CHAPTER 8

THE MEDIA’S CHRONICLING OF THE NO 1 KILLER DISEASE

8.1 Introduction: the blood-borne character of AIDS

This Chapter covers the period from the early 1990s to the mid-1990s. At this point, public consciousness about the phenomenon of Acquired Immune Deficiency Syndrome heightened a great deal. AIDS entered into everyday language; the AIDS disease became an object of appeal and of great attraction for the media, moviemakers and writers of fiction and non-fiction books. The idea that AIDS was an infectious (contagious) disease crystallized or hardened into scientific and public opinion. And that AIDS afflicted both heterosexual men and women lent force to the reading that it embodied all the common characteristics of a sexually transmitted disease: it spreads randomly between the sexes; it causes primary disease because it is capable of rising exponentially; it coincides with a common, active and abundant microbe in all cases of the disease; and it coincides with a microbe that renders host cells dead. Nonetheless, as we have seen, AIDS is far more than a sexually transmitted disease. From what one can surmise from a hasty reading of its natural history, AIDS is also a blood-borne disease. The disease aroused the fear of contamination and death because it was thought to be transmissible through both bodily fluids (such as semen) and blood products (see below).
Hence, the distinctiveness of AIDS was also that it carried within itself certain connotations of egalitarianism. AIDS provided the conditions for the ontological notion of equality, since it is a blood-borne disease that kills indiscriminately. According to some virus hunters, support for the linkage between blood and HIV comes from the results of public health interventions “where interruption of HIV infection almost completely prevented the further appearance of AIDS in blood transfusions”. And “the decrease in blood transfusion-associated transmission of HIV” resulted in the decline “in the incidence of blood transfusion-associated AIDS among US new-borns”. Further proof that HIV and AIDS singled out their victims indiscriminately, regardless of gender, age and sexual orientation, can be seen in the *Science* journal of 1991. Here the CDC reported,

... the cases of two adults who developed AIDS after receiving blood transfusions during surgery. The two did not belong to any of the known high-risk groups, which include ... haemophiliacs, homosexual and bisexual men who are extremely active sexually, users of intravenous drugs, and Haitians.

In the early 1990s the infectiousness, blood-borne character and indiscriminate nature of AIDS were underlined by the horrifying story of a nineteen-year-old girl from Florida (United States), Kimberly Bergalis. The Bergalis case began in 1987, when a community dentist, Dr David Acer, was accused of infecting her while

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3 Ibid.
4 Ibid; see also *Science*, 11 April 1990.
performing surgical procedures. Dr Acer was “an active homosexual”, who, in the latter part of 1997, developed full-blown AIDS.\(^5\) A Karposi’s sarcoma covered the inside of his throat and his T-cell count plummeted.\(^6\) In December Dr Acer pulled two molars from Bergalis, who thereupon (May 1989) developed yeast infections, which were soon followed by pneumonia. In December 1989 Bergalis took an HIV test which came back positive.\(^7\) Significantly, Bergalis denied using drugs (intravenously), participating in a blood transfusion, or being sexually active. In fact, Bergalis insisted she was a virgin.\(^8\) Three months later, the Centres for Disease Control stumbled across Dr Acer’s positive HIV status, and immediately made the connection to Bergalis.\(^9\) Dr Acer passed on in September 1990. In the same year, while undergoing treatment at the University of Miami, Bergalis penned a letter to the media, in which she chronicled her agonising experience, her moments of terrible pain and suffering under AIDS:

I have lived through the tortuous ache that infested my face and neck ... I have endured trips twice a week to Miami for three months only to receive painful ... injections. I have had blood transfusions ... I cried my heart out from pain.\(^{10}\)

Meantime, Bergalis’ yeast infection worsened even further. “She lost more than thirty pounds, her hair gradually fell out, her blood cells died ... and her muscles

\(^5\) Duesberg, *Inventing the AIDS virus*, 316
\(^6\) Ibid, 316.
\(^7\) Ibid, 316.
\(^8\) Ibid, 316.
\(^9\) Ibid, 316.
\(^{10}\) Ibid, 316.
wasted away.” What is more, Bergalis sued Dr Acer’s estate for professional misconduct. For which she won a million dollars. At that point, one newspaper, The Miami Herald, wrote that HIV had transformed Bergalis from “the vibrant young graduate into an infirm, mute skeleton of a human being”. Shortly thereafter (December 1991), Bergalis also passed on, at the age of twenty-three. Significantly, the key reason the Bergalis story provoked the professional interests of the virus hunters at the CDC is that it provided the strongest evidence as they can get at the time that HIV was also a blood-borne virus. Her story was cited by the CDC as proof of the risks of doctor-to-patient transmission of HIV. Root-Bernstein, Professor of Physiology at the University of Michigan, summarizes the case against Dr Acer:

Dr Acer may have failed to use proper sterilization procedures for his surgical tools between operations or may have cut himself and bled into the mouth of ... his patients during operation.

Reportedly, Bergalis became the first patient in the whole world who allegedly contracted AIDS through a health care procedure. Her story also brought to the foreground, for the first time in medical history, the issue of mandatory testing of patients. The Bergalis case also foregrounded other larger issues regarding HIV

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11 Ibid, 317.
14 Ibid.
15 Ibid.
and AIDS, for example whether doctors should be tested for HIV before they perform any surgical procedure.\textsuperscript{16}

8.2 Rendering the blood-borne character of AIDS invisible

There is no doubt that the \textit{scientific language of AIDS} set the context for the equalities of condition: it mainstreamed the indiscriminate character of AIDS. If there is any lesson we can derive from Bergalis’ unremitting horror, it is undoubtedly the randomness or unrestricted nature of the AIDS disease. Her story showed that preventive behaviour through the ‘morality’ of having single partners rather than multiple partners, although desirable and necessary, is by no means sufficient in itself to protect oneself against the ravaging effects of AIDS. \textit{Her story chronicled or laid bare the egalitarianism of the AIDS disorder. ‘If it can happen to Bergalis, it can also happen to you.’} This was the underlying message that ran through the Bergalis story. Her story also captured popular imagination around the world, largely because she was regarded as an ‘innocent victim’ of AIDS (as you know, Bergalis insisted she was a virgin and that she had never used drugs).

Most surprisingly, though, the Bergalis story hardly aroused the professional interests of our newshounds here in South Africa. By no means was her story cast as a major object of news. Of all the national newspapers examined in this study, only the \textit{Sunday Times} permitted the Bergalis affair to filter through the prism of

\textsuperscript{16} Ibid.
its news reports. The *Sunday Times* described the Bergalis story as “the world’s most notorious case”.\(^\text{17}\) According to the newspaper, though, the allegations against Dr Acer “were unproven”. The *Sunday Times* also reported that “doctors suffering from infectious diseases like AIDS or hepatitis B should not tell their patients”.\(^\text{18}\) Nonetheless, although the Bergalis story was not widely covered by the South African media, there is the great probability of her story having influenced journalistic thinking in this country. For at the time of her infection, the media’s narrative of moral protest was effaced. Conceptions of right and wrong or good and evil ceased to propel media reports on AIDS. The media suspended their search for sinners or violators of so-called social morality. As a result, one discovered only a few written sources descending into an ethical point of view (also see table 2 in Chapter 3). For example, *City Press* advised people “to steer clear of promiscuity” – or else “millions more South Africans could be victims of this devastating disease”.\(^\text{19}\) And the *Sowetan* replicated the most dominant motifs of the narrative of moral protest by reporting that “the 1960s permissiveness and the seeming acceptance of promiscuity laid part of the unfortunate foundation for the spread of AIDS” and that “humanity has had to be brought face-to-face with the unsuitability both physically and morally of such behaviour”.\(^\text{20}\)

What was also very much in evidence during this period (the early 1990s to the mid-1990s) was the substitution of the blood-borne character of AIDS for its sexual (or heterosexual) character. Rather than allow for a two-sided consideration

\(^{17}\) *Sunday Times*, 28 August 1994.
\(^{18}\) Ibid.
\(^{19}\) *City Press*, 2 January 1994.
of the evidence in point of AIDS (that AIDS is both a blood-borne disease and a sexually transmitted disease), the media gravitated towards a one-sided depiction. Working journalists provided the context for inequalities of condition. They evoked negative feelings; they foregrounded the view that some groups of people, by virtue of their acceptance of sexual infidelity, are more likely than others to get the disease. That AIDS was a sex disease was exploited by the media for its newsworthiness. Sexually active people were “those being infected with the AIDS virus at the fastest rate”.\textsuperscript{21} This pattern was thought to be more common in the developing countries where “more than two-thirds”\textsuperscript{22} of the victims involved heterosexuals and where “figures for the number of cases involving heterosexual men have increased”.\textsuperscript{23} The developing world is where “virtually all cases can be traced to heterosexual sex and infection rates are soaring more rapidly”.\textsuperscript{24} The “incurable sexually transmitted disease”\textsuperscript{25} was reportedly threatening the Third World population “like no other disease before it”,\textsuperscript{26} producing “horrific statistics of an anticipated 10 million or more deaths from AIDS worldwide this decade”.\textsuperscript{27}

\textit{The Sunday Star} also lent force to this doomsday scenario:

As women grow older, they become less likely to contract the virus ... In most of the Third World where AIDS is overwhelmingly a heterosexually transmitted disease ... there are as many female cases as male and sometimes more ... The

\textsuperscript{20} Sowetan, 2 December 1993. 
\textsuperscript{21} Ibid. 
\textsuperscript{22} The Star, August 20, 1990. 
\textsuperscript{23} Ibid. 
\textsuperscript{24} The Argus, 19 June 1991. 
\textsuperscript{25} Ibid. 
\textsuperscript{26} Ibid. 
\textsuperscript{27} The Argus, 7 June 1991.
conventional explanation was that Africans had high rates of other sexually transmitted diseases that predisposed them to HIV, especially by causing open sores on the genitals. Another presumed differentiating factor was large numbers of sex partners ... By far the most important behavioural factor that makes young females more vulnerable ... is the low rate of condom use. This is especially significant because girls often have sex with men who are older [and thus more likely to be infected].

Explaining on behalf of its readers how HIV/AIDS is spread, *The Star* revealed the following:

HIV is most commonly spread by sexual intercourse (90 per cent). As a result, HIV/AIDS is most common in people between 15 and 50 ... Young girls are known to become infected earlier than boys, because they often become sexually active earlier, and in some countries older men tend to have sex with young girls. AIDS cannot normally be spread by: airborne routes such as coughing, sneezing, laughing, kissing, insects such as mosquitoes, simple skin contact such as hand-shaking, hugging and touching ...

*City Press* mainstreamed the narrative of a heterosexual disease by reporting that a study of 300 patients at sexually transmitted disease clinics in Cape Town “showed that the patients were highly sexually active, but did not take protective measures”. “AIDS is spreading like wildfire through South Africa”, and unless

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people changed their “sexual behaviour”\textsuperscript{32} they could die in their millions, the weekend publication also reported in 1994. \textit{The Star} represented heterosexual AIDS as the “next struggle”\textsuperscript{33} and expounded its trajectory along these lines:

Just over a year ago, \textit{The Star} published research which showed that timeous action against HIV/AIDS could make a difference to the ultimate size of the population. Focussing on Soweto, the research found that without any interventions, about 24 percent of the sexually active population would be HIV positive by 2010 ... The research established that with a reduction in sexual partners and increased condom use ... this percentage could be reduced to as low as 8 per cent.\textsuperscript{34}

And in 1993 the \textit{Mail & Guardian} summed up the sexual connotations of AIDS in Africa in the following manner:

Sex in Africa is part of life in the same way as eating, drinking and sleeping. It’s tremendously difficult to put across the idea that danger can coexist with something that is regarded as an expression of life. The notion of guilt doesn’t exist in the same way as it does in the Judeo-Christian culture of the West. So it is very hard to get Africans to accept the western notion of ‘taking precautions’ in their daily lives. Only a minority of Africans have realised that unless they opt for safe sex they may not survive ... We really must get it into our heads that sex, love and disease do not mean the same thing at all to Africans as they do to West

\textsuperscript{31} \textit{City Press}, 2 January 1994.  
\textsuperscript{32} \textit{Ibid.}  
\textsuperscript{33} \textit{The Star}, 1 June 1994.
Europeans. To be sure, there has been some attempt to adjust to the language and the psychology of Africans. But no one has yet got to the root of what a new virus from outside means to the African unconscious.\textsuperscript{35}

The \textit{Sowetan} also conflated the issues of sexuality and disease. The daily newspaper blamed AIDS on “irresponsible adults”:

Today is World AIDS Day and there have been 1 212 deaths in South Africa directly linked to AIDS since 1982. There are also about one million HIV positive people in SA and the figure is growing at the rate of between 500 and 600 a day. For years our communities have been swamped by publicity on the dangers of AIDS. But most do not listen. They continue to sleep around. The fact that these few hours of bliss could result in death is far from their minds. They allow their hormones to dull their brains. Let us be frank about it. Most HIV carriers catch the virus while being irresponsible about sex. They do not catch it from the air like a flu virus. We are called upon to be compassionate towards innocent suffers ... Most of us will find it difficult to be compassionate towards irresponsible adults.\textsuperscript{36}

\textit{The Citizen} revealed the reason why this ‘irresponsibility’ about sex was exceedingly widespread:

\textsuperscript{34} Ibid.
\textsuperscript{35} \textit{Mail & Guardian}, 23–29 December 1993.
\textsuperscript{36} \textit{Sowetan}, 1 December 1994.
It is common for African men with important positions or good jobs to have many sexual relationships as a demonstration of their wealth and standing ... Such men often have more than one wife, plus mistresses, and frequent casual sex. The elite, with their greater wealth, also hire prostitutes more often. Prostitutes are a common part of African life, and health workers say they are major carriers of AIDS ... Specialists in the disease say even more health workers in travelling AIDS education programmes spread the virus because they refuse to use condoms and have many sexual contacts as they tour villages. Many among the elite do not want to limit sexual contacts or acknowledge the danger of AIDS ... In Africa AIDS is primarily transmitted heterosexually, and as many women are infected as men.  

To lend force to their rendering of AIDS as a sex disease, the media of course solicited the support of our ‘credentialized experts’. The sources written by our ‘authorized knowers’ provided an entry point into the sexual connotations of AIDS. These sources brought meaning, since they reflected on the multiple ways in which scientists of considerable professional accomplishment understood AIDS – as an infectious sex disease. To start with, earlier and contemporary evidence in the scientific literature argues not only that HIV is an independent variable that bequeaths the AIDS condition, but also that HIV meets all of Koch’s postulates. As the reader knows, these postulates are paramount for an understanding of whether a particular microbe can cause disease. Robert Koch, a consummate scientist from Germany, taught that in order to establish the pathogenesis of a

39 Ibid.
microbe, it must first be found in all cases of the disease; second, it must be isolated from the host and grown in pure culture so that it can be inoculated into test animals such as chimpanzees; third, it must be capable of reproducing the original disease when introduced into a susceptible host; and last, the inoculated microbe must be re-isolated in pure culture of the newly diseased animal.\textsuperscript{40}

Regarding AIDS, many researchers have argued that the agent of transformation, HIV, meets the first and second criteria. For HIV is the only pathogen that can be found in close proximity to the AIDS disease.\textsuperscript{41} The third (isolation) and fourth (re-isolation) postulates were also satisfied, since HIV had been reportedly isolated from \textit{50 per cent} of AIDS patients, \textit{80 per cent} of patients with AIDS-related complications, and 20 per cent of clinically healthy patients\textsuperscript{42}. In addition, HIV is construed as a new microbe, since it spreads from a limited region.\textsuperscript{43} Furthermore, clusters of infectious diseases associated with HIV were linked by common contacts; HIV appeared to be spread by contact with contaminated blood, and must therefore be infectious; what is more, HIV “causes” the depletion of T4 lymphocytes or T-helper cells in all of the patients studied; and lastly, HIV is rare among non-AIDS patients.\textsuperscript{44} Virus hunters Blattner, Temin and Weiss promoted the argument on behalf of the germ theory of AIDS as follows:

\begin{footnotesize}
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\item \textsuperscript{40} Ibid.
\item \textsuperscript{41} W Blattner \textit{et al.}, ‘HIV causes AIDS’, 513.
\item \textsuperscript{42} Centres for Disease Control (CDC), Revision of the CDC surveillance case definition for AIDS, \textit{MMWR} 36:3S–15S; See also H H Imrey1988, ‘AIDS case definition’, \textit{Science} 240(1988):1263.
\item \textsuperscript{43} Root-Bernstein, \textit{Rethinking AIDS} 1993.
\item \textsuperscript{44} Ibid.
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Scientists conclude that a virus causes a disease if the virus is consistently associated with the disease and if disruption of the virus prevents occurrence of the disease. HIV can be detected by culture in most AIDS patients and by culture or polymerase chain reaction in most HIV seropositive individuals. Epidemiological data show that transmission of HIV results in AIDS and blocking HIV transmission prevents the occurrence of AIDS. Thus, we conclude that there is overwhelming evidence that HIV causes AIDS.\textsuperscript{45}

Blattner and his colleagues added:

\textit{The strongest evidence that HIV causes AIDS comes from prospective epidemiological studies that document the absolute requirement for HIV for the development of AIDS.}\textsuperscript{46}

HIV was depicted as a deadly infectious pathogen that occurs in geographic and risk-related clusters; and like all viruses, HIV renders its victims sick by killing white blood cells.\textsuperscript{47} Although it belongs to a class of viruses commonly known as retroviruses, HIV was imbued with a cell-killing mechanism. HIV functions more along the lines of the so-called lytic viruses, that is, cell-killing viruses. Lytic viruses take over the cell machinery to mass-produce themselves until the cell is exhausted, at which point they rupture the cell membrane, killing the cell.\textsuperscript{48} As a

\textsuperscript{45} Blattner, ‘HIV causes AIDS’, 239.
\textsuperscript{46} Ibid, 239.
\textsuperscript{47} Monadrock Review, July 1997.
\textsuperscript{48} Ibid.
consequence, the immune system becomes impaired, making the host susceptible to opportunistic diseases such as tuberculosis, colds, pneumonia, flu and so on.49 This reveals the reason that from the mid-1980s AIDS has never been clinically defined independently of its causative agent, HIV. HIV mapped out the future of AIDS research. For example, a person who tests positive for HIV and exhibits an opportunistic disease (the so-called indicator disease) such as tuberculosis is always designated an AIDS patient.50 But a patient who has an indicator disease without HIV is not an AIDS case.51 In other words, if a patient has all of the clinical symptoms of TB and tests positive for HIV, he or she has AIDS. On contrary, a patient who develops an indicator disease (TB) and tests negative for HIV is a TB case.52 These were some of the issues regarding the 1993 definition of AIDS. The reader should bear in mind that in 1993 the Centres for Disease Control (CDC) expanded the definition of AIDS to include “all HIV-infected adults and adolescents who have less than 200 CD4 + T-lymphocytes”.53 According to this new definition, an indicator disease(s) is not essential for a determination of AIDS. Our credentialised experts ceased to define AIDS by clinical symptoms alone – the 1993 definition of AIDS encompassed people who remained asymptomatic, people with no indicator disease at all. Evidence of HIV seroconversion became sufficient itself to label someone an AIDS patient. Note that in terms of the previous definition (the 1982 definition) the determination of

49 Ibid.
50 Ibid.
51 Ibid.
52 Ibid.
53 Centres for Disease Control. AIDS Public Information Data Set. Data through December 1995, 9.
AIDS was made only when opportunistic infections manifested themselves. At the time (see Chapter 5) AIDS was expounded along these lines:

... a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease. Such diseases include KS (Kaposi’s sarcoma), PCP (pneumocystis carinii pneumonia, and serious OOI (other opportunistic infections). These infections include pneumonia, meningitis, or encephalitis due to one or more of the following: aspergillosis, candidiasis, cryptococcosis, cytomegalovirus, norcadiosis, strongyloidosis, toxplasmosis, zygomycosis, or atypical mycobacteriosis, esophagitis due to candidiasis, cytomegalovirus, or herpes simplex virus; progressive multifocal leokoencephalopathy, chronic enterocolitis (more than 4 weeks) due to cryptosporidiosis; or unusually extensive mucocutaneous herpes simplex of more than 5 weeks duration. ...^54

The CDC continued:

However, this case definition may not include the full spectrum of AIDS manifestations, which may range from absence of symptoms despite laboratory evidence of immune deficiency [my emphasis] ...^55

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55. Ibid.
8.3 The revisionist tendency in newspaper reporting

To recapitulate, the characterizations of AIDS evolved over time, changing in response to the changing historical situation. And one of the most recurring themes that emerged in the media from the mid-1980s was one in which the AIDS disease was constructed as a chronicle of calamity, tragedy and horror. The preferred approach of the media was to say that AIDS was definitely a viral epidemic personified. In fact, AIDS reminded the media of the horrific images bequeathed by the primordial plague discussed in Chapter 7, namely the bubonic plague or Black Death. Seized by the idea of a modern-day Black Death on the increase, the media speculated as to the effects of the horror of AIDS on contemporary African societies. It is also important to note that the media replicated to their readers a compliant or passive form of representation. Analysis and explanation were replaced by simplicity, description and sensationalism.

This recourse to the analogy of a plague dominated media discourse from the late 1980s to the mid-1990s. However, in the early 1990s a few of our working journalists became predisposed towards a highly different pattern of social practice. (Bear in mind that journalism in South Africa was by no means a monolithic entity, unified by tightly knit beliefs and values; see the Preface section.) At this point a countercurrent to the dominant conception of AIDS emerged. Some newspapers refused to see the metaphoric representation of AIDS as determining, influential, or interpellating. They tried to act independently of the apocalyptic description by constructing the disease within an insurgent
revisionism. Their revisionism found expression in their rendering of a critique against the metaphor of a plague. They argued against the dominant idea all too frequently mainstreamed at the time, the idea that AIDS was the ‘No 1 killer disease’ in South Africa. For example, soon after the liberalization of the political process in February 1990, Johannesburg’s popular daily newspaper *The Star* declared:

> AIDS is still a very rare disease compared with other diseases. It is so rare that Third World countries remain mostly unconcerned. After all, dysentery kills 10 million children alone each year – and malaria, worldwide, kills 1 million people. AIDS remains an enigma ...  

This revisionism also found some vibrant expression in those kinds of newspaper invested with a predominantly black readership. Take the *Sowetan* as an example. The newspaper marked out tuberculosis as “South Africa’s No1 killer disease”. The *Sowetan* stated its revisionist case as follows:

> Each day at least 10 people – and some times as many as 20 – die from tuberculosis in South Africa, despite the fact that the disease is curable. While less than 300 AIDS deaths over the last seven years dominated the headlines, TB claimed 28 000 deaths in the same period without eliciting an outcry. As the most important infectious disease in the world, TB remains the number one killer infectious disease.  

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56 *The Star*, 17 April 1990.
57 *Sowetan*, 17 April 1990.
The New Nation, another black publication, concurred:

Tuberculosis (TB) claims the lives of at least 36 South Africans every day, and this is higher than the number of people currently dying from the AIDS virus ... TB should be regarded as public enemy number one ... And unlike AIDS, TB has killed more people so far.\(^{58}\)

And The Daily News’s foregrounded its revisionism along these lines:

There were more human deaths from rabies in Natal last year than AIDS deaths in the whole of South Africa over the same period ... the next common species after dogs to die of rabies were human beings ... the prognosis for a rabies patient was not good, as the virus was almost invariably fatal.\(^ {59}\)

What was clearly evident in some of the news reports that filtered through The Star, Sowetan, The New Nation, and The Daily News was the view that AIDS was the plague that never was. They petitioned for caution, introspection and wariness. They mainstreamed into the foreground landscape other deadly infectious diseases endemic at the time, namely TB, malaria, dysentery etc. They argued that these diseases also expanded the risks of dying sooner. In another context, The Sunday Nation, a sister publication of The New Nation, indicated that the “incidence of TB has risen from 290 to 364 per 100 000 people with the total annual TB load having

\(^{58}\) The New Nation, 2–8 April 1993.

increased between 1988 and 1991.”\textsuperscript{60} The newspaper also reported that TB had risen sharply mainly because public health officials had relaxed when TB seemed conquered.\textsuperscript{61} Now this contagious disease was making a comeback with a certain amount of vengeance.

The revisionist tendency in the media permeated the new government’s thinking too. The new Minister of Health, Nkosazana Zuma, questioned the explanatory power of the media’s apocalyptic rendering. She singled out TB as one of the major health threats confronting the newly liberated South African society. Zuma warned that while public health authorities thought that TB was a disease of the past, 88 000 new TB cases had been reported with 2 101 deaths.\textsuperscript{62} Actually, the rate of TB infection was said to be doubling each time.\textsuperscript{63} The Star reported that some experts in the US stressed the need to be certain that those identified with active TB obtained the full six-month antibiotic treatment rather than drop out after a week or so when the symptoms are gone.\textsuperscript{64} This prompted the Department of Health to increase its immunization coverage to 85 per cent by the end of 1997.\textsuperscript{65} Others called for mandatory quarantine for patients who refused to take medications for TB.\textsuperscript{66}

\textsuperscript{60} The Sunday Nation, 22 August 1993.
\textsuperscript{61} Ibid.
\textsuperscript{62} The Star, 2 September 1994.
\textsuperscript{63} Ibid.
\textsuperscript{64} The Star, 29 November 1993.
\textsuperscript{65} Ibid.
\textsuperscript{66} Ibid.
Another key component of revisionism was the idea that TB and AIDS are somewhat connected, that combined, these diseases are capable of causing a “dangerous complication”.\textsuperscript{67} Most significantly, some newspapers argued quite strongly that the TB threat would increase even more as the HIV infection spread. \textit{The Sunday Nation} reported that “between 14 and 30 per cent of AIDS patients in the developing countries have TB and between 12 and 60 per cent of TB patients are HIV positive”.\textsuperscript{68} That there is a relationship between TB and AIDS was further confirmed by Dr Tennyson Lee of the Centre for Health Policy, University of the Witwatersrand. According to Dr Lee, “It is important for a country like South Africa, being neither developed enough to follow all the chemoprophylaxis proposals of the US, nor underdeveloped as many in the African continent are, to map out its response to the HIV/AIDS epidemic.” This was of particular importance “in the light of the large number” (50 per cent) of blacks who have TB.\textsuperscript{69}

\textbf{8.4 Mainstreaming ‘heterosexual AIDS’}

By sharp contrast, major publications such as \textit{Newsweek} and \textit{The Argus} maintained an adversarial stance towards the revisionist reports that figured in some of the editions of \textit{The Star}, \textit{Sowetan}, \textit{The New Nation}, \textit{The Daily News} and \textit{The Sunday Nation}. They maintained a stance against the sort of 'heretical' tendencies that pervaded the minds of some newshounds in the early 1990’s. They sought to legitimize the dominant conception of AIDS as a plague, a chronicle of

\textsuperscript{67} Ibid.
\textsuperscript{68} \textit{The Sunday Nation}, 22 August 1993.
\textsuperscript{69} Ibid.
human death and destruction, especially on the African continent. Thus, in 1993 The Argus fronted a story headlined “AIDS major killer in Africa”. The newspaper reported that “the comprehensive study of AIDS in Africa provides conclusive evidence that HIV has become a major killer disease on the continent, contrary to claims that the African epidemic is a myth”. In a news report titled “AIDS in the next ten years”, Newsweek railed against the revisionist tendency by declaring:

In 1984, when scientists identified the virus that causes the illness, fewer than 4,500 Americans had been stricken. Today more than 3,000 US cases of AIDS are reported every month. The WHO estimates that as of this year 700,000 people have developed AIDS worldwide and 6 million to 8 million have contracted the virus that causes it. By the end of the decade, an estimated 5 million to 6 million will be sick, and the total number infected may approach 20 million. Worse still, the situation is not expected to stabilize for several more decades.

In Africa, the magazine added, “a third of the population was infected by HIV”. This, according to one newspaper, was because there is “a strong reason that AIDS originated in Africa, whether or not one believes the green monkey theory” (by the “green monkey theory” the magazine had in mind the simian hypothesis of AIDS discussed in Chapter 6). The magazine counselled that “it’s time all African nations admitted an epidemic is sweeping the continent”. As well, Newsweek

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70 The Argus, 15 November 1993.
72 Ibid.
accepted as an established fact the African hypothesis of AIDS. AIDS is running rampant in Africa because “safe sex is hard to sell”. Newsweek also reckoned:

While African culture is extremely diverse, many Africans are polygamous by tradition. Among the rural Luo tribe in Kenya, when a husband dies, a male relative is expected to adopt his wife. The practice ensures that the widow is provided for – but carries risks when the husband dies of AIDS. In some parts of Africa, women expect that their husbands will take one or more mistresses, and poor single women must often attach themselves to a “sugar daddy” to survive ... In the urban slums prostitution flourishes. So does a dangerous machismo.

The Star rendered a pessimistic prognosis of Africa too:

It seemed a bizarre thought two years ago that AIDS might so annihilate the population of Africa that a second wave of colonization could occur ... The theory was reinforced by two thoroughly alarming reports this week. The chief actuary of Old Mutual, who has to assess the medium-term demographic future, concluded that South Africa’s population will cease growing after the year 2000. This tends to confirm Saturday’s Star’s contention last year that South Africa could lose at least 10 million – and maybe more – starting from the turn of the century. The Minister of Health for Zimbabwe announced that 28,5 percent of Zimbabwe’s working population has HIV – the virus which inevitably cause incurable AIDS ... The victims will be those in the prime of life – the workers and children born from infected mothers – leaving more or less unscathed only the

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74 Newsweek, 25 June 1990.  
75 Newsweek, 16 September 1991.
elderly and non-reproductive. The response to the threat so far has been for certain sectors to replan labour-intensive operations so that they rely less heavily on workers. There is a very real possibility that depopulation will leave large areas unfarmed and perhaps even unclaimed in the post-AIDS era. It may also cause industries to close temporarily ... Can the situation be turned around? As most of the potential victims have not yet contracted the virus then, technically it can be. But it seems unlikely.\textsuperscript{76}

Towards the end of 1991 \textit{The Star} posited that the horrific scenario was more than conceivable. In October of the same year the daily newspaper called AIDS the “holocaust”.\textsuperscript{77} It also declared:

If life were a loan who would take it? Chances are that right now it might be considered a bad risk. If life were a loan, would anyone underwrite it? Chances are that right now, you would get better premiums on the \textit{Oceanos} or the \textit{Titanic}. If life were a loan, management would say no ... the latest set of figures about AIDS from the Development Bank have ... come up with a frightening prospect. At the turn of the century, which used to be a long way but is now closer than the day most us will pay off the bonds on our houses, nearly 12 million people in South Africa will test positive ... 5 million will already be dead. The effect will be shattering. It will be with you everywhere, and you will be as likely to see corpses rotting in the streets as you are now to see dead dogs and cats ... If the Development Bank is right, we are faced with unimaginable catastrophe. Literally, disaster on a scale that is beyond imagination .. Life is a loan? Not in

\textsuperscript{76} \textit{The Star}, 15 February 1991.  
\textsuperscript{77} \textit{The Star}, 5 October 1991.
my book. Life is the most precious gift we ever get. I cannot think of a religion that would disagree. Yet the politicians pontificate and posture and puff themselves up as millions of us wait to lose this gift to AIDS. 78

In December (1991) *The Star* explained why the AIDS “holocaust”, Africa’s number one killer disease, would cut into population explosion:

AIDS will kill more than 6 million Africans in the next decade and eclipse all other diseases ... There will be 4 million infants born with AIDS in the next 10 years. The disease is already decimating Africa’s population and in many villages entire villages have died. In some African cities 80 per cent of hospital beds are allocated to AIDS patients. Half are suffering from tuberculosis ... the number of adult Africans by AIDS during the 1990s would double or triple the total number of deaths from other causes. WHO estimates that about 6 million African men and women have been infected ... AIDS would have a far greater impact on Africa during the 1990s than the previous decade because 90 percent or more of those now infected, but not yet sick, would develop the disease. It is clear that during the remainder of this decade the vast majority of currently infected adults in sub-Saharan Africa will die of AIDS, and the number of AIDS cases and deaths in this region will continue to increase into the next century. 79

From this perspective, the rising numbers of HIV infections in the early 1990s justified seeing AIDS in Africa as a worsening epidemic, an epidemic of major proportions. Africa, a continent with 12 per cent of the world’s population,

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78 Ibid.
reportedly had an estimated 60 per cent of the world’s AIDS cases; and within a
decade AIDS was expected to kill 6 million Africans and a further 4 million
infants who would be born with the disease.\textsuperscript{80} As we have seen, AIDS was also
understood in relation to the internal dynamics of African societies themselves.
The disease was thought to be on an exponential rise, more so because some
cultures permitted multiple relationships and promoted large families. The disease
was expected to destroy a large assortment of families as well as any “economic
hope African countries may have of breaking out of poverty”.\textsuperscript{81} In Zaire for
example scientists noticed this curious phenomenon: “Villages were deserted and
bush was encroaching on the roads leading to ghostly circles of abandoned
dwellings.”\textsuperscript{82} This justified seeing AIDS as “the monster that had caused the
villagers to flee in panic into the bush”.\textsuperscript{83}

In Namibia, the media estimated that 75 per cent of the population in the Caprivi
Strip was infected with the virus; in Kampala, Uganda, 70 per cent of blood
donors were reported to be infected; in Zimbabwe, the 466 000 who were infected
were reportedly fated to die in 2000.\textsuperscript{84} In South Africa, by the beginning of the
1990s the government reported 499 AIDS cases. In the same period, the
Department of National Health and Population Development projected that by

\textsuperscript{79} The Star, 17 December 1991.
\textsuperscript{80} The Daily News, 18 December 1991.
\textsuperscript{81} Ibid.
\textsuperscript{82} Newsweek, 16 September 1991.
\textsuperscript{83} Ibid.
\textsuperscript{84} The Sunday Star, 25 November 1990.
1994 the number of AIDS cases was more than likely to rise to 24 000. In 1992 City Press released these “Shock AIDS figures”.

By the year 2005 the HIV plague could have infected one in four adult South Africans and AIDS could have killed 2,3 million. In a six-month period during 1991 the number of people in KwaZulu infected with the virus doubled from 1,2 to 2,5 per cent ... by the year 2000 between 19 per cent and 40 per cent of South Africa’s total health care budget would go towards treating AIDS patients – at the cost of between R4 billion and R10 billion ... by the turn of the century there will be between 3,7 and 4,1 million HIV infected people in SA, between 255 000 and 259 000 people ill with AIDS and 197 000 deaths from AIDS. By the year 2000, the death toll from AIDS will have risen to over 2,1 million, and 24 percent of the adult population will be HIV infected ... An HIV seroprevalence study of maternity patients and antenatal clinic attenders at Alexandra Health Centre showed 1,1, percent HIV seroprevalence, compared with the finding of a 0,76 per cent rate among Transvaal antenatal patients by the Department of National Health and Population Development.

In June 1994 the Sowetan reported that well over 500 000 South Africans were HIV positive and “will fall ill and die in the next 10 years”. The Citizen validated this horrific scenario bequeathed by the ‘AIDS holocaust’. In 1991 the newspaper revealed the reason why AIDS threatened to destroy African economies:

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87 Ibid.
The AIDS pandemic threatens Africa with economic chaos beyond anything it has yet endured as it will kill five million or more adults in the next eight years. African officials say the entire world has a stake in helping their countries stem the disease that is already laying waste to some economic sectors of the continent. Research ... found that the labour intensive agricultural and mining sectors of sub-Saharan Africa are already suffering the impacts of AIDS ... Kenya lost several million shillings in foreign exchange in 1988 after Western Press reports of the AIDS breakout there caused a steep drop in tourism. The government has since been accused of suppressing public dissemination of information on infection rates ... Preventive measures, especially condom use, have been slow to get off the ground through a combination of government disinterest, lack of funds, illiteracy, religious taboos and widespread promiscuity. The burden on over-stretched public health budgets is already crushing ... 89

Three years later (1994) The Citizen reported:

The incidence of HIV, the virus causing AIDS (Acquired Immune Deficiency Syndrome) in South Africa, with a population of 40 million, has doubled every year since 1991 ... in 1991, 1.3 per cent of the population was infected. This figure jumped to 2.42 per cent in 1992, 4.25 per cent in 1993 and is expected to reach 16 per cent by 1995. 90

89 The Citizen, 31 December 1991
90 The Citizen, 1 November 1994.
Important to keep in mind is that at the time the majority of news reports also broke out of the previous stereotypical mould caricaturing AIDS as a ‘gay disease’. AIDS was seen as more a function of heterosexual lifestyle, a disease killing as many men as women. Some media reported that more than two-thirds of AIDS cases (25 new cases were reported by The Star in 1990\textsuperscript{91}) involved heterosexuals. Figures concerning heterosexual men and women increased from 15 in 1988 to 73 in 1990.\textsuperscript{92} From this account, some reporters concluded that the number of cases involving homosexuals or bisexuals had dropped quite sharply. According to the Department of Health, this is because homosexuals adjusted their high-risk lifestyles as soon as they became aware of the AIDS scourge.\textsuperscript{93}

The first case of AIDS among black heterosexuals was reported in the latter part of 1987. The South African Medical Journal reported that this “heralded the start of the heterosexual AIDS epidemic in South Africa, which predominantly affects the black male and female urban populations”.\textsuperscript{94} Among white homosexuals, the epidemic was reported to be showing “some signs of levelling off”. One report posited that 45 per cent of blacks and 12 per cent of whites would be HIV positive by 1998.\textsuperscript{95} Seemingly, this suggested that AIDS had “entered the heterosexual community” and anybody who had more than one sexual partner “could be at risk”.\textsuperscript{96} The same report pointed out that “AIDS is killing the African elite”.\textsuperscript{97}

\textsuperscript{91} See for example The Star, 20 August 1990.
\textsuperscript{92} Ibid.
\textsuperscript{93} Ibid.
\textsuperscript{95} The Citizen, 19 September 1991.
\textsuperscript{96} The Star, 20 August 1990.
\textsuperscript{97} The Citizen, 17 December 1991.
among whites, AIDS showed “some signs of levelling off” – because it was homosexually transmitted. *The Sunday Star* summed up this situation all too plainly when it reported as follows:

AIDS is mostly decimating the black population, among whom it is a heterosexual disease. It appears to have slowed almost to a halt among white communities across the world, among whom it is a homosexual disease.98

The newspaper added: “As most of the potential victims have not yet contracted the virus, then technically it can be.” “No South African black leader has yet grasped the implications”,99 the publication lamented. The reading that AIDS and social identity were somewhat correlated was reinforced because at the time most data revealed a preponderance of HIV positivity among blacks. For example, between 1988 and 1990, a total of 580 000 African women tested positive.100 Furthermore, of 1,1 million white female donors who were tested, only 0,0034 were found to be positive in 1988. For the last half of 1990 only 0,0032 tested positive.101 White males who were tested in this period only showed HIV positive rates ranging from 0,03 per cent to 0,04 per cent.102 Apparently, this justified seeing AIDS as a disease occurring increasingly among blacks, particularly in the urban areas.

100 Ibid.
101 Ibid.
102 Ibid.
According to the *South African Medical Journal*, the higher rates of HIV prevalence can be located within an understanding of the so-called doubling time, that is, “the time taken for the number of reported cases to double in male and female sexuality”. The “mean doubling time” was “calculated at 13.44 months for the male homosexual compared with 10.21 for the heterosexual”. These findings were derived from the blood specimens of men and women attending STD (sexually transmitted diseases) clinics, from women attending family planning clinics, and from adult tuberculosis patients. In KwaZulu-Natal, it was estimated that 18 per cent of Africans aged between 15 and 60 would be HIV positive and that “half of them will be dead within eight years”. The “AIDS catastrophe” was said to be posing a major threat to the majority of Africans unless “radical changes play a major part in all forward planning”. That South Africa was heading for a major disaster following the invasion of AIDS was also authenticated because the disease “affected” one in every 100 black South Africans and the rate of infection was “doubling” every 6.4 months. Accordingly, the *Sowetan* warned that “AIDS is now real” and implored heterosexuals to modify their lifestyle:

... the message that the authorities have been trying to drive home should now find a willing audience. Ever since doctors could understand AIDS, they have been telling people that although it is incurable it can be prevented ... The attitude

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103 Ibid.
104 Ibid.
107 Ibid.
of ‘It can never happen to me’ has sustained many, but now that the disease has reached these proportions, attitudes should change. The Soweto community, the black community, the South African community, needs to take up the fight against AIDS with more earnestness.¹⁰⁹

The reality of the AIDS horror prompted one newspaper, City Press, to argue that by 2005 the “HIV plague could have infected one in four adult South Africans” and that AIDS “could have killed 2.3 million”¹¹⁰ Other working journalists speculated that the major route for the spread of AIDS was via international truck drivers, chiefly those from Zambia and Malawi, who collected goods from South Africa’s major ports and cities. Concerning this truck driving hypothesis of AIDS, The Sunday Tribune reported that tests in one firm employing Malawian truck drivers revealed that of 52 drivers 48 were HIV positive (this figure represented 92 per cent of the total number); and of a group of truck drivers in Durban who drove through the Malawian route, 49 per cent reportedly tested positive (112 out of 227).¹¹¹ Other newspapers speculated that drivers on the Central African routes brought AIDS to Durban by infecting local prostitutes there. Hence, six per cent of prostitutes in Durban contracted AIDS.¹¹² The connective tissue linking AIDS to truck drivers was summed up in one newspaper report written by journalist Steven Dodwell. Of a close friend of his, Dodwell narrated:

¹⁰⁹ Sowetan, 30 March 1990.
¹¹⁰ City Press, 23 May 1992
¹¹² Ibid.
I remember her so well. It was the summer of 1985 and I was a student in the
department of medicine. Everyone was baffled – pyrexia and diarrhoea in a
wasted young lady with generalised lymphadenopathy. She suffered in
uncomplaining silence. But on going back on her history the fact that her husband
was a long distance lorry driver took on a sinister new significance in the light of
recent developments in the medical scene in neighbouring countries. A new blood
test had become available at our blood transfusion centre. It was done. She was
positive.\textsuperscript{113}

8.5 Explaining the rise of HIV infections: Rushing and his associates

Thus far we have learned from a number of \textit{scientific and secondary sources} that
the AIDS disease rises exponentially and spreads randomly according to people’s
exposure to semen and blood products. In addition, AIDS bequeaths high levels of
mortality and massive social dislocations. To put it in another way, AIDS meets
Anderson’s criteria for a viral epidemic. The trajectory of AIDS should remind us
of Anderson’s bell-shaped curve, which rises suddenly and engenders major social
fragmentation and change.\textsuperscript{114} From this perspective, AIDS is the best example of a
modern-day plague. We have also explained that this recourse to a plague
metaphor stems from three set of reasons: first, because of its infectiousness,
second, because of its heterosexual nature, and third, because it is a blood-borne
disease. AIDS aroused profound fears and very deep anxieties, if only because it
was construed to be more than just a sexually transmitted disease. From the

\textsuperscript{113} \textit{Business Day}, 13 May 1991.
agonising experiences of the haemophiliac Marcello del Fate (see Chapter 5) and Kimberley Bergalis, one can derive the important lesson that HIV is a pathogen that operates on the basis of universalistic principles. That HIV is found not only in semen but also in the blood cells is sufficient to confirm its egalitarian quality.

When Bergalis stated, “I have lived through the tortuous ache that has infested my face and neck ... I have ... received ... painful injections ... I have cried out in pain”,\(^{115}\) she was sending out an all-important message, the message being that men and women alike do not get AIDS simply because they “allow their sexual hormones to dull their brains”,\(^ {116} \) but because they are the products of the larger conditions acting upon their lives. Sometimes the victims of AIDS do not choose the circumstances under which they are contaminated. For example, the 19-year-old Bergalis was an ‘innocent’ bystander; Bergalis was simply caught in the crossfire.

However, the story of AIDS in the media was shrouded in controversy and mystery. For the media posited a correlation between social background and risks of exposure to HIV. Rather than choose a neutral position, the AIDS story in the media chose to invoke essentialist notions of who we are. Also, rather than remind their audience that AIDS is a blood-borne disease, the media chose to accentuate its sexual connotations, its sensationalist aspects, so to speak. To create or produce the metaphor of a plague, and to render this metaphor believable, the media depicted AIDS as solely an index of sexuality. By using a great variety of

\(^{115}\) Duesberg, Inventing the AIDS virus, 316.
allegorical descriptions, the media succeeded in chronicling AIDS as a horrific image wiping out heterosexual communities wont to indulge in promiscuous sex. From this reading, media reports of the early 1990s to the mid-1990s did not mark a complete rupture with the historical past.

Another striking thing about the AIDS story in the media was that although AIDS was represented as a frightening sexually transmitted disease (many are the horrific stories of death, mayhem and destruction wrought by the disease - see above) HIV infections continued to rise quite dramatically. The fear of contagion and death by no means stopped the rampant running of HIV. In spite of the media’s reporting of the macabre character of HIV, and in spite of the media’s rendering of the plague metaphor, the rates of HIV infections continued to increase. For example, although more than 71 per cent of South Africans covered in one survey conducted by the Kaiser Foundation (August 1995) ranked HIV/AIDS as their most serious health concern, the prevalence of HIV among the unemployed was reportedly as high as 30 to 50 per cent. This evokes the all-important question: ‘What sort of factors play a significant part in the spread of HIV around the world?’

According to the American sociologist William Rushing, AIDS in his society by no means took the form of an epidemic or a plague; the rates of increase have remained constant for a number of years. In Rushing’s view, the explanation is

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that most Americans are guided by certain “norms of preventive behaviour”.\textsuperscript{118} When Americans get confronted by alternative courses of action, “they choose the course that promises the most reward, benefit or satisfaction”.\textsuperscript{119} Rushing adds:

... when people perceive that certain types of behaviour reduce their chances of contracting an infectious disease, an increase in preventive behaviour would be expected and would be reflected in the trend or rate of increase for the disease ... in selecting one course of action over other others, people are guided by social norms as they assess different courses of action ...

Rushing’s manner of thought is also commensurate with some of the main features of the theories of demographic transition and modernization discussed in Chapter 6. For one thing, Rushing recommends fundamental changes in patterns of human behaviour; low mortality rates are explained by the norms and values of preventive behaviour. These norms and values are supposedly unique to the advanced American society. For Rushing, this explains not only for differences in the trends, but also for the reason that, contrary to the gloomy predictions of many experts, a heterosexual epidemic of HIV/AIDS did not occur in the West.\textsuperscript{121} In addition, it explicates why “the heterosexual epidemic in Africa will probably continue”.\textsuperscript{122} For example, a random sample of households in the United States indicates that whereas in 1981 there were only 126 deaths, from 1989 to 1990 deaths increased

\textsuperscript{118} Rushing, \textit{The AIDS epidemic}, 91.
\textsuperscript{119} Ibid, 91.
\textsuperscript{120} Ibid, 91.
\textsuperscript{121} Ibid, 91.
\textsuperscript{122} Ibid, 91.
by only 7.2 per cent and diagnoses increased by only 3.7 per cent. Furthermore, in 1993 only about 550,000 18–59-year-olds were infected. According to Rushing, changes at the level of social behaviour also account for significant drops in the rates of infection among homosexual men. To take a good example, whereas in 1978 a number of gays in San Francisco participated in unprotected, receptive and anal intercourse with non-steady partners, in the mid-1980s a cohort study of 4,395 gays from New York City showed a decline at the level of infections from 64 per cent to 14 per cent; declines in anal intercourse went from 80 per cent to 46 per cent.

Rushing’s thesis is supported by Mann. Many European studies indicate the same declining trend, said Mann. Among heterosexuals, tertiary transmission (when someone from a risk group infects someone from a non-risk group via vaginal intercourse) was less than 1.3 per cent in the early 1990s; in 1992 only 16,254 heterosexual cases had been reported, which represented only 7 per cent of all of the AIDS cases. This means that at the time Bergalis was declared HIV positive (in the early 1990s) the virus was by no means a serious threat to many Western nations. The observation that the West is invested with low levels of HIV infections is authenticated by the scientific journal *Lancet*. According to *Lancet*, AIDS in the US is concentrated in a few well-defined groups, namely homosexual

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123 Ibid, 91.
124 Ibid, 92–94.
125 Ibid, 100.
men, racial minorities, and intravenous drug users. In another study, the incidence of AIDS in the United States over a 35-year period was said to be “predictable to within 10 per cent of actual totals of registered cases”. This situation also held true in the United Kingdom, where “annual incidence and cumulative totals were reportedly predictable”.

Findings such as these have carried Rushing et al to the conclusion that the doomsday projections of AIDS in advanced societies were entirely false. AIDS in the West did not follow a bell-shaped curve, the exponential course of all epidemics. Stated differently, in the West AIDS did not follow the natural history of a viral epidemic. For one thing, a specific combination of factors mitigated against the compounded growth of the AIDS virus. Especially notable among these were actions based on “rational norms”. AIDS in Africa, however, reportedly represented a countercurrent to the major events playing themselves out in Western societies. Here AIDS was rising rapidly instead of slowing down. For example, in 1992 a total of 8 million Africans were infected, and it was projected that between 21 and 34 million would be infected by 2000. This geometrical rise was attributable to the prevailing values and attitudes about reproduction as well as a particular framework of beliefs about the causes of infectious diseases.

Stated otherwise, the compounded growth of HIV infections in Africa was

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131 Ibid, 94–95.
132 Ibid, 103.
133 Mann, *AIDS in the world* 104, 107.
traceable to the fact that the majority of Africans maintained an adversarial stance towards rational norms of preventive behaviour. High fertility and polygamous behaviour were prevalent – because of their importance to female and male sexual identity, gender superiority for men, and economic freedom for women.\textsuperscript{135} HIV infections in Africa were also related to beliefs connecting disease to mysticism, religion and supernaturalism.\textsuperscript{136}

My study maintains a stance against the thesis promoted by Rushing and his associates. From my standpoint, the explanatory power of their thesis is far too weak on two grounds. First, their views can be indicted for their stereotypical thinking. Rushing et al replicate the historical stereotype of Africa as a ‘horrific visage’ overburdened with disease and lacking in the attributes of civilization. Second, and most significantly, the thesis advanced by Rushing and his associates is limited because in the US the figures for conventional venereal diseases (such as gonorrhoea and syphilis) have been going up, at the time that HIV infections were reportedly diminishing.

The implications are far-reaching. That the figures for sexually transmitted diseases have been on the increase represents clear evidence that the majority of Americans did not urge themselves towards ‘safer’ sex practices. This reading can be underlined by the statistics from the so-called Annual Behavioural Surveys conducted in the mid-1990s in San Francisco. One survey, called \textit{Men who have sex with men (MSM)}, proclaimed that the number of men who reported ever

\textsuperscript{135} Ibid, 199–121.
having had anal sex increased from 57.6 per cent in 1994 to 61.2 per cent in 1995.\textsuperscript{137} And men who reported “always using condoms” declined from 69.6 per cent in 1994 to 68 per cent in 1997.\textsuperscript{138} Furthermore, from 1994 through to 1997 the incidence of male gonorrhoea increased from 21 to 38 per cent per 100 men.\textsuperscript{139} Between 1997 and 1999 gonorrhoeal rates increased by 9 per cent.\textsuperscript{140} In Indianapolis, the syphilis rate increased by nearly 75 per cent.\textsuperscript{141} What is more, chlamydia, one of the most common or regular sex disease in the US, infected three million people in 1998; in 1999, 659,441 chlamydia infections were as high as 254,1 cases.\textsuperscript{142} And the human papilloma virus (HPV-16), mostly “common among the young and sexually active people”, infected 20 million people in the US between 1991 and 1994; some researchers believed that the disease increased with the number of life-time sex partners.\textsuperscript{143}

Therefore, the argument promoted by Rushing and his colleagues is by no means spot on. While it may be true from Rushing’s figures that the incidence of HIV infections has been on the decline, surely this decline cannot be traceable to acts of rational choice – to the train of thought that the archetypical 20th-century ‘American family’ had been very successful in warding off threats (HIVs) from the outside world by getting its members to modify their sexual lifestyle, by getting them to move away from loose morals, by getting them to reject sexual

\textsuperscript{136} Ibid, 119–121.
\textsuperscript{137} Centre for Disease Control (CDC), \textit{MMWR}, 29 January 1999.
\textsuperscript{138} Ibid.
\textsuperscript{139} Ibid.
\textsuperscript{140} Centre for Disease Control (CDC), Press Release, 5 December 2000.
\textsuperscript{141} Ibid.
\textsuperscript{142} Ibid.
\textsuperscript{143} Ibid.
promiscuity. Rushing and his associates can be indicted for their Manichean reasoning, for creating a sense of good and evil, for promoting this exaggerated viewpoint: Africans participated in their own downfall by engaging in acts of promiscuous sexual intercourse, but Westerners remained free of AIDS, by virtue of the fact that they were imbued with rational choice.

8.6 Conclusion: rethinking the rational choice model of AIDS

Against the reductionist manner embedded in the thinking that the prevalence of disease in Africa is connected solely to a lack of norms and values of preventive behaviour can be set my argument that this prevalence is more a function of the structural arrangements of African societies themselves. Heterosexuals in Africa and the West are incomparable not so much because of varying sexual patterns of behaviour, but rather because of varying structural arrangements. AIDS in Africa is an index of much broader forces. These larger factors be summarized as follows:

Social and political revolutions are taking their tolls on African health ... The entire Central African area (and indeed the whole of Sub-Saharan Africa) is experiencing large shifts of population ... Other more recent trends include the movement of migrant workers from Zaire and Rwanda to neighbouring countries (eg to the copper belt in Zambia), the movement of armies on the Ugandan-Tanzania border, and the presence of large numbers of refugees, especially from Uganda ... such population shifts and the mass movement of armies and refugees have been associated with epidemics of new diseases ... Just as social revolutions
affect the transmission of diseases, so do political ones. War creates havoc, all too often manifested in the disintegration of health care facilities, food distribution services, and agriculture. Tens of millions of refugees have been forced from Haitian, central African, and Asian homes during the past decade. These refugees are often consigned to camps where severe malnutrition, poverty and disease are rampant. Civil war has repeatedly disrupted Haiti, Uganda, and Sudan, reducing tax revenues and crippling health care budgets. Preventive public health services such as immunization and provision of potable drinking water were discontinued leaving huge populations susceptible to controllable infectious diseases and epidemics ... These conditions are not duplicated in any Western country.  

Furthermore, because of poor living standards a large number of Africans have been found to be overloaded with multiple or concurrent infections.\textsuperscript{145} Especially notable amongst these infectious agents are cytomegalovirus, hepatitis B virus, herpes simplex virus, Epstein Barr virus, mycoplasma, and candida infections.\textsuperscript{146} Root-Bernstein states that there is no doubt these microbes are capable of disrupting the immune system and also of infecting macrophages, T-lymphocytes, and B-lymphocytes.\textsuperscript{147} Infectious microbes are capable of causing “an unusual panoply of immunosuppressive risks”.\textsuperscript{148} Africa, he says, also manifests infectious agents such as mycobacterium tuberculosis, malaria, trypanosomiasis, amoebiasis, schistosomiasis, syphilis and cytomegalovirus.\textsuperscript{149} Root-Bernstein adds that no group in history has ever experienced the multiple infections endured by people

\textsuperscript{144} Root-Bernstein, \textit{Rethinking AIDS}, 308–309.  
\textsuperscript{145} Ibid, 149.  
\textsuperscript{146} Ibid, 150–159.  
\textsuperscript{147} Ibid, 149.  
\textsuperscript{148} Ibid, 149.
who live “in Third World nations such as the sub-Saharan regions of Africa”\textsuperscript{150}.

And the important point to note is that viral epidemics, including AIDS, all too often flourish among people invested with an “unusual panoply of immunosuppressive risks”.\textsuperscript{151}

Rushing and his associates forgot to provide a thorough documentation of the structural constraints in which viral epidemics flourish. A large number of media reports also failed to consider this structural likelihood. The media completely ignored the larger issues of structure and history, an oversight that can be accounted for by their dominant tendency towards a descriptive form of representation. To accentuate the story of a disease on a geometrical rise, HIV cases were inspected and then quantified. Description rather than analysis and interpretation became the essence of journalistic inquiry. A major weakness of this mode of inquiry, as we have seen, was that it failed to consider the sociological circumstances under which HIV infections occurred and spread.

Undoubtedly, media representations of AIDS as disaster and catastrophe frightened off a large number of people; it deepened the fear of infection and death. Amazingly, however, this dramatic representation of AIDS, this depiction of the disease as a metaphor of catastrophe and mortality, failed to stem the tide of the AIDS virus. Although the media continued to represent AIDS as a modern-day Black Death, the dreaded AIDS virus continued to march on. From the mid-1990s

\textsuperscript{149} Ibid, 303–312.
\textsuperscript{150} Ibid, 149.
\textsuperscript{151} Ibid, 149.
the increasing rate HIV infections provided the right context for the theme of redemption in the media. The media reckoned that a ‘caring society’ is the countervailing power to the rising HIV infections. Building partnerships against AIDS became the media’s bulwark against AIDS, the media’s preferred preventive strategy against the geometrical rise of HIV seroconversions; the victims of HIV and AIDS were perceived in an entirely sympathetic light. This is what I call the ‘redemptive quality’ in the media. Chapter 9 explores the main contours of this theme of redemption that figured in journalistic reports.