (see also Chapter 10). AIDS was located within elaborate attention to the inherent qualities of a specific ethnic type. By my account, the ultimate effect of this form of representation was the diminution of history. African AIDS was said to be only a function of Africans’ uninhibited disorders such as rape, unintended pregnancy and other sexually transmitted diseases.³ By no means was AIDS in Africa understood in relation to the much wider forces of colonialism, imperialism and apartheid.

Against this backdrop one can understand why the narrative of African AIDS hardened into an ‘official story’. If AIDS is an infectious disease, so the argument ran,

¹ See Pieterse, *White on black*, 225.

² V Dika 2000, ‘The representation of ethnicity in *The Godfather*’, in N Browne (ed), *Francis Ford Coppola’s The Godfather trilogy* (Cambridge: Cambridge University Press), 79.

then it follows that it has its origins in Africa. As you know, the African hypothesis of AIDS came into vogue because historically Africa has been construed as a haven for infectious diseases, such as cytomegalovirus, Epstein Barr, herpes, syphilis and gonorrhoea (refer to the previous Chapter). Also, bear in mind that the majority of Africans have been found to be more at risk of exposure to these foreign pathogens. (Note Bialy's view that opportunistic infections are capable in themselves of suppressing the immune system.⁴) Accordingly, between 1987 and 2000 media interest in the relationship between AIDS and racial identity exploded. This critical connection between disease, libido (sex) and skin colour found expression in 239 news reports (11 per cent) (for a more detailed discussion, see Chapter 3). In addition the African hypothesis of infectious diseases not only laid the staging ground for the African hypothesis of AIDS, it also provided the foundation for what one might call the 'apocalyptic' metaphor of AIDS. Media reports that captured this apocalyptic metaphor rose from zero between 1981 and 1986 to 240 (11 per cent) between 1986 and 2000 (see Chapter 3).

7.2 Representing a 'fast-growing epidemic': apocalypse now!

From the mid-1980s AIDS-defining diseases were viewed in terms of the traditional patterns of virology. Virologists figured that if AIDS was caused by a pathogen, then it must be infectious. Accordingly, knowledge about AIDS became dependent on laboratory principles; laboratory principles paved the trajectory of knowledge about AIDS. Laboratory research mapped out the future of AIDS research and set the

³ Rushing, *The AIDS epidemic*.

⁴ See H Bialy and E Papadopoulos-Eleopoulos 1995, 'AIDS in Africa', *World Journal of Microbiology and Biotechnology* 11:135-143.

parameters of discussion about its nature and cause. Using the principles of the scientific method,⁵ the virus hunters “discovered” the RNA genome or the so-called pure labelled virus (size 1.16g/ml band); according to Robin Weiss, this genome was cloned or converted into DNA and recovered again in infectious form by transferring the DNA back into white blood cells (this process is called molecular cloning).⁶ Significantly, this “pure labelled virus” (or cell-free virus) was called a lentivirus⁷ (slow virus) among retroviruses. (Chapter 9 chronicles the story of the slow virus in the South African media.) Once this cell-free virus was marked out as the causative agent of AIDS, it became the foundation on which was laid the biomedical model of the disease. Out of this was born what I have called the “received narrative” of AIDS. In 1988 virus hunters Blattner, Gallo and Temin addressed themselves to this germ theory of disease when they stated:

The strongest evidence that HIV causes AIDS comes from prospective ... studies that document the absolute requirement for HIV infection for the development of AIDS.⁸

One of the most striking facts about AIDS in the mid-1980s, though, was that reference to its causative agent, HIV, was only replicated in South Africa’s written sources (newspaper reports) a year after its discovery (as you know, HIV was discovered in 1984). What is more, media coverage of AIDS betrayed the journalists’ profound sense of ignorance about its etiology. For example, one newspaper reported

⁵ Nobel laureate Kary Mullis renders that science is a method whereby a notion proffered by another scientist ought to be supported by experimental data; Mullis adds that the application of the scientific method in the study of the natural world reveals the reason that the fit between science on the one hand and religion and morality on the other is adversarial. See K Mullis 2000, *Dancing naked in the mine field* (London: Bloomsbury), 110-112.

⁶ See the e-mail correspondence between Dr Valerie Turner and Robin Weiss (University College, London), February–August 1999.

⁷ Ibid.

that of the 42 reported morbidity cases in 1986, 24 were caused by AIDS and another one by the AIDS virus.⁹ It never occurred to the newshound that the “AIDS virus” itself is the agent of transformation. As virus hunters would have us believe, human immunodeficiency virus is an independent variable; all of the clinical manifestations of AIDS (symptoms) are traceable to the pure labelled virus that is HIV. Another medical expert revealed his diminished sense of knowledge of the disease when he declared that the track record for doctors in managing viral illness “could hardly be used as a platform from which to proclaim the potential demise of AIDS”.¹⁰ In addition, the researcher proclaimed that “doctors are not sure about the maximum incubation period of AIDS”.¹¹ One more scientist betrayed his lack of understanding when he said:

Experts are uncertain, too, about how many people who are tested positive will go on to die of AIDS. I think one can safely say that of those who have contracted the virus, at least half will contract full-blown AIDS. Of the other half, we really can't say.¹²

Another striking thing about AIDS in the mid-1980s concerns its representation as an embodiment of some sort of a plague, a plague that caused a rapid or sudden increase in terms of levels of morbidity and mortality. The following rendering by the National Institutes of Health (NIH) is emblematic of this line of thinking:

⁸ W Blattner, R Gallo and H Temin 1988. ‘HIV causes AIDS’, in *Science*. 242: 514-517.

⁹ Ibid.

¹⁰ *The Sunday Star*, 27 November 1988.

¹¹ Ibid.

¹² Ibid.

The AIDS virus shows every sign of being just as deadly as the plague during the Middle Ages. We are on a crash course with reality. This is not a practice run. There is no second chance. AIDS may be to the twentieth century what the Black Plague was to the fourteenth century. The alarm must be sounded, loudly and persuasively. If it is not, the conclusion is inescapable: millions will die.¹³

Thus, although AIDS started off like a slow progressing epidemic affecting, pre-eminently, homosexual men and haemophiliacs in Western Europe and the USA, and although HIV is a slow virus (lentivirus), AIDS in Africa was depicted in apocalyptic terms. African AIDS conveyed a sense of darkness, gloom and dullness. African AIDS painted a truly grim picture of the African future. This reveals the reason that the doomsday projections of AIDS in the media enjoyed such vibrant expression (see below). Understanding these apocalyptic descriptions should help us understand African AIDS as a narrative form or an authentic voice speaking profound truths about the continent and its millions of people reportedly dying on a daily basis.

The doomsday depictions of AIDS in the media should also remind us of Anderson's descriptions of classical epidemics. All epidemic diseases, says Anderson, are infectious. They also rise in an exponential manner. As a result, they have a huge impact on social organizations and historical events.¹⁴ This manner of proceeding is consistent with William Farr's description of the natural history of an epidemic (Farr was an epidemiologist in Britain in the 19th century). In terms of Farr's pattern of thought (the so-called Farr's law), all infectious epidemics follow a "bell-shaped

¹³ D Staff and S Brubaker 1985. *The AIDS epidemic* (New York: Warner Books), 162–163.

¹⁴ R Anderson 2000, *Infectious diseases of humans: dynamics and control* (Oxford: Oxford University Press), 50–57.

curve”.¹⁵ When a new infectious disease rapidly explodes in a population, it declines within months after being stopped, all too often, by the death of susceptible victims or by vaccination.¹⁶

In my rendering, from the mid-1980s AIDS in Africa was depicted as a disease that took the form of a fast-growing epidemic. AIDS was understood as a modern example of a viral epidemic described by both Anderson and Farr, that is, an epidemic that rises suddenly, that sweeps through the general population, and that kills large numbers of people. Although AIDS was ‘caused’ by a slow progressing pathogen that builds up over many years, the disease was thought to have some shared aspects with classical infectious diseases that rise exponentially. This reading, that AIDS embodied a ‘fast-growing epidemic’, a modern apocalypse, found expression in the rising numbers of media reports that collected around the overriding theme of a ‘plague’ (see below).

7.3 Coverage of heterosexual AIDS: the uses of surveillance methods

The most striking consequence of the media’s apocalyptic representation of AIDS was that description, rather than analysis and interpretation, became the essence of journalistic inquiry. To aid their progress in their rendering of the plague metaphor, the media sought refuge in statistical methods. Statistical methods were preferred because they are more observational and descriptive. The media absolutely effaced *interpretation* in their rendering of the AIDS disorder. As a result, the AIDS story in

¹⁵ Ibid, 50–57

¹⁶ Ibid, 50–57.

the media failed to lend itself to explanation, to analytical complexity. AIDS cases were identified, quantified, and then classified in accordance with their geographic, gender and racial characteristics.

This mode of inquiry (quantitative methodology) should remind the reader of the surveillance strategy discussed in Chapter 5. As we have mentioned, disease monitoring is the dominant impulse of the surveillance strategy. Researchers use surveillance methodologies to monitor the prevalence and distribution of new cases of disease. For example, an unvaccinated person entering the US from a country infested with smallpox would be placed under surveillance and expected to report to the local health department for a specific time period, to check his or her vaccination status against such diseases as smallpox, hepatitis, chickenpox, measles, mumps, diphtheria, influenza, and poliomyelitis.¹⁷ New cases of disease, or even suspected new cases, were reported to local authorities, whose task it was to monitor the patient over time.¹⁸ (Note that in South Africa antenatal surveys are also used to monitor the prevalence of disease.¹⁹)

Occasionally, the CDC²⁰ identifies infectious diseases on the basis of disease clusters. Clustered outbreaks of viral epidemics provide the CDC with sufficient evidence as to their contagiousness, their prevalence and their distribution. Diseases are described as infectious when two or more closely spaced persons are infected by some virus.²¹

¹⁷ J W Mosley 'Epidemiology', in P D Hoeprich, *Infectious diseases: a modern treatise of infectious processes* (New York: Harper & Row).

¹⁸ Ibid.

¹⁹ Department of Health. Policy Report: National HIV and Syphilis Sero-Prevalence Survey of Women Attending Public Ante-natal Clinics in South Africa 2000. Pretoria: Government Printer.

²⁰ Duesberg, *Inventing the AIDS virus*, 137–138.

²¹ Ibid, 137.

From this reading, clustering methods look beyond the patient: to his or her home, family, and environment. For example, in a study conducted by Mosley in 1955 clinicians in the United States suspected, based on three cases of infectious hepatitis in persons who were casually acquainted, a common vehicle.²² Mosley sums up the story:

Three patients had attended a party several weeks earlier, as had several additional persons also hospitalized within the next several days with hepatitis. By questioning all guests, whether ill or well, about foods consumed at the party, raw oysters were incriminated as the vehicle. This bit of alert clinical epidemiology uncovered part of the first epidemic of shellfish-associated hepatitis to be recognized in 50 years.²³

Media coverage of heterosexual AIDS was also accomplished through surveillance strategies. Following the CDC's practice,²⁴ two or more persons who were sexually acquainted constituted an AIDS cluster. Clusters of AIDS were identified and quantified to provide important background information regarding the frequency, occurrence and distribution of the disease. And that AIDS manifested all of the following "common characteristics"²⁵ of a viral epidemic was accepted as an established fact: it spreads randomly between the sexes; it causes primary disease because it multiplies exponentially in susceptible hosts; it coincides with a common, active and abundant microbe in all of the cases of the disease; and it coincides with a microbe that renders host cells dead. According to many researchers and the media,

²² Department of Health Policy Report: National HIV and Syphilis Sero-Prevalence Survey of Women Attending Public Ante-natal Clinics in South Africa.

²³ Ibid.

²⁴ See Duesberg, *Inventing the AIDS virus*, 137–138.

²⁵ *Pharmac & Ther* 55(1992):201–277.

this provided as clear a proof as one can get that heterosexual sex is the common vehicle for the viral transmission of AIDS.

So, whereas in the early 1980s AIDS was suspected on the basis of a specific combination of clinical symptoms among homosexual men who were sexually acquainted, from the mid-1980s AIDS (and HIV) was suspected on the basis of clinical symptoms among heterosexual men and women who were sexually related. For one thing, AIDS among homosexuals was reportedly on the decline. One newspaper declared: AIDS “tapers off among homosexuals” and that “there would probably be a future expansion of the epidemic in heterosexual, deprived urban populations”.²⁶ Towards the end of the 1980s a breakdown by gender revealed that 175 victims were homosexual men and only 20 were women; in the same period only eight surviving AIDS victims were foreigners, five from Malawi and three from Zambia.²⁷ In 1988, however, *The Star*²⁸ reported 106 heterosexual deaths in South Africa. The newspaper also argued that 40 per cent of South African heterosexuals could have AIDS in eight years. It added:

Besides the startling figures of AIDS-infected cases that have an apocalyptic ring to them, the financial and economic threat posed by the disease could prove crippling for individual, company, industrial and national budgets. The worst possible situation ... is the present trend without any change which produces a Doomsday Scenario ... Any sexual partner over the past 10 years is a potential AIDS risk. At its worst AIDS could

²⁶ *The Citizen*, 7 July 1988.

²⁷ *The Citizen*, 21 January 1989.

²⁸ *The Star*, 7 December 1988.

have infected up to 40 per cent of the South African population by the end of 1996 – that is if the killer disease continues doubling every eight months.²⁹

About this ‘doomsday scenario’, Keith Edelston writes:

The Doomsday Scenario does not include the possibility of HIV mutating into more dangerous forms, but it does presume that people remain unconvinced about the dangers of AIDS and do not change their sexual behaviour. In terms of this, the Americas and Western Europe will have been wiped out as viable economic units by the end of the century, along with Australia and New Zealand. Much of Central Africa will be dead, with Asia moving into this bleak situation.³⁰

Business Day wrote that 97 out of 162 diagnosed heterosexuals died of AIDS;³¹ *The Citizen* reported 96 deaths.³² Earlier in the year (1988), *The Citizen* had stated that,

Several African countries have reported more than 100 AIDS cases last year. These included Zimbabwe, Zambia, Tanzania, Zaire, Uganda, Kenya, Congo and Central African Republic ... One specific African country has shown to have more AIDS cases than the 2 800 cases, which, at the time, had been reported for the African continent.³³

Therefore, the dominant conception of AIDS, the idea that AIDS is an infectious disease transmitted during sexual intercourse between men and women, justified

²⁹ *The Star*, 12 November 1989.

³⁰ *Ibid.*

³¹ *Business Day*, 20 September 1988.

³² *The Citizen*, 23 December 1988.

seeing African AIDS as rising in an exponential fashion. Using the traditional methods of surveillance, the media undertook to chronicle the unremitting horror and terror of African AIDS. In 1988 one newspaper reported that “AIDS is now spreading in the region” and that while in South Africa “there have been 170 diagnosed cases of AIDS and 104 people have died of the disease and 10 000 are carriers, in Mozambique ... about four per cent of the country’s four major towns are carriers of the virus”.³⁴ In Malawi, AIDS was reportedly a national emergency because “tests on Malawian migrants in South Africa had shown a higher percentage each year”.³⁵ In Zimbabwe, the newspaper continued, “there were 380 cases and ... unconfirmed reports said that 100 people had died of the disease up to the beginning of 1988”.³⁶ And in Swaziland, though the official government figure for infected cases was put at 8 000, the newspaper argued that “the true figure was in fact much higher”.³⁷

In 1989 the provincial breakdown of AIDS revealed that the highest number came from the former Transvaal (Gauteng) with 92 cases, the Cape 29, Natal 28, and 23 from Durban.³⁸ In the same period about one million Ugandans were reportedly infected with HIV and 10 000 were living with full-blown AIDS.³⁹ In the southern district of Rakai (still in Uganda) there were reportedly more than 23 000 children whose parents had died of AIDS. Other sources estimated the overall figure to be 35 000 to 40 000 orphans.⁴⁰ Overall, 13,5 million people in Africa were reported to be dying of AIDS, representing 85 per cent (worldwide) of those who died of all of the

³³ *The Citizen*, 15 February 1988.

³⁴ *The Argus*, 17 November 1988.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ *The Daily News*, 2 February 1989.

³⁹ *Business Day*, 8 April 1989.

diseases associated with AIDS.⁴¹ Another newspaper also homed on this grim reality of African AIDS by declaring that “some parts of Africa may lose half of their population”. The newspaper added:

There are a lot of funerals in Africa these days – funerals of people who are said to have died ‘after a long illness’. Nobody says it openly but many are the victims of AIDS, the disease so publicised in Europe and the US and so little understood in Africa. Sketchy as they are, the statistics are alarming. Millions of Africans are thought to be carriers of the AIDS virus and a million or more are likely to die of the disease in the next few years. In some cities a fifth of the population are carriers ... Some African countries may face severe depopulation ... The worst hit parts of Africa may lose 50 per cent of their people ... African governments are generally willing to acknowledge only the tip of what doctors are convinced is the iceberg and many have reacted half-heartedly to the AIDS crisis. There are good reasons for this attitude. There is little money to spare to fight an incurable and officially rare disease when their citizens are dying in their thousands from better known and easily preventable ailments such as cholera, measles and malaria. The continent is also afraid of losing its valuable tourists. European sex safaris to East Africa are almost a thing of the past – not surprising when surveys of some groups of prostitutes show up to 88 percent carrying the AIDS virus. But none of these seems to justify the secrecy and near-paranoia with which some African governments tackle, or fail to tackle, a crisis of potentially catastrophic proportions. Ignorance, rumour and speculation are widespread, even among the educated.⁴²

⁴⁰ Ibid.

⁴¹ See the World Bank Report April 2000: ‘Intensifying Action Against HIV/AIDS’ (Washington: WHO).

⁴² *The Star*, 2 June 1987.

Another newshound joined in the pessimism embodied by the spectacle of African AIDS by rendering the story of the African monkey (see below):

Africa is riddled with AIDS. Nearly one-fifth of Rwanda's blood donors, and over half of Nairobi's female prostitutes, have antibodies to the virus. In Zaire, the number of healthy people falling prey to AIDS parallels the number who fell in San Francisco six years ago ... In Africa it is largely a heterosexual disease, with even numbers of men and women chosen as victims. The continent is considered the cradle of the disease because the first cases in Europe were Africans seeking medical treatment ... Early last year a virus was found in African monkeys which is so genetically similar to AIDS that evokes an antibody response in humans ... many African sufferers with a positive antibody response to AIDS may in fact only have the harmless monkey virus ... The message? Cut out sexual promiscuity (the more sexual partners a person has, the more likely they are to find someone with the virus) and always use condoms.⁴³

The compounded growth of AIDS in Africa was also understood in relation to African traditional customs and practices that not only promoted sexual activity, but also intensified the spread of the disease. According to one newspaper, "polygamy ... and preferential marriages between selected members of extended kin groups"⁴⁴ are good examples of such customs. The newspaper added that "These traditions and their associated conventions have existed for centuries."⁴⁵ In South Africa AIDS was spreading faster because of "polygamy ... and preferential marriages between selected members of extended kin groups".⁴⁶ Sex education was singled out as the key to

⁴³ Ibid.

⁴⁴ *The Citizen*, 15 April 1988.

⁴⁵ Ibid.

⁴⁶ *The Citizen*, 15 February 1988.

preventing this spread, to stemming the AIDS “ticking time-bomb”.⁴⁷ According to *City Press*, South Africa was fated to become the epicentre of AIDS on this account:

Because of the mines’ close proximity to urban cities and townships, Reef communities are being threatened by the explosion through casual sexual relationships between miners and prostitutes ... The geographical position of South Africa in relation to Central Africa, coupled with the constant trafficking of migrant workers between parts of virus-affected countries like Malawi and the country’s industrial areas, could soon radically change the picture ... South Africa’s mining industry is the largest single employer of foreign workers, particularly from Central Africa. By and large, migrant workers – whether from Central Africa or elsewhere – live in single-sex hostels during their stay in the country and periodically travel between their countries of origin to South Africa. Their movement while in South Africa is completely free and unregulated, meaning that they can mix with whoever they wish, anywhere and anytime when they are not at work ... Although some employers have taken stringent measures to educate and counsel their AIDS-infected workers against the spread of AIDS, they have absolutely no control over what they do when they return home or what they do outside the hostel premises ... The potential of the AIDS sufferer or carrier in South Africa transporting the disease into the black townships is, therefore, very possible.⁴⁸

From the viewpoint of *The Daily News*, the main source of AIDS is sexual promiscuity (see below for further reading). In one article entitled “AIDS arithmetic”, the newspaper reported:

⁴⁷ *City Press*, 19 July 1987.

... five partners a year potentially create a network of 3 905 interrelated contacts over five years. Twenty partners create a network of more than three million. This shows how the increase in the risk of catching the disease is directly related to the number of partners and indeed the worst affected communities are those with sexual promiscuous cultures. It is now being argued whether campaigns to encourage the use of condoms may be promoting promiscuity, which could offset the positive benefits.⁴⁹

The *Sowetan* also associated AIDS with lack of behavioural modification. Explaining why “South Africa is sitting on an AIDS time-bomb”⁵⁰, the newspaper declared:

The Acquired Immune Deficiency Syndrome is a disease transmitted through sexual contact ... there was no vaccine available to cure the disease that threatens to *decimate* [italics mine] the human race. Because sexual behaviour cannot be legislated against, people can only be advised to stop sleeping around.

Not only did unscrupulous sexual behaviour threaten to increase the enormous potential of the disease spreading very rapidly across the society, but also to rock the lives of those entering the labour market, including the most educated of members of society. The disease was expected to rock the insurance companies too, causing severe financial deficits. Confronted daily by the impending threat of AIDS, life insurance companies responded by introducing an AIDS exclusion clause in new policies, according to which “life cover would not apply if the insured died as a result of AIDS virus infection”.⁵¹ In 1989 the *Sunday Times* reported that AIDS claims on assurance

⁴⁸ Ibid.

⁴⁹ *The Daily News*, 3 March 1987.

⁵⁰ *Sowetan*, 18 July 1987.

⁵¹ *Business Day*, 6 October 1988.

companies for deaths rose by more than 5 million rand.⁵² Two factors were isolated as the major causes: public relations and mortality risk. On the public relations side, *Sowetan* newspaper asked the following questions:

How would applicants for life assurance react to being tested for AIDS? How would the market react to a special AIDS questionnaire asking very direct questions about the lifestyle and sexual relationships of applicants. How would a widow react when told that no benefit was payable after an AIDS-related death?⁵³

On the mortality front, the situation looked even bleaker:

Future projections relating to AIDS are very uncertain, but the general view is that the position in future will be much worse than was first suspected ... South Africa could be particularly vulnerable to the AIDS threat as it is exposed to both varieties of AIDS, First World and Third World AIDS ... In the Third World, particularly in the black African countries, AIDS is predominantly a heterosexual disease.⁵⁴

From the reading above, from the mid-1980s the most dominant pattern that emerged in many media sources concerned the caricaturing of AIDS as a modern manifestation of a plague that spreads randomly between the sexes, that grows in a geometric or compounded fashion, that coincides with an active and abundant HIV, and that causes death by invading the host's white blood cells. Against this backdrop one can understand why a great number of researchers posited that AIDS bears some shared

⁵² *Sunday Times*, 16 July 1989.

⁵³ *Sowetan*, 20 July 1988.

⁵⁴ *Ibid.*

aspects with the Black Death, which ran rampant throughout Europe in the 14th century (1347–1351), killing a number of virgin populations in its macabre trail.

7.4 The natural history of the classical Black Death and AIDS

The comparison between the classical Black Death and AIDS raises many more complex issues, though. To begin with, the impact of the Black Death was far more cataclysmic and devastating than can be imagined. It reportedly killed, within the space of four years (1347 to 1351), more than 50 per cent of the total European population.⁵⁵ To illustrate this point of fact, it is perhaps necessary to look at its natural history. Like many plague strains, the Black Death was caused by a bacterium called *Yersina Pestis* (*Y Pestis*), which lives in the digestive tracts of fleas, particularly the rat fleas *Xenopsylla Cheopis* and *Cortophylus Fasciatus*; *Y Pestis* can also live in the digestive tract of the human flea, *Pulex Irritans*.⁵⁶ *Y Pestis* multiplies in the stomach of the flea, causing a blockage, which all too often bequeaths starvation and eventually death.⁵⁷ *Y Pestis* is also endemic (enzootic) among rodents. A *Y Pestis* living among rodents is commonly known as silvatic plague. Silvatic plague is much endemic. Dozens of rodents carry silvatic plague and can survive for some time until they die and are replaced by a new host, the so-called secondary host.⁵⁸ When the bacilli *Y Pestis* multiplies and invades the nervous system, the secondary host also

⁵⁵ See Gottfried's study on the 'Black Death,' R S Gottfried 1983, *The black death: natural and human disaster in medieval Europe* (London: Hale).

⁵⁶ Ibid, 6.

⁵⁷ Ibid, 7.

⁵⁸ Ibid, 7.

dies, causing the flea to invade the cells of another host, a tertiary host, that is, a human being.⁵⁹

Three different plague types can be distinguished. First, there is the most common type, the bubonic plague. Although it is the least toxic, the bubonic plague is capable of killing more than half of the population.⁶⁰ The Black Death is a classic example. One of the most striking aspects of the Black Death concerns its short incubation period. The period from the time of infection to the appearance of disease was about five to six days. Typical manifestations (clinical symptoms) of the disease included a gangrenous or blackish pustule, followed by an enlargement of the lymph nodes in the armpits, groin, or neck.⁶¹ The second plague type is very rare, but equally fatal. This plague is commonly known as septicaemic plague. Like the bubonic type, septicaemic plague is insect-borne; it is present in the bloodstream and can cause death within a day.⁶² The third plague type, the pneumonic plague, is the most dangerous, and certainly the most virulent of all plague types, if only because it can be transmitted from person to person through bloody sputum.⁶³ It infects the lungs, followed by a chronic cough after only three days and then a coma.⁶⁴ Mortality rates associated with pneumonic plagues can sometimes reach up 95 to 100 per cent.⁶⁵

Of the three plague types, the Black Death is perhaps the most frequently cited and the most documented, presumably because it is the most popular. The Black Death has its

⁵⁹ Ibid, 7.

⁶⁰ Ibid, 7.

⁶¹ Ibid, 8.

⁶² Ibid, 8

⁶³ Ibid, 8.

⁶⁴ Ibid, 8

⁶⁵ Ibid, 9.

deep roots in European history. As indicated earlier, its impact was exceedingly cataclysmic. When the Black Death hit Europe in the 14th century, peasants no longer ploughed, merchants closed their shops, and some, if not all, churchmen stopped offering the last rites.⁶⁶ In 1347 the humanist Giovanni Boccaccio captured the devastating impact of the Black Death in Florence (Italy) along these lines:

It spread without stop from one place to another until unfortunately, it swept over the west. Neither knowledge nor human foresight availed against it ... Nor did humble supplication serve. At the onset of disease both men and women were affected by a sort of swelling in the groin or under the armpits ... Afterwards, the manifestations of disease changed into black or lurid spots on the arms, the thighs and the whole person ... Such was the cruelty of heaven and to a great degree of man that between March 1348 and the following July it is estimated that more than 100 000 human beings lost their lives within the walls of Florence, what with the ravages attendant on the plague and the barbarity of the survivors towards the sick ...⁶⁷

In France and other parts of the world:

... the mortality of men and women, of the young and old ... was so great that it is impossible to bury the dead. Many country villages and many houses in good towns remained empty and deserted. Many houses, including some splendid buildings, soon fell into ruins ...⁶⁸

⁶⁶ Ibid, 10.

⁶⁷ Ibid, 135.

⁶⁸ Ibid, 135.

And in Normandy:

Everyday the bodies of the dead were borne to the churches, now five, now ten, now fifteen, and in the parish of St Brice, sometimes twenty or thirty. In all parish churches the curates, the parish clerks and sextons, to get their fees, rang morning, evening, and night the passing bells, and by this the whole population of the city, men and women alike, began to be filled with fear.⁶⁹

Hence, the Black Death caused major social and economic upheavals in Western Europe. The plague was associated with a social condition called *Wustungen*, the devastating effects of which were also deeply felt across many societies of the time. *Wustungen* refers to the depopulation of rural areas in the Mediterranean basin and most of the northern German plain – the consequence of which was the displacement of indigenous flora and fauna and deforestation.⁷⁰ *Wustungen* reportedly affected almost 80 per cent of the European population. In fact, major depopulation movements occasioned by *Wustungen* assured the demise of manorialism.⁷¹ What was also so remarkable about the Black Death was that it killed indiscriminately; it caused the temporary collapse of a large number of political administrations in Europe.⁷²

Like the 14th-century bubonic plague (Black Death), AIDS has its own natural history. First, AIDS was depicted as a disease caused by a micro-organism, HIV. Second, this micro-organism, as we have learned, is pathogenic to man. It infects virgin populations and bequeaths higher levels of mortality. We have also been taught

⁶⁹ Ibid, 135.

⁷⁰ Ibid, 135–136.

⁷¹ Ibid, 135

that HIV is a new micro-organism that causes a *new* disease (AIDS), the hallmark of which is immune suppression. Third, AIDS can be distinguished from other diseases in terms of its mode of transmission. The HIV pathogen is said to be transmitted mainly through semen, unclean needles and blood transfusions.⁷³ Although AIDS is reportedly infectious, it is not a respiratory disease (like influenza, diphtheria, pneumonic plague or measles). AIDS is not transmitted via the respiratory system. Nor is AIDS an enteric disease (like dysentery, typhoid or cholera and diarrhoea), since it is not spread through the digestive system. AIDS has been marked out as a venereal disease – like syphilis and gonorrhoea. Unprotected sexual intercourse is reportedly the *dominant* mode of transmission of the AIDS virus. Also vital for an understanding of the natural history of AIDS is the idea of immunity. AIDS is fatal because unlike other diseases known to man (such as smallpox, measles and malaria) it has yet to establish an equilibrium with its host, a human being. Human beings are not immune to AIDS, unless of course they practise safer sex, commit themselves to one sex partner, or exercise moral abstinence. The disease has been described as one of the most virulent of all modern diseases not only because of its infectiousness (see Chapter 8), but also because human populations are incapable of immunizing themselves against it.

That AIDS is infectious, that it has certain shared aspects with some plague strains, and that heterosexual men and women are not immune to the disease reveal the reason it was depicted by the media in apocalyptic terms. As we have seen, this metaphoric

⁷² Ibid, 146–147.

⁷³ Root-Bernstein, *Rethinking AIDS*.

depiction found its most potent expression through a number of doomsday reports. The following headlines also provide good examples of this apocalyptic rendering:

“AIDS in SA is spreading fast”⁷⁴

“UK Govt acts to stop AIDS plague”⁷⁵

“Africa turns a blind eye to the AIDS time bomb”⁷⁶

“Ticking time bomb”⁷⁷

“AIDS heading for SA’s No 1 killer spot”⁷⁸

“AIDS rocks insurance business”⁷⁹

“AIDS virus gallops”⁸⁰

“AIDS ready to explode in SA”⁸¹

“Survey shows shock AIDS increase”⁸²

“Virus promises huge disaster”⁸³

7.5 Representing a deadly disease caused by ‘divine judgement’

Because AIDS was medically understood as an infectious heterosexual disease – capable of killing indiscriminately – it was caricatured as a chronicle of disaster and tragedy. What is more important, AIDS thus depicted entered into popular images; the disease was represented in stereotypical terms. The media found it necessary to make

⁷⁴ *The Citizen*, 15 January 1986.

⁷⁵ *The Argus*, 4 November 1986.

⁷⁶ *The Star*, 2 June 1987.

⁷⁷ *City Press*, 19 July 1987.

⁷⁸ *Business Day*, 15 September 1988.

⁷⁹ *Sowetan*, 20 July 1988.

⁸⁰ *The Star*, 14 November 1988.

⁸¹ *City Press*, 14 August 1988.

⁸² *The Citizen*, 14 November 1988.

the connection between Acquired Immune Deficiency Syndrome and social identity. For example, in 1988 one newspaper reported that the incidence of AIDS cases among black women in the Witwatersrand was increasing “from one in every 2 100 to one in every 540”.⁸⁴ At the point that AIDS was “tapering off among homosexuals” and spreading among “normal heterosexuals”, the media evinced that public health programmes should be targeted at blacks because of “their suspected vulnerability”.⁸⁵

The AIDS tragedy among blacks was apparently related to their predilection to sexual promiscuity. To take as an example, one newspaper reported that by the mid-1990s “up to 40 per cent of South Africa’s blacks could be dead or dying of AIDS”.⁸⁶ Yet another newspaper, after predicting a “New AIDS Shock for SA”, posited that:

*It’s quite possible that there will be no significant numbers of blacks working by 1996 (my emphasis) ... Promiscuous communities will be far worse off ... the picture will be more bleak for blacks in South Africa ... Also, if being tested clear of AIDS is a condition of employment, there may be very few employable blacks by the end of 1994.*⁸⁷

In 1987 one newspaper reported that 15 000 AIDS cases were among blacks. The newspaper also predicted that the incidence of AIDS among black South Africans would rival that of all of the countries on the continent.⁸⁸ This, so the argument continued, was because homosexuality among blacks was rare! For example, of the 64

⁸³ *Business Day*, 24 April 1989.

⁸⁴ *The Citizen*, 15 April 1988.

⁸⁵ *The Argus*, 14 January 1986.

⁸⁶ *The Star*, 6 July 1989.

⁸⁷ *The Daily News*, 18 February 1989.

⁸⁸ *The Citizen*, 6 November 1987.

cases recorded since 1982 only 52 were homosexual or bisexual men; 55 were white; and one was coloured.⁸⁹ Presumably this also lent force to the reading that heterosexual AIDS was more rife, especially among blacks, and that it was more than likely to spread “faster”.⁹⁰ As noted previously, that AIDS is capable of spreading like wildfire – like a fast-growing epidemic – reveals the reason that it invited some curious comparisons with the primordial Black Death.

Undoubtedly, there are certain common characteristics between the disorders of the Black Death and AIDS. Both diseases aroused a deep sense of moral panic, that is, deep feelings of paranoia, anguish, distress and anxiety purportedly provoked by a sense of impending doom, disaster or catastrophe. As disaster and catastrophe, the Black Death and AIDS both symbolised a threat to the moral reality of society, a serious threat to the society’s moral order. *Y Pesticis* (*Y Pesticis* is the pathogen that bequeathed us the Black Death) and HIV astounded, bewildered and terrified a considerable magnitude of people, because they aroused deep fears and moral anxieties about sexually transmitted diseases. In the Middle Ages, the humanist Giovanni Boccaccio described the unremitting terror caused by the Black Death in this way:

... various fears and superstitions arose among the survivors, almost all which tended toward one end – to flee from the sick and whatever had belonged to them. In this way, each man thought to be safeguarding his own health. Some among them were of the opinion that by living temperately and guarding against excesses of all kinds, they could do much toward avoid danger; and in forming a band they lived away from the

⁸⁹ Ibid.

rest of the world. Gathering in those houses where no one had been ill and living was more comfortable, they shut themselves in ...⁹¹

Medieval Europeans believed that through the Black Death “God’s wrath had sought to punish the inequity of men”. Out of this was born a sense that faith is a means towards moral salvation. The faithful, those involved in good works such as “pious charity”, were boosted and aided by various acts of benevolence.⁹² Significantly, in 20th-century South Africa, the horror and fear of AIDS also engendered moral panic. Not only did media reports reside in sensationalism, the media also echoed a certain amount of moral outrage. The media became entangled in morality by establishing the connective tissue linking AIDS to sin. This evocation of morality, this moral disposition, should remind the reader of the narrative of moral protest discussed in the previous Chapters. The media evoked the sense not only that gay sexuality is evil, but also that promiscuous sexual behaviour among heterosexuals is no good! Bad works (immorality) were correlated with sexual promiscuity. Because of its terrifying nature, AIDS heightened people’s sense of moral revolt against homosexuality, and against heterosexual promiscuity. AIDS threatened people’s sense of moral and health security. Having multiple partners embodied certain connotations of sin. One reporter commented: “Cut out sexual promiscuity. The more sexual partners a person has, the more likely they are to find someone with the virus.”⁹³

Another newshound echoed the narrative of moral protest by declaring: “It is not important who you are but what you do.” The reporter continued:

⁹⁰ *The Star*, 8 August 1987.

⁹¹ *Ibid.*

⁹² *Ibid.*

People can only be advised not to sleep around. If you back 12 horses in a race, one of those may win, but if you support only one, your chances of winning are much less. Similarly, if you sleep with 12 women, you have a greater chance of getting infected than if you sleep with one.⁹⁴

And the *Sunday Times* advised its readers that,

... the best way to avoid it is to stick to one sexual partner. Until science cracks the virus's code one hopes that the most profound effect AIDS will have is to tidy up world's morals ...⁹⁵

Hence, the risk of contagion and death was directly linked to the number of partners one has. "Indeed," said one newspaper report, "the worst infected communities are those with sexually promiscuous cultures." The newspaper concluded: "There is no doubt that the best way to prevent the spread of AIDS is self-discipline, or to use an old-fashioned word, chastity. There has never been a greater need for virtue."⁹⁶ Into this moral point descended a number of physicians. For example, one doctor declared: "The only advice we can give the public is to refrain from having too many sex partners. They should ease up on promiscuity."⁹⁷ A return to morality was regarded as a critical public health measure, more so because "doctors were fooling themselves in thinking that they could contain and even beat the disease",⁹⁸ another credentialized

⁹³ Ibid.

⁹⁴ *Sowetan*, 18 July 1988.

⁹⁵ *The Sunday Star*, 16 July 1988.

⁹⁶ *The Daily News*, 1 March 1988.

⁹⁷ Ibid.

⁹⁸ Ibid.

expert observed. The physician also asked the rhetorical question: “Just who are we to reassure?” He then warned: “We are fiddling while Rome burns.” And then he petitioned morality:

There was no need to spend billions of rand on research and development. *What we need is a return to morality* [my emphasis]. Monogamy needs to be made fashionable once more and if the finer emotions such as love and loyalty are allowed to prevail then the horror that is AIDS might well be reduced to a transient phenomenon ... children should be taught about morality in schools.⁹⁹

Not to be outdone, *The Sunday Star* added to a plethora of moral protestations permeating much of the thinking at the time. The newspaper socialised its readers into conceptions of right and wrong:

Promiscuous sex has always been considered a religious sin and now, as in the past, there is a considerable return to the belief that sexual disease is divine retribution for ‘unnatural unions’. After all, didn’t God punish the promiscuous libertines of Sodom and Gomorrah?¹⁰⁰

7.6 Conclusion: revisiting the ‘Black Death’ metaphor

The metaphor of the Black Death, and the doomsday projections of AIDS conveyed a deep sense of fear and moral outrage. Public anxieties and fears of contagion and death elicited vociferous calls for a return to morality. The sense of moral panic and

⁹⁹ *The Daily News*, 8 June 1988.

¹⁰⁰ *The Sunday Star*, 27 November 1988.

the chronicle of AIDS as catastrophe and death provided the context for a more soulful, pious, and ‘godly’ narrative in the media, namely the narrative of moral protest. However, the characterization of AIDS as a plague does not seem to fit in quite accurately with objective reality. For AIDS is not imbued with some of the typical manifestations of the three archetypical plagues discussed previously. For example, in terms of its demographic impact, AIDS stands in sharp contrast to the Black Death. Current AIDS-associated mortality (*as opposed to HIV infections*) is much lower than the mortality rate from the Black Death in medieval Europe. Note that between 1991 and 1999 Africa recorded 60 000 to 90 000 cases of AIDS (on average about 75 000 AIDS cases per year), according to the Weekly Epidemiological Records.¹⁰¹ And given a population of 616 million people on the African continent¹⁰² and an average of 75 000 cases per year, “only 0,012 per cent of the African population is suffering or dying from AIDS”; AIDS in Africa represented only 75 000 cases out of 12,3 million deaths per year.¹⁰³ Likewise, only 0,01 per cent of the South African population was suffering from AIDS between 1994 and 1996, based on the 4 500 annual cases and a population of approximately 44 million.¹⁰⁴ In sharp contrast, the 14th-century Black Death represented a much bigger fraction of total European mortality: about 50 per cent of the total European population! This can be explained in part by its short incubation period – five to six days (you will recall that the incubation period associated with septicaemic plague is one day, and pneumonic plague, the most infectious and the most virulent of all plague types, is two to three days). In sharp contrast, the incubation period from the time of infection by HIV to the appearance of

¹⁰¹ World Health Organization, 1995/1998, Weekly Epidemiological Records.

¹⁰² United Nations Environment Programme, New York, United Nations. 15 June 2000.

¹⁰³ Duesberg, *The African AIDS epidemic*.

¹⁰⁴ *Ibid.* See also United States Agency for International Development May 1999, *HIV/AIDS in the developing world*.

the first clinical symptoms can take up to ten years – in some cases, fifteen to twenty years.¹⁰⁵

HIV is perhaps truly a lentivirus, a slow virus, as described by the virus hunters. Like all plague strains, it is associated with a pathogen. And like the pneumonic plague, it is reportedly infectious. In my rendering, the key reason that AIDS was compared to the Black Death stems from its built-in dramatic appeal. Like the bubonic plague, AIDS bewildered and terrified a significant number of people. In addition, AIDS bequeathed moral panic. According to the media, AIDS not only afflicted particular groups of people embedded in society, it also constituted a real threat to the society's moral reality. I argue that AIDS in the mid-1980s seemed to have a very striking resemblance to the disease of leprosy, the so-called Hansen's disease, which plagued many European societies in the 10th and 13th centuries. Like AIDS, leprosy developed very slowly; it built up over a number of years. Brody lends force to this reading when he states that leprosy is a chronic infection that develops over an extended period of time.¹⁰⁶ Brody also captures its macabre character in this manner:

... it scars its victims ... Extremities and facial features slowly rot away, with the face becoming an almost formless mass. Compounding this horrific visage is a foul odour coming from gangrene parts, all combining to make the disease and its victims quite horrifying.¹⁰⁷

¹⁰⁵ Ibid.

¹⁰⁶ See Gottfried, *The Black Death*, 13.

¹⁰⁷ Ibid, 13.

The pathogen associated with AIDS, that is, human immunodeficiency virus, is a slow-growing pathogen, a lentivirus. From what we have learned from some medical sources, HIV lies dormant or inactive for a number of years before it completely mortalizes its victims – by depleting or killing their immune cells (T-lymphocytes). Like leprosy, AIDS causes horrific visages. It traumatizes its victims for many years before it renders them liable to a large assortment of opportunistic infections. Like lepers, AIDS victims are badly scarred, mutilated, or polluted before they pass on. What is more, the natural history of AIDS in the mid-1980s should remind us of the medieval response to leprosy. For medieval societies, leprosy was caused by divine judgement. Thus, “mortal men could never develop an effective cure”¹⁰⁸ against leprosy. This echoes the narrative of moral protest that pervaded media reports on AIDS. The description of leprosy as a disease caused by divine judgement should remind us of the kinds of moral protestation that figured in the South African media from the early 1980s.

Furthermore, like leprosy, AIDS entered into the psyche, cultural assumptions and stereotypical beliefs that were deeply embedded in its brutish environment. Victims of both AIDS and leprosy were stigmatized, stereotyped, and socially ostracized. As we have also seen in Chapter 6, many observers maintained the sense in which underdevelopment and AIDS travelled hand in hand! Since Africa missed the Industrial Revolution, the demographic transition and the epidemiological transition, it was depicted as a dark continent, whose homesteads were overwhelmed by massive mortality. Seen from this understanding, African AIDS hinged on the primordialism, primitiveness, and traditionalism of the African continent.

¹⁰⁸ Ibid.

In Chapter 8, we will see how the media, using mainly quantitative data (statistics) continued to replicate AIDS as some kind of virulent pestilence annihilating and even decimating great numbers of people. The media continued to depict AIDS through recourse to the analogy or metaphor of a plague. AIDS morbidities and mortalities were forecast, predicted/projected, and also quantified to sell the chronicle, drama, spectacle and cataclysm of African AIDS. We will see how these doomsday projections conspired not only to engender the fear of contagion, the fear of a truly heterosexual disease, but also to erase the blood-borne character of the disease. The media rendered that AIDS is primarily a sexually transmitted disease.