CHAPTER 9

THE ‘QUIET REVOLUTION’ OF AIDS

9.1 Background: learning about the ‘paradox’ of AIDS

From the early 1980s the media construed the phenomenon of Acquired Immune Deficiency Syndrome as a major scientific story ever. However, as we have seen, knowledge about the disease slowly percolated into public consciousness. For the science of AIDS was far too deep and dense for laypeople, including newshounds. Accordingly, media reports on AIDS were dominated by a wide range of health constructs such as ‘safer’ sex practices. Sex education underpinned the AIDS story in the media. AIDS was represented in the media as a major public health issue – as a disease that is amenable to prevention rather than curative therapies. However, the media made visible public health constructs not only because they offered preventive advantages, but also because of their newsworthiness. Working journalists were intrigued by the sensationalist elements of the disease, its dramatic quality as well as its spectacle. As a direct consequence, the media rendered other themes about the disease, that is, those themes that did not make news, completely invisible. Sexual promiscuity, infidelity, love, etc, constituted major points of visibility. Because these themes were seen as the most dominant qualities of the AIDS story, they were propelled into the foreground. They filtered through many media reports because they were supportive of the media’s dominant conception of AIDS as a sex disease, a modern-day Black Death and a manifestation of a social disorder, a function of a decline in the social morality of society.
From this perspective, not only did the media play a significant role in heightening public consciousness about AIDS, they also created fearful images of the disease. Rather than calm members of the public, rather than choose to occupy the high ground of social responsibility and judicious or careful reporting, the media drove them into a frenzy of panic, nervousness and fear – fear of contagion and death. AIDS was variously represented as a black death, a holocaust, a divine curse, a catastrophe, and a pandemic. Spectacle, melodrama, and sensationalism typified the AIDS story in the media.

In the mid-1980s many scientists claimed to know a great deal about the cause and nature of this epidemic that was purportedly rocking the South Africa society to its foundation. For example, one scientific expert confidently declared: “We know we have the cause of AIDS for sure.”\(^1\) The “cause of AIDS for sure” was of course the human immunodeficiency virus (HIV). The AIDS virus was declared the agent of transformation, the causative instrument of AIDS, because it had reportedly been found growing rapidly in the tissues of patients contaminated by AIDS. The blood of several AIDS patients revealed the presence of HIV antibodies, detected mostly from gay men, Haitians, drug abusers, haemophiliacs, and male and female sexual partners and their babies.\(^2\) Further evidence that was supportive of this “received narrative” of AIDS – that is, the germ theory of the disease – was that from 1981 HIV was found in the blood of homosexual and heterosexual men and women coming down with AIDS;

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\(^1\) R Shilts 1987, *And the band played on.: politics, people and the AIDS epidemic* (New York: St Martin’s Press), 429.
\(^2\) Ibid, 429.
the US National Institutes of Health detected HIV when testing this blood for a host of other infectious agents.³

What is more, early prospective studies in the US showed a significant number of patients living with HIV. For example, in San Francisco (1994), when local health officials tested blood from 126 patients they found that 55 per cent were infected with the virus; and of the 86 intravenous drug users tested in a drug clinic in New York City, 87 per cent were found to be infected.⁴ Overall, 16 million people were reportedly infected in the US.⁵ In Africa, AIDS was designated a horror sex disease. Thousands of people were reportedly dying on the continent. For example, in Kinshasa (Zaire) 12 per cent of people were infected with HIV; and in the whole of Zaire there were 250 cases of HIV per 1 million people.⁶

Very strikingly, however, although the rate of HIV infections was reportedly on the increase, very few HIV positives worldwide developed AIDS.⁷ Only a small segment of the population reportedly infected with HIV actually came down with full-blown AIDS. Even more patients showed no clinical symptoms at all.⁸ To explain this apparent mystery or paradox of Acquired Immune Deficiency Syndrome, a number of theories, conjectures, suppositions, or assumptions were presented. Some virus hunters advanced the understanding that perhaps the AIDS virus acted with other agents such as cytomegalovirus, Epstein-Barr virus or even gastrointestinal parasites

³ Ibid, 447.
⁴ Ibid, 457.
⁵ Ibid, 457.
⁶ Ibid, 459.
⁷ Ibid, 459.
⁸ Ibid, 459.
to produce the AIDS condition, while others argued that perhaps the figures for HIV positives coming down with AIDS were grossly underestimated.

But as more and more epidemiological data filtered through (through the prism of scientific journals), the light turned fully on; the picture became clear enough to see HIV for what it was: a slow-grade infection. HIV does not fit in very well with the model of a quick-grade infection. For the virus is typified by a long incubation period, the so-called latency period. This latency period was characterised as the ‘silent phase’ of the virus, the time between the initial infection (at this point, many HIV positives remain asymptomatic; they show no clinical symptoms at all) and the development of full-blown AIDS. HIV, many researchers learned, can live in the body tissues of human beings for a number of years, until for some inexplicable reasons, it bursts into a frenzy of activity.

That HIV is a slow virus means that it belongs to a family of viruses found mostly in mammals called lentiviruses, to distinguish them from viruses associated with human tumours (or oncogenes). (In Latin, *lenti* means ‘slow’.) And in the slow viral infections associated with lentiviruses the latent period reportedly takes over many years. According to virus hunters Weiss and McClure, HIV fits into the lentivirus type because of its genome structure. Other researchers fastened upon the idea that the clinical expression of AIDS is often preceded by a period of a progressive viral build-

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9 Ibid, 459.
10 Ibid, 459.
up in the body. In the mid-1980s some studies argued that the latent structure of HIV was indicative of the great variations in the prevalence of HIV infection in different populations. For example, blood was collected from a cohort of 44 randomly selected homosexual and bisexual men in San Francisco between 1978 and 1980, but when retrospectively evaluated for HIV antibodies, only 14 per cent developed AIDS 22 to 84 months after their estimated dates of infection. In addition, AIDS cases associated with blood transfusion developed a median of 30 months after infection; and in some instances the interval between infection and diagnosis of AIDS appeared to be 4–5 years. Others argued from the position that because the virus had not infected many Americans until 1980, the huge number of AIDS cases would not start appearing until years later. Hence, the features characteristic of the disease emerged in an unpredictable manner.

This Chapter chronicles the media’s conception of AIDS as a slow-grade infection, a lentivirus. I argue that from the mid-1990s the media became instrumental in mainstreaming the lentivirus manifestations of the disease. The media became instrumental in producing what I deem the story of a ‘quiet revolution’, the story of a slowly progressing virus. Also at this point many media reports became embedded with the idea of a ‘caring society’, a society founded on common normative positions. The media promoted equalities of condition, or what American sociologist George Ritzer would call “equilibrating mechanisms”. Value generalization and value integration became paramount in understanding the newly-liberated South African

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15 Ibid, 232.
16 Ibid, 232.
17 Ibid, 77.
18 Shilts, And the band played on, 460.
society. This is what I call the ‘redemptive quality’ in the media. Because AIDS was seen as a disease that displaced the political struggle against apartheid, the media found it necessary to mainstream the idea of community participation in health care, the idea of social responsibility for health care.

Importantly, the narrative of “redemption” also bespoke of the plight of poor children living with AIDS, the so-called AIDS babies. The lives of thousands and thousands of children across the country were reportedly blemished or defiled not only by the ravages of apartheid history, but also by the ravages of AIDS. AIDS was seen as a ‘new radical’ stalking the youth. To set the context of discussion as regards the media’s story of a ‘quiet revolution’, we would do well to first provide a brief historical overview of South Africa’s complex social formation. Understanding social history is the key to achieving a deeper understanding of how the primordial past shaped the future of AIDS.

9.2 Society as metaphor for a ‘lowered immune system’

Under apartheid rule there was a high degree of poverty in the predominantly black areas, especially the Bantustans (or the homelands). Despite decentralization policies and job creation programmes, the majority of blacks continued to migrate to the urban areas, even in the face of absolutism or repression from the apartheid state. What is more, increasing urbanization, coupled with the refusal to provide major items of social consumption such as shelter, meant that many large informal settlements arose,

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especially within commuting range of a number of cities.\textsuperscript{21} Significantly, this generated a series of contradictions\textsuperscript{22} and crises for the apartheid state. For example, transport services became increasingly costly for the state to subsidise.\textsuperscript{23} The rise in bus fares led to a series of bus boycotts, which in turn undermined apartheid rule.\textsuperscript{24}

By the mid-1980s the contradictions wrought by apartheid were exacerbated by the deepening financial crisis. The national economy did not grow as had previously been thought, and unemployment figures rose throughout this period. The economic recession of the early 1970s also put certain pressure on the state’s ability to deliver social services such as electricity and water. The apartheid state expected blacks to pay for their items of consumption. However, this proved increasingly difficult in the wake of the deepening levels of poverty and malnutrition in the black areas. The logic of apartheid policy was financially unviable.\textsuperscript{25} McCarthy attests to this when he states that it became increasingly expensive to maintain a racial-geographic fragmentation of settlements and local and regional political control.\textsuperscript{26}

A number of contradictions also appeared on the political front. The apartheid state tried to use the spatial arrangements created by the Group Areas Act of 1950 to control the movement and settlement of the black population. However, this strategy was accompanied by certain unintended consequences. Instead of engendering compliance from below, the spatial arrangements of apartheid laid the groundwork for

\begin{itemize}
\item \textsuperscript{21} Ibid, 2.
\item \textsuperscript{22} D Posel 1987, ‘The language of legitimation’, in S Trapido and S Marks (eds), \textit{The politics of race, class, and nationalism in 20th century South Africa} (Essex: Longman), 1-10.
\item \textsuperscript{23} Ibid, 2.
\item \textsuperscript{24} Ibid, 3.
\item \textsuperscript{25} Ibid, 4.
\item \textsuperscript{26} J McCarthy 1992, ‘Local and regional government: from rigidity to crisis to flux’, in E D Smith (ed), \textit{The apartheid city and beyond} (London: Routledge), 22.
\end{itemize}
popular resistance. In other words, apartheid policy bequeathed an unintended consequence: by forcing blacks to live together under conditions of material deprivation, the apartheid state created the possibilities for class, race and gender alliances against racial domination. Apartheid policy deprived a large proportion of people of access to health care, proper shelter as well as means of transportation and education. Many local communities were ravaged by abject poverty and chronic malnutrition.

There is no doubt that material deprivation increased people’s risk of exposure to and infection by exogenous pathogens. The social contradictions staged by apartheid, including the destruction of family networks through forced removals and rapid urbanization, themselves became requirements not only for institutional fragmentation, but also for the rampant spread of diseases of poverty. From this perspective, I argue that apartheid society compares all too favourably with Clarke’s idea of “a lowered immune system”. As the reader knows, the immune system is one of the essential components of the human body responsible for life. Its constituent parts are the skin, the mucous membrane, the gastrointestinal tract and the respiratory tract. To ensure good health, the immune system is expected to function optimally to protect our human cells (included among these are macrophages, T-lymphocytes or white blood cells and red blood cells) from deadly microbes such as fungi, bacteria and viruses.

27 Ibid.
28 Ibid.
29 P A Clarke 1988, AIDS, politics, medicine and society (London: Lester Crook), 182.
30 See Root-Bernstein, 56.
31 Ibid, 56.
The system (immune system) tends towards equilibrium for as long as immune response to infectious microbes can be elicited. To obtain and maintain optimum health and wellness, the cells of the immune system must be capable of attacking – with tremendous specificity – foreign antigens intent on infecting the skin, the mucous membrane, the gastrointestinal tract or the respiratory tract. \(^{32}\) In other words, the immune system performs optimally when all of its parts make a functional contribution to the survival of the whole (human body). We have a model of a system in a state of equilibrium when all of its parts contribute to the survival of the whole. On the other hand, an impaired immune system renders the human body vulnerable to certain causative agents of diseases, such as tuberculosis, measles, malaria, smallpox, polio, pneumonia and even AIDS. Here disorder or disequilibrium arises because some parts of the whole are incapable of functioning interdependently. They are incapable of fulfilling functional prerequisites for life. Here ill health (disorder) is linked to the problem of cell death or impairment.

At this time, I am endeavouring to establish the important symmetry between biology and sociology. Understanding this parallel, the parallel between developments in biology and sociology, is the key to grasping the factors that have arisen out of apartheid rule. I argue that HIV was able to spread ‘faster’ owing to the ‘lowered immune system’ of apartheid society; HIV was a consequence of the ‘lowered immune system’ of apartheid society. Here not only was promiscuous sexual behaviour the epidemiological requirement for contamination by HIV; a weakened social structure (apartheid society) was the key epidemiological requirement for contamination by the AIDS virus.

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\(^{32}\) Ibid, 56.
In the early 1990s the combined effects of exogenous pressures brought to bear on the proverbial ‘Pretoria regime’ (for example economic sanctions and cultural boycotts) and endogenous mass resistance set the context for the liberalization of the political process and the advent of the ‘rainbow nation’. At this point, the new government was challenged in terms of building a common nationhood, in terms of forging a new sense of national patriotism. For major problems of social integration arose on the political front. Political actors, who formed a complex system of relationships within the ‘rainbow nation’, faced up to problems of considerable magnitude. They were hugely challenged by the task of constructing a new South African identity, a South Africanness, so to speak. From their viewpoint, the creation of a common nationhood entailed the definition of values in a more inclusive manner, in more general terms (value generalization). It involved the erasing of distinctions based on skin colour, class, ethnicity, religion and health status. For example, inequalities of condition embedded in the system of health care (see Chapter 4) were seen as corrosive images of the apartheid past. Artificial boundaries between ‘insiders’ (HIV negatives) and ‘outsiders’ (HIV positives) were viewed as major countercurrents to the idea of the rainbow nation.

Hence, building a common nationhood entailed the resolution of the contradictions and crises bequeathed by apartheid history. Naturally, rapid social change in the mid-1990s was accompanied by certain negative images. Because the transition towards the rainbow nation was linear, progressive, and directional (evolutionary), rather than

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34 Ibid, 138–139.
radical or cataclysmic (revolutionary), it engendered massive social dislocations. For example, the liberalization of the political process was accompanied by untrammelled violence in some parts of the country, notably KwaZulu-Natal. Violence also became endemic in the country’s industrial heartland of the former PWV (Pretoria-Witwatersrand-Vereeniging).\textsuperscript{37}

Morrison and Hindson announce that this violence derived largely from the effects of the collapse of apartheid.\textsuperscript{38} Political liberalization, so their argument runs, set off a series of events such as rapid urbanization and increasing class differentiation among communities competing over scarce resources.\textsuperscript{39} Political conflict in the urban system caused massive social upheavals, which were compounded by the pervading crisis of consumption. Rapid industrialization, which occurred in the context of an urban decline, spawned class, ethnic and other divisions that had previously been held in check by influx control.\textsuperscript{40} This too sparked off a series of struggles over land and other scarce economic resources.\textsuperscript{41}

The crisis of consumption under apartheid deepened even more under a post-apartheid dispensation. The real challenge facing the new state was a demographic one. The South African population, including the former Bantustans, was 29.1 million in 1980 and some studies reported that by 2010 it was fated to double.\textsuperscript{42} To compound the problem, the rate of growth in the urban areas was expected to rise more rapidly than

\textsuperscript{36} Ibid, 138–139
\textsuperscript{38} Ibid.
\textsuperscript{39} Ibid.
\textsuperscript{40} Ibid.
\textsuperscript{41} Ibid.
\textsuperscript{42} McKenzie, ‘The contradictions of apartheid’, 1–5.
that of the population as a whole; significantly, it was projected that the largest growth was to be among blacks. These demographic trends challenged the new government in terms of meeting the growing demand for land, jobs, education and other social services. The situation in the rural areas was even more desperate, particularly because of land hunger and deepening levels of poverty. Speaking of land hunger, you will recall that between 1960 and 1992 an estimated 3.5 million blacks were forcibly removed from their land and dumped in the middle of nowhere. This too challenged the new government in terms of restoring the rights in land lost under apartheid rule.

In the 1990s another blemish on the post-apartheid landscape reared its ugly head: the rising number of shacks. Sprawling shacks have been one of the characteristic features of South African society, particularly around the metropolitan areas as well as major towns and cities. In the early 1990s it was estimated that 32 per cent of blacks in the metropolitan areas were living in shacks, as opposed to 42 per cent who were living in formal housing in the townships, and 13 per cent in backyard shacks, garages and outbuildings. Furthermore, the growing problem of unemployment posed a national security risk, since it correlated a great deal with abject poverty. Note that in the past the rate of unemployment tended to be very high because the labour market was racially fragmented – though many blacks formed part of the formal economy, they were unable to secure a living wage. The negative consequence was that poverty and

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44 The Star, 16 December 1999.
46 Ibid, 1–5
unemployment became structurally entrenched in both urban and rural areas. This too hugely impacted on the ability of urban blacks to pay for their services.

Therefore, by virtue of the terrible legacy bequeathed by apartheid history, and by virtue of the fact that the political transition towards the rainbow nation was marked by major social disruptions, many black areas continued to be suffused with poverty, poor nutrition, and land hunger. Also, the black townships became a haven for many diseases of poverty – infectious diseases (see below). From this standpoint, South African society fitted all too plainly with Cockburn’s typology of a society in transition. South Africa followed what Cockburn would call the “centuries-long rural-to-urban migration” that leads to the spread of infectious diseases – following great social and political transformations. These changes – changes in the socio-political environment – became reflected in the specific patterns of infectious diseases that greatly affected the South African population.

Against this background one can understand why in the mid-1990s South Africa faced up to growing numbers of HIV ‘infections’. Many hospitals were reportedly ‘flooded’ with AIDS. For example, one in every five patients admitted for treatment at Hillbrow Hospital were reportedly infected with HIV. At Baragwanath Hospital (Johannesburg) and King Edward Hospital (Durban), “at least one in every 10 patients admitted in medical wards was HIV positive”. The majority of these patients were

48 Ibid, 2.
50 Ibid, 25.
52 Ibid.
also afflicted by other types of infectious disease, including pneumonia and tuberculosis (TB).

### Table 1 HIV-positivity per province among women attending antenatal clinics

<table>
<thead>
<tr>
<th>Province</th>
<th>1994</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Cape</td>
<td>1,2</td>
<td>1,65</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>4,5</td>
<td>6,00</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>1,8</td>
<td>5,34</td>
</tr>
<tr>
<td>Free State</td>
<td>9,2</td>
<td>11,03</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>14,4</td>
<td>18,23</td>
</tr>
<tr>
<td>Gauteng</td>
<td>6,4</td>
<td>12,03</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>12,2</td>
<td>18,18</td>
</tr>
<tr>
<td>Northern Province</td>
<td>3,0</td>
<td>4,89</td>
</tr>
<tr>
<td>North-West</td>
<td>6,7</td>
<td>8,30</td>
</tr>
<tr>
<td>South Africa</td>
<td>7,6</td>
<td>10,44</td>
</tr>
</tbody>
</table>

Table 2 HIV-positivity in women attending antenatal clinics by age.

<table>
<thead>
<tr>
<th>Age group</th>
<th>1994</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Over 20</td>
<td>6.5</td>
<td>9.5</td>
</tr>
<tr>
<td>20–24</td>
<td>8.9</td>
<td>13.1</td>
</tr>
<tr>
<td>25–29</td>
<td>8.6</td>
<td>11.0</td>
</tr>
<tr>
<td>30–34</td>
<td>6.4</td>
<td>8.1</td>
</tr>
<tr>
<td>35–39</td>
<td>3.7</td>
<td>7.4</td>
</tr>
<tr>
<td>40–44</td>
<td>5.3</td>
<td>4.4</td>
</tr>
<tr>
<td>45–49</td>
<td>0.4</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Source: Department of Health. Directorate: Health Systems Research
Paediatric AIDS cases were also on the rise. Nationwide, nearly one out of every 13 pregnant women (and 8 per cent at Baragwanath’s antenatal clinic) was HIV positive.\(^{53}\) In 1993 the figure was one in 18 – five years before, it had been one in only 250.\(^{54}\) The government’s figures also recorded a further increase in the number of paediatric AIDS cases. In the latter part of 1996 the government published the results of two surveys that revealed some interesting trends of HIV infection among women. The first survey (see table 1) showed a sharp increase in HIV infections per province among women attending antenatal clinics between October 1994 and 1995. The second survey (see table 2) covered the same period, but showed growing HIV infections among women attending antenatal clinics by age.

From a hasty reading of table 2 one can safely deduce that between 1994 and 1995 HIV rates increased quite sharply in all of the age groups, with a higher prevalence within the age-groups of 20–24 and 25–29. Another key factor that promoted the rampant spread of HIV was undoubtedly the weakening effects of social networks and institutions. Some studies have shown that societies invested with cohesive social institutions (for example religious and familial institutions) all too often experience low levels of mortality.\(^{55}\) In South Africa the centre failed to hold, by virtue of the destruction of structures of communion by apartheid through many years of influx control and the pass laws. By my account, this further increased the opportunities for the rampant spread and transmission of many infectious pathogens, of which HIV was one. The invasion of HIV, like political violence and the crisis of consumption bequeathed by apartheid history, painted a grim prognosis of South Africa’s future. In

\(^{53}\) Ibid.
\(^{54}\) Ibid.
the domain of the media, this grim or poignant reality was captured through some apocalyptic headlines:

“Natal braces as AIDS epidemic hits the workforce”\(^{56}\)

“High rate of infection puts an end to complacency”\(^{57}\)

“South Africa has a fastest AIDS growth rate”\(^{58}\)

“Hospital fears AIDS will swamp wards”\(^{59}\)

“Women losing out to AIDS virus”\(^{60}\)

“10 000 new AIDS cases everyday”\(^{61}\)

“Curse of AIDS”\(^{62}\)

“Future grim for kids”\(^{63}\)

Worldwide, about 22 million people were reportedly contaminated by HIV.\(^{64}\) One newspaper reminded its readers that their grim future was a function of the fact that they are pitted against a heterosexual epidemic of a catastrophic magnitude. The newspaper taught that “AIDS grows in Africa and wanes in the West”. It also added:

The world is grappling with separate epidemics of the HIV virus with fresh cases no longer rising in Western nations but increasing rapidly in Africa and Asia. We have the epidemic in the West, which has something of the order of two million people infected and is plateauing or decreasing. Conversely, we look at the other epidemic, the epidemic of sub-Saharan Africa

\(^{56}\) Sunday Times, 30 April 1995.


\(^{59}\) Business Day, 6 February 1995.

\(^{60}\) The Citizen, 9 March 1995.

\(^{61}\) The Citizen, 12 February 1996.


\(^{63}\) The Daily News, 9 April 1996.

\(^{64}\) The Citizen, 23 January 1996.
and Thailand and India ... we see the number of people infected is of the order of 15 to 20
million and rising, increasing rapidly.  

Here we can see emerging quite clearly the binary logic of the story of AIDS
replicated in the past, which was that AIDS is a heterosexual epidemic only in the
Third World and a homosexual disease in the West. Africa was reportedly facing a
health crisis of immense proportions if only because a heterosexual epidemic was
looming. In our context, AIDS was viewed as a disease taking advantage of the
weakened social structures of a post-apartheid society. In other words, the post-
apartheid society, like society bequeathed by apartheid, embodied a weakened
‘immune system’. And the solution to the contradictions of the weakened immune
system of society, so the logic continued, hinged on the Enlightenment ideals of the
rainbow nation: liberty and equality. Out of this understanding was born the idea of
social responsibility for health care, the idea that the responsibility and costs for AIDS
must be shared equally. At this point, AIDS was seen as a problem of society at large
rather than the individual. For one thing, apartheid created a heartless world. AIDS
was understood in relation to the larger sociological conditions that obtained within
the organism of society.

9.3 The invisible germ

From the reading above, it hardly needs saying that the newly elected government
faced yet another revolution of immense import. The new government of national

\[65\] Ibid.
unity (GNU) fell into the “epidemics of the HIV virus”. At the time, one newspaper recorded 8 784 cases of HIV. Also, the newspaper postulated that the exponential rise in the number of people living with AIDS could rise to around 600 000 by the turn of the century, cutting the average life expectancy “from more than 63 years to around 40 in under 15 years”. However, as mentioned before, the media had to face the baffling ‘paradox’ (depending of course on how you look at it) of AIDS: although HIV infections were on the increase, most HIV positives remained perfectly healthy; they remained asymptomatic for a much longer period of time. In the mid-1990s some media argued that this ‘paradox’ encouraged the spread of the disease. One newspaper advanced the view that it made-believe that AIDS “is not a death sentence”. The newspaper added that much of the epidemiological evidence summoned thus far embodies clear proof that the rampant spread of HIV in sub-Saharan Africa occurred between the mid and late 1970s. And then it reminded its readers of the quiet revolution of the disease: “You know what’s in his mind. But how can you tell what’s in his blood?”

Another newspaper concurred: AIDS patients in their “green pyjamas look no different from their fellow patients”. Although they experience a long, painful and gruesome death, they don’t “perish in hospitals”. “They are going home to perish.” In KwaZulu-Natal for example one newspaper reported that “everybody ... knows a victim of AIDS but many die alone”. Although these news reports are not by any means representative of all the news reports at the time, their main significance lies in

66 The Star, 22 November 1996.
67 The New Nation, 29 November 1996.
68 Ibid.
69 Ibid.
71 Ibid.
their rendering of the ‘bitter truth’ about AIDS, that the disease is an invisible or unnotifiable disorder capable of causing immense suffering and pain.

I argue that the quiet revolution of AIDS is highly important for three sets of reasons. First, it affords us an opportunity to see the story of AIDS as a story plagued by a central ambiguity. On the one hand, the media rendered what they perceived to be the revolutionary manifestations of the AIDS virus. The media found it necessary to foreground the grim reality of the fearsome ‘heterosexual epidemic’ wiping out virgin populations. On the other hand, the media fastened upon a specific set of ideas validated through the Centres for Disease Control, the National Institutes of Health, and the World Health Organization, namely the idea of a slow virus disease characterized by a prolonged course after a long silent phase. By my account, this atavistic nature of the AIDS virus (its revolutionary and evolutionary manifestations) is another good example of the ‘doublespeak’ or equivocalness of the AIDS story.

Second, the representation of AIDS as a quiet revolution rendered people living with HIV completely invisible. HIV-positives conveyed or represented some sense of ‘darkness’. They could not be seen clearly! Like the invisible HIV (you will recall that HIV is a very tiny fragment that could be seen only with an electron microscope), HIV positives were rendered invisible. The Sowetan homed in on this notion of an invisible diseased body and an invisible germ by reporting that although HIV was spreading faster, “many people who are affected with the disease are unaware of it”.73 (This was singled out as the reason that AIDS was not treated as seriously as any infectious disease required.) The newspaper continued:

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72 Ibid.
The fact that HIV ... can live inside a person for many years without that person knowing (or anyone else for that matter) is a recipe for disaster. Another reality is that AIDS is transmitted primarily through sex, and is invisible to the eye ... Within a few years, the large numbers of people who have been infected, but who are still in the early stages of the disease, will begin dying.  

The newspaper also appealed to the emotions of their readers by seizing on this melancholy tale from KwaZulu-Natal:

A doctor from KwaZulu-Natal recently told of how an HIV positive councillor in the province surprises people by telling them, at the end of her education sessions, that she is HIV positive. People never suspected that she had the disease, and most of them had believed that people with AIDS ‘smelled’, had sores on their bodies or were very thin. This councillor is not.  

As we have seen, the latency period of AIDS was sometimes referred to by the media as the ‘doubling time’, that is, the number of years it takes for HIV infections to double or rise exponentially. In 1996 *The Citizen* reported that the doubling time for HIV was 12 to 15 months, which meant that in a year the HIV positive figure (1,2 million) would have risen to 4 million. In some media reports, the doubling time was put at 15 months. Importantly, the doubling time for HIV was reported to be more rapid in South Africa than anywhere else in Africa. South Africa’s infection rate was said to be doubling every 11 to 13 months and it was estimated that between 350 000

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73 *Sowetan*, 27 December 1995.
74 Ibid.
75 Ibid.
76 *The Citizen*, 13 March 1996.
and 1.1 million people would be infected.\textsuperscript{78} Moreover, in the next five years, some media projected that 250 000 to 300 000 people would develop the first clinical symptoms of AIDS.\textsuperscript{79} At the beginning of 1996, when 10 000 people around the world were infected each day, some estimated that by 2000 there would be 26 million people living with HIV.\textsuperscript{80} From this point of view, the doubling time of HIV became sufficient in itself to explain its revolutionary manifestations, its compounded growth.

That HIV is an invisible germ and a slow-grade infection suggested to one newspaper that sexually transmitted diseases such as syphilis and chancroid, which increase the risk of HIV infection, are also silent infections.\textsuperscript{81} Interestingly, the evolutionary manifestations of HIV were related to the patriarchal nature of South African society. Some reports argued that HIV has become a ‘silent killer’ because women are conditioned “to tolerate or ignore pain”.\textsuperscript{82}

HIV was therefore depicted in the media as both a slow-grade infection (this bespoke of its \textit{evolutionary} manifestations) and a disease capable of causing unparalleled destruction and death (this bespoke of its \textit{revolutionary} manifestations). And for the reason that AIDS was capable of launching a quiet revolution, HIV was also capable of outsmarting or eluding new approaches. Its course or trajectory was by no means amenable to prediction; HIV was said to be unpredictable in time of onset because it was an invisible germ rendering invisible the diseased bodies of men, women and children, the descendants of the rainbow nation of God!

\textsuperscript{77} Ibid.
\textsuperscript{78} \textit{Business Day}, 3 March 1995.
\textsuperscript{79} Ibid.
\textsuperscript{80} \textit{The Citizen}, 12 December 1996.
\textsuperscript{81} \textit{The Star}, 22 November 1996.
The quiet revolution of AIDS is significant for another reason. Since HIV was seen as a silent virus, since it “remains dormant in the carriers body for years before it develops into a full-blown AIDS”, it created the equality of condition. As the reader knows, as far back as the early 1980s, when the nature (and cause) of AIDS was not known for certain, the media and the government promptly recommended behavioural modification as a major countervailing power against the disease. But because of the cultural bias towards heterosexual behaviour, only homosexuality was linked to AIDS. Homosexual men were believed to be at risk of developing the clinical symptoms of AIDS, for example the lesions of Karposi’s sarcoma, weight loss, fever, swollen lymph nodes and diarrhoea. Only homosexuals were targeted for medical attention. Not only did this stigmatize AIDS and gay sexuality, it also created the sense of ‘insiders’ (heterosexuals) and ‘outsiders’ (homosexuals). Health care was individualized. And what is more, homosexuals were caricatured or stereotyped as sinners. Their contamination by AIDS was seen as a sign of punishment for their ‘sins’, for ‘violating’ the moral reality of society.

From the mid-1990s however, not only were public health programs designed with heterosexuals in mind, the notion of equality of condition also underpinned public health policy. In this rendering, human beings, regardless of their HIV status, much less their sexual orientation, were entitled to items of consumption, namely housing, employment and health care. After all, people living with HIV can lead a normal lifestyle, since the virus has a long incubation period.

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82 Ibid.
83 The New Nation, 12 July 1996.
84 The Star, 14 January 1983.
The media’s evocation of the ontological idea of equality provided the justification for building a ‘caring society’. Media representations of AIDS as a quiet revolution caused them to join in the optimism, to offer their readers some profound hope for the future. For example, one doctor reportedly declared that “AIDS is not the end”, that AIDS sufferers “can live for up to 15 years before developing full-blown AIDS”.85 Accordingly, the South African Law Commission recommended, among others, that the segregation of HIV positive prisoners be prohibited by legislation, together with any disclosure of information in respect of such prisoners, that no employee should be obliged to inform his or her employer that he or she is HIV positive, that the courts of law should order the protection of privacy of any AIDS-related litigation, that testing for HIV may not be a prerequisite for admission to schools, and that insurers may not unfairly discriminate against prospective clients on the grounds of HIV infection.86 This justifies seeing the rainbow nation as a caring society, a society that abhors discrimination on account of HIV status.

The media’s commitment to a caring society was highly significant on the grounds that it discouraged the individualization of health care. Health care was construed as a ‘public good’. Public health targets were said to be achievable through collective action – that is, through the combined efforts of the government, community-based care centres (see below), public hospitals, and the victims of HIV themselves. Community participation in health care was deemed necessary to curtail the frightening power of AIDS. Not only were these efforts aimed at reducing the number of AIDS cases, but also at preventing premature deaths. Since there was no cure for

the disease, public health efforts were not so much designed to prolong life as to cherish and embrace life.

Furthermore, the media promoted family planning to bring down levels of fertility. The idea of value generalisation became embedded in many media reports. The victims of AIDS, the media argued, must be included in the broader South African nation, ostensibly to prevent AIDS from becoming “the new discrimination of the new South Africa”.  

Also from this understanding, members of society were reminded of their moral obligation to take care of people afflicted by HIV. The media recommended home treatment for those leaving flooded hospitals. The media urged that patients leaving hospitals for home be provided with adequate treatment and proper counselling. One hospital superintendent lent some flesh to this idea by declaring:

We find that when people realise they are dying, they prefer to be with their families at home, rather than in a strange place where there is no one to hold on to. Almost all the patients want to stay at home. After a patient has died, the nurse continues to visit the family and give bereavement counselling. They also make provision for the children left behind. The nurses also treat other sick members of the family and give them advice on such things as sanitation and nutrition.  

Another clear testament to the sense of social responsibility that pervaded the media at the time can be seen in this manner of thought:

87 Ibid.
We are their only family and when they go to hospital for treatment they are scared and lonely. If we can take care of the sick children on the premises it will be a less emotional experience for the youngsters ... The staff at our facilities are often the only people in these children’s lives since they have no families reaching out for them ... it is in the best interests of the sick youngsters to be cared for here.\textsuperscript{89}

Because AIDS was presented in the media not so much as a problem that derived from the personal characteristics of the individual but as more of a structural problem, a problem \textit{for us all}, the media invested it in the community. AIDS became a disease that belongs to society at large. In a word, the ravages wrought by AIDS were said to be involving a historical realm, to be pointing to a historical likelihood. The tragic consequence of AIDS was expressed as an act of historical limitation. The media cast themselves in the role of advocates, laying bare the historical specificity of the AIDS phenomenon. One newspaper urged local communities to “Unite to beat AIDS”.\textsuperscript{90} Another newspaper called for a national commission “to mobilise against the epidemic”. This newspaper also advocated an “AIDS partnership” focusing on “action”.\textsuperscript{91} In 1988 this found expression in the launch of the government’s Partnership Against AIDS (PAA). According to the Health Ministry, PAA is a “South African way of arriving at a sufficient consensus on what is to be done about AIDS and how that is to be organized”.\textsuperscript{92} These collective actions reinforced the civic spirit that reverberated down the path of the rainbow nation at the time. AIDS was represented as a major social problem if only because it affected all segments of the South African population. AIDS was viewed not only as a health problem, but also as

\begin{footnotesize}
\textsuperscript{89} \textit{The Daily News}, 9 April 1996.
\textsuperscript{90} \textit{Sowetan}, 1 May 1998.
\textsuperscript{91} \textit{The Sunday Independent}, 29 November 1998.
\textsuperscript{92} \textit{City Press}, 20 September 1998.
\end{footnotesize}
a phenomenon imbued with the capacity to wreck the South African economy as a whole.

Pioneering these civic attitudes and beliefs were a wide range of community-based organizations, for example the National AIDS Convention of South Africa (NACOSA). In 1997 NACOSA formulated a national strategic plan against AIDS. Working together with the National Association of People Living with HIV and AIDS (NAPWA), the AIDS Legal Network and the AIDS Consortium, NACOSA set itself on a course to battle for the rights of people infected with HIV and to oppose any form of discrimination which might be directed against them.\(^{93}\) Crucially, the media also foregrounded those news reports seeking to redeem “children abandoned and HIV positive”.\(^{94}\) AIDS was also seen as a ‘new terrorist’ stalking the youth. The media urged local communities and health professionals alike to participate in the building of a kind of society that occupies the high moral ground of social responsibility and care for its children.

### 9.4 ‘AIDS babies’ and ‘families in jeopardy’

In the 1990s the story of the 11-year-old boy, Nkosi Johnson, undoubtedly embodied the prototype of AIDS in children. Born Xolani Nkosi in February 1989, Nkosi’s mother, Nonhlanhla Daphne Nkosi, reportedly died of HIV in her sleep.\(^{95}\) In 2000 at the 13th International AIDS Conference held in Durban, young Nkosi stood before the world and revealed the following:

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\(^{93}\) *The Sunday Tribune*, 30 November 1997.

\(^{94}\) *The Saturday Star*, 13 December 1997.

\(^{95}\) Speech by Nkosi Johnson, July 2000, 13th International AIDS Conference, Durban.
My name is Nkosi Johnson. I am 11 years old and have full-blown AIDS. I was born HIV positive. When I was 2 years old, I was living in a care centre for HIV/AIDS infected people. My mommy was obviously also infected and could not afford to keep me ... I know she loved me very much and would visit me when she could. And then the care centre had to close down because they didn’t have any funds. So my foster mother, Gail Johnson ... said ... she would take me home with her and have been living with her for eight years now ... I hate having AIDS because I get very sick and get very sad when I think about of all the other children and babies that are sick with AIDS ... Care for us and accept us – we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, we have needs just like everyone else. Don’t be afraid of us. We are all the same.  

Nkosi’s story brought home the unremitting despair of AIDS in children. His story was seen as a chronicle of tragedy – of youthful innocence lost to AIDS. Described in some news reports as “stick thin” and “weighing just ten kilograms”, Nkosi’s story sent an extraordinary powerful message that AIDS is real and that it kills real people. Today, young Nkosi is most commonly regarded as “the first schoolchild who was publicly known to have AIDS”. His living with HIV added his name to the estimated 20 000 children born to seropositive mothers nationwide. His story also highlighted in a brutal manner the ravaging effects of AIDS on society as a whole. Nkosi’s harrowing experience accentuated AIDS as a major social problem. Like Kimberly Bergalis’s story (discussed in Chapter 8), the young man’s struggle with AIDS send a warning message to us all: it can also happen to you. It sent out the chilling message

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96 Ibid.
97 World Vision 13 June 2000, Australia.
that the impact of AIDS is much more global in its overreach than we had previously thought. It underlined the idea that AIDS is an egalitarian disease. It strikes indiscriminately, any time, anywhere. No one is immune to the disease. No one, including children. *The Star* acknowledged this determining power, randomness, and indiscriminating nature of AIDS by declaring:

AIDS is no longer the disease anyone can opt to ignore. It affects everyone in some way and demands that all sectors of society become actively involved in prevention programmes, and in preparing for care and support to the thousands who will need it.  

Several years after liberation when the killings of AIDS failed to stop, children like Nkosi Johnson were reportedly the most affected segment of the population, the products of ‘families in jeopardy’. The concept of ‘family jeopardy’ is used in another context by Armstrong and Reid\(^{100}\) to describe an archetypical 19th-century family, which sells itself off as the most viable instrument of protection when it encounters what it deems to be corrosive images, that is, threats from the outside world. In my rendering, South African families ravaged by both apartheid history and AIDS are reminiscent of Reid and Armstrong’s families in jeopardy. Apartheid policy and AIDS represented both the ‘outside world’ and its fearful images (or threats). Undoubtedly, in the mid-1990s apartheid produced many families in jeopardy.

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\(^{98}\) Ibid.


Apartheid created a heartless world, since it destroyed thousands and thousands of families through many decades of repression or absolutism. For example, between 1960 and 1982 an estimated 3.5 million people were forcibly removed from their land.\footnote{The Star, 16 December 1999.} Not only did this create the epidemiological requirements for diseases of poverty, it also created the institutional requirement for families in jeopardy, families in a ‘state of nature,’ a state of moral decay. And within apartheid’s families in jeopardy children were the hardest hit. Poor and truly destitute, they fell victim to the horrific effects of AIDS. The weekend newspaper \textit{Sunday Times} captured the tragic fate of a young freedom fighter dying of AIDS in this fashion:

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He is so thin and very dark now, a shadow of the invisible young lion we once feared and admired.\footnote{Sunday Times, 18 June 2000.}
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And a distraught mother revealed the horrific images of her son in this manner:

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My son was dying in one room, while his wife and children were on their deathbed in another room. It was like a horror movie. I could not believe what was happening. I have been burying AIDS victims since 1995, but I have never seen something like this.\footnote{The Sunday World, 16 January 2000.}
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Thus, ‘AIDS babies’ were represented in the media as children living in a cold, callous and heartless world. Ever since they had reached sexual maturity, AIDS had been hanging like an albatross around their necks. AIDS plagued them no end. AIDS
was represented as part of the reality of growing up, as an inevitable consequence of being an adult, “a status which presupposes being sexually active”. The Sunday World underlined this reading along these lines:

AIDS has become a household word which seems to have been accepted as a fact of life ... The general feeling was that it would be just a matter of time if they were not already infected and they were quite confident that many, if not most, of their peers had already contracted the virus.

Towards the end of the 1990s the incredible sense of urgency to do something about children living with AIDS was given major impetus by startling reports that revealed that the number of AIDS orphans was fated to increase by as much as 75 per cent (see below). Not only did this finding confirm the worst-case scenario bequeathed by AIDS, it also underscored the harrowing fact that children were the most vulnerable segment of society. The Sowetan lent force to this point of view when it reported that the primary damage of AIDS “is not to those who die but those who depended on them”. The majority of these children came from very poor economic backgrounds, surrounded not by love and affection, but rather by the sense of darkness and gloom that collected around AIDS. AIDS symbolised a dark cloud hovering over their heads, poised to strike at any moment in time. Destitute and sick, these children faced up to a continuing nightmare, a future mirrored by the rising numbers of HIV infections. Some of the children, lacking parental guidance and care, were urged towards macabre ways of acting. Take this youth as a good example:

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104 Ibid.
105 Ibid.
What is the purpose of putting on a condom when it is very clear that we are going to die one day? Do you really think that most of us enjoy life on the street? There is simply no hope for the future. Every single move we make these days is suicidal.  

Media representations of AIDS babies should also remind us of the inclusive ideals of the rainbow nation. The overburdened or ‘flooded’ health system justified the society’s commitment towards the idea of community participation in health care, not only to redeem those who contracted HIV through sexual intercourse (adults), but also the most innocent of bystanders (children). “All they need is love and more human bonding to make their world meaningful,” said the Sowetan. For one thing, the newspaper added, it is not their fault that they have contracted HIV or AIDS. “Don’t forget the children,” warned The Star. That HIV is a lentivirus that made possible the slow and agonising death of its victims justified the call for help and care “at the end of the road”. Other news reports called for a “loving atmosphere” for children living with HIV. Yet others called for love before the “last days”.  

I argue that the media’s themes of compassion, care, social responsibility and love for the victims of HIV truly exemplify the essence of a ‘moral relation’. In another context, Clarke states that treating others in their own right – as human beings – is the essence of a ‘moral relation’. It entails reciprocal relationships, relationships based

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110 The Star, 16 December 1999.  
111 Ibid.  
113 Ibid.  
114 Clarke, AIDS, politics, medicine and society, 181.
on cooperation, trust and mutual care and support. In terms of media reports on AIDS from the mid-1990s the essence of a moral relation found profound expressions in value generalization, value integration, civic virtue, and social responsibility. Rather than treat HIV positives in stereotypical terms, the media called for their consecration, their affirmation, their inclusion into the larger society. The essence of a moral relation also embodied respect of their traditional freedoms, including their human rights. The media repudiated all of the attempts to ostracize, marginalize or discriminate against HIV positives.

Towards this end, the media turned the quasi-existentialist idea (the individualization of health care) of the early 1980s on its head. The overriding idea became one in which social responsibility for health care, rather than individual responsibility, was mainstreamed. AIDS was regarded as an act of historical limitation. Although contamination by HIV was still regarded as an act of personal tragedy, by no means was this construed as an act of conscious choice, as an act of deliberate or intentional action. Human beings are contaminated by HIV more through the social conditions that limit their choices and reduce meaning, the media argued. Deprived of choices and meaning in life, risky behaviour (having multiple partners) becomes of little significance, even if the risks of contamination (macabre risks) are well known. A countercurrent to risky behaviour, the media argued, was sex education; the media recommended ‘safer’ sex practices. *Business Day* lent force to the importance of behavioural modification along these lines:

- The youth are in the process of learning sexual behaviours and are therefore much more receptive to adopting safer practices than older people.
- The high proportion of infections occur amongst the youth; this is not surprising since 45 per cent of the South African population is under the age of 20.
- The premature mortality of adults mean that the youth will need to fill the skill gaps in the workplace as well as in parenting and other household leadership roles.
- Prevention initiatives, especially if packaged as part of life skills, engender some hope for the future and build respectful relationships among young people.
- Health promotion initiatives targeting young people help in the effort to influence the adult members of their communities.¹¹⁵

The newspaper also weighed on the idea of social responsibility by announcing the following:

Children will need support to cope with emotional trauma resulting from sickness and deaths in their households. These ... challenge the education system to go beyond the traditional role and develop capacity and systems to support the large numbers of children in crisis, and provide them with life and survival skills from relatively early ages. Success in rising to these challenges will help to address the human and socio-

economic factors [my emphasis] that place children at risk of HIV infection in the longer term.\textsuperscript{116}

9.5 Representing the threat of social deviance

The key idea I am advancing in this Chapter is that from the mid-1990s the dominant tendency in the media was one in which AIDS was represented as a social problem. The media conveyed the sense that the disease vests in the community. It affects us all and therefore belongs to us all. ‘Your problem is my problem,’ became the common refrain. From the mid-1990s social responsibility and care for children living with HIV were given major impetus by the convergence of two factors, namely the rising numbers of paediatric AIDS and the rising numbers of children orphaned by AIDS. Of paediatric AIDS, some media estimated that 15 per cent of women attending antenatal clinics were infected with HIV.\textsuperscript{117} Other statistics estimated that 156 000 HIV-infected babies had been born in South Africa since 1990.\textsuperscript{118} In 1997 the Red Cross Children’s Hospital and the Somerset Hospital in Cape Town called for “more paediatric beds and more nursing staff”.\textsuperscript{119} Yet others indicated the following:

At antenatal clinics in rural KwaZulu-Natal and Durban the infection rate is between 17,5 per cent and 22 per cent. At the antenatal clinics in Johannesburg about 14 per cent of young women tested HIV positive. Figures for the North-West stand at 25,1 per cent. The Free State at 17,5 per cent and Mpumalanga at 15,8 per cent.\textsuperscript{120}

\textsuperscript{116} Ibid.
\textsuperscript{117} Sowetan, 25 April 1997.
\textsuperscript{118} The Saturday Star, 13 December 1997.
\textsuperscript{119} Ibid.
\textsuperscript{120} Sowetan, 3 December 1997.
Nationwide, the number of babies living with HIV was reported to be on the rise and to have the potential to increase even further. Among other things, this was explained by the fact that single mothers and their babies were the most impoverished of members of society. They lacked “minimal safety nets”.\(^{121}\) What is more, they,

\[\ldots\text{suffer depression, malnutrition, lack of immunisations or health care, increased demands for labour, loss of schooling, forfeiture of inheritance, forced migration, homelessness, vagrancy, starvation, crime and increased exposure to HIV infection.}\(^ {122}\)

The fashioned tale of ‘AIDS orphans’ as a metaphor of darkness, horror and disaster was brought home quite vividly by one story that appeared in *The Daily News* in 1997. The scene was the rural heartland of KwaZulu-Natal. The theme was the chronicle of gloom and poignancy bequeathed by the ‘Orphan crisis’. The protagonist, the central figure in the story, was the “baby girl”:

Abandoned, alone and critically ill, the baby girl was flown from Gauteng to Durban to spend the last days of her life ... With her mother and father both dead from AIDS, there was no extended family to look after her and she was not expected to survive her parents by too long. Taken to a Lily of the Valley, a centre for abandoned AIDS babies ... the little girl flourished for a short time, before she too succumbed to the

\(^{122}\) Ibid.
killer virus. She became another statistic, joining the six other children that daily die from the disease in KwaZulu-Natal. 123

In their depictions of AIDS orphans, the media found it necessary to create a sense of good and evil. Children orphaned by AIDS were viewed primarily as a threat against the moral order of society. The media took up the idea that the profundity of AIDS would be felt not only at the level of the age structure of the South African society, but also at the level of social deviance. The combined effects of the rising crime rate and the lack of parental guidance and support were regarded as a precondition for anarchy. 124 The media fastened on the idea that youth subcultures posed a serious threat to traditional social orders. *The Argus* newspaper called the growing HIV infections “the crime time-bomb”. 125 And according to *The Sunday Tribune*, the rapid march of HIV meant that an “Upsurge in crime may be expected”. 126 *The Sunday Tribune* accentuated this pattern of thought by reporting that the “AIDS epidemic sweeping the country will cause an escalation in the crime rate”. 127 *Business Day* concurred:

Children who lose a parent to AIDS suffer loss and grief ... Their loss is exacerbated by prejudice and social exclusion, and so can lead to exclusion from education and health care. As orphaned children under stress grow up without adequate parenting and support, they are at greater risk of developing antisocial behaviour. 128

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124 Ibid.
125 *Cape Argus*, 12 July 2000.
127 Ibid.
From this perspective, the media dedicated themselves to establishing or inferring correlations. The media undertook to ascertain the correlation between two sets of variables: HIV infections among children (independent variable) and high levels of crime (dependent variable). For children orphaned by AIDS are not surrounded by positive forces in their lives, that is, role models.129 Business Day also asserted that AIDS will breed a horde of rebels because as deaths increase “society and institutions will be unable to keep up”.130 This reveals the reason that children affected by AIDS were described in one newspaper as the “new lost generation”.131 AIDS orphans were described by City Press as a “tragic inheritance”.132 The newspaper asked: “Who will take care of those left behind?”133 The Sowetan summed it up all too plainly when it depicted the situation as “The Orphan crisis”.134 “Ten years ago,” The Sunday Tribune lamented, “the youth took care of the elderly.” “These days,” the newspaper continued, “the responsibility has shifted, with the elderly forced to look after the youth.”135 Occasionally, the youth assumed the status of authority. Take for instance the 14-year-old girl from KwaZulu-Natal, Zandile Khumalo. According to The Sunday Independent, her mother died in 1998, followed soon thereafter by her father. Unknown were the whereabouts of her stepfather, whose sexual affair with her mother bequeathed 9-year-old Zinzi and 8-year-old Lucas.136 As the elder sibling, Zandile was thrust into the role of adulthood; she was given the unenviable task of managing her parents’ so-called modest mud homestead.137

131 Ibid.
133 Ibid.
Zandile’s tragedy, *The Sunday Independent* reported, “mirrors the tragedy of scores of youngsters across KwaZulu-Natal”. Actually, her tragedy was generalised to mirror the tragedy of all of the children across the country. Zandile’s contemporaries were represented in the media in melancholy terms, as children robbed of parental love, care and affection. Their parents’ death heralded the end of innocence and the beginning of moments of anguish, pain and suffering. Their grandparents, many of whom were uneducated and unemployed, became incapable of generating sufficient income for the household.\textsuperscript{138} Compounding their difficulties, they themselves have to endure “a miserable period of suffering before they die”.\textsuperscript{139} The media argued that children such as Zandile suffer the negative consequences of stigmatization, social ostracism and exclusion. And these negative social reactions might cause them to redefine themselves in ways that promote social deviance. In other words, social stigmatization and exclusion might engender a deviant career. To cope with the negative social stereotypes, the labelled individual might want to live up to the social expectation of a deviant personality; he or she might be prompted to commit a crime. (This echoes the oft-stated sociological argument that social deviants are sometimes inclined to accept and adopt external social labels as personal self-conceptions.\textsuperscript{140})

Accordingly, the media found it necessary to locate AIDS orphans in relation to an understanding of the structural conditions of their times. They blamed their contamination by HIV and their proclivity towards social deviance on history. As indicated above, *Business Day* acknowledged the larger issues acting upon their lives

\textsuperscript{137} Ibid.  
\textsuperscript{138} Ibid.  
\textsuperscript{139} Ibid.  
when it reported that the education system “must go beyond the traditional role and develop capacity and systems to support the large numbers of children in crisis, and also provide them with life and survival skills from relatively early ages”.\textsuperscript{141} Success in rising to these challenges, the daily newspaper added, “will help to address the human and socio-economic factors [italics mine] which place children at risk of HIV infection in the longer term”.\textsuperscript{142}

Therefore, although the labelling of AIDS orphans as ‘deviant’ represented in itself a form of stereotype, by no means did this confer on them the status of inferiority. For the media obviated the negative constants of social stigma by conveying a more positive or redeeming narrative, a narrative which located them within an understanding of the wider sociological context. Components of social action, such as deviance, were situated sociologically.

Said one newspaper:

\begin{quote}
Crime will increase \textit{because of the disintegration of the social fabric of our society} [italics mine]. It will be made worse by the lack of guidance, care and support for HIV positive people including children. The solution to the problem would be to ensure that people living with HIV were not discriminated against and were given support by their communities.\textsuperscript{143}
\end{quote}

Here the sense conveyed was that AIDS resided not within the individual, but rather within the social context. Social disorders such as crime and HIV were traceable to the

\begin{flushright}
\textsuperscript{141} \textit{Business Day}, 11 May 2000.
\textsuperscript{142} Ibid.
\end{flushright}
breakdown in the social fabric of society. And when the victims of AIDS cannot enter into what Ritzer\textsuperscript{144} would call “conditions of meaningful reciprocity”, when they shed their sense of humanity, the media proposed their investment with care, love and affection. After all, “AIDS affects all aspects of our lives”.\textsuperscript{145} Social grants also symbolised care, love and affection for abandoned and destitute ‘AIDS babies’. Towards the end of 1999 \textit{Business Day} reported that disability payouts were to increase fourfold, amid expectations that AIDS-associated mortality was bound to peak between 2005 and 2010\textsuperscript{146} and that 131 263 children would be born HIV positive.\textsuperscript{147} In 1997 societal concern with children affected by AIDS also found expression in the adoption of the theme, “Children Living With AIDS”, to mark World AIDS Day. According to \textit{The Daily News}, this theme “brings to mind the desperate situation of the millions of children born with the HIV infection, the millions who will be orphaned and the billions who are at risk of being infected”.\textsuperscript{148} Consequently, UNAIDS and provincial health departments called for improved understanding of the impact of AIDS on children, the strengthening of public partnerships, and the recognition of an unbreakable symmetry between the rights of children, human rights and the disease.\textsuperscript{149}

At this time, community centres taking care of children living with AIDS increased quite significantly. There was, for example, the Ethembeni Children’s Home Care Centre (based in Johannesburg), which in 1997 took care of 31 AIDS babies. The

\textsuperscript{143} Ibid.
\textsuperscript{144} Ritzer, \textit{Sociological theory}.
\textsuperscript{146} Business Day, 27 October 1999.
\textsuperscript{147} The Citizen, 25 July 2000.
\textsuperscript{149} Ibid.
Cotlands Baby Sanctuary also “stepped in to assist with the situation”,\textsuperscript{150} to take care of abandoned children (29 children in total). The centre offered complete care for all babies “from the time they get admitted with HIV until they die of AIDS”.\textsuperscript{151} And in the Western Cape, Nazareth House cared for 25 babies and children living with HIV.\textsuperscript{152} Another organization that participated in the building of a ‘better world’ was Cindi – short for Children in Distress. Cindi (based in Pietermaritzburg, KwaZulu-Natal) started off as a conglomeration of six community-based organisations, including NGOs; soon it had grown up to 30 partners, including local government departments.\textsuperscript{153} Cindi aimed to ensure that children orphaned by AIDS were not entirely separated from the communities in which their deceased parents belonged.\textsuperscript{154}

Given the scarcity of resources, some of the children orphaned by AIDS were put up for foster care and adoption. Take for example a three-year-old boy known only as ‘Moses’. Moses was found wrapped up in a plastic packet in a dirty dustbin, his mouth stuffed with paper, his cold body covered with sores, barely breathing and barely alive.\textsuperscript{155} A passer-by found him and took him to another home for abandoned children, Ethembeni Place of Hope (note that in 1999 Ethembeni housed 53 babies). There the boy tested positive for HIV.\textsuperscript{156}

The media cited these institutions (community care centres) as bastions of safety and hope for abandoned children. The media urged local communities, including the

\textsuperscript{150} The Saturday Star, 13 December 1997.
\textsuperscript{151} Ibid.
\textsuperscript{152} Ibid.
\textsuperscript{153} The Sunday Independent, 30 May 1999.
\textsuperscript{154} Ibid.
\textsuperscript{155} The Sunday World, 7 March 1999.
\textsuperscript{156} Ibid.
national government and non-governmental organisations (NGOs), to direct public health policy not only towards homosexuals and men and women with multiple partners (heterosexuals), but also to target children from ‘families in jeopardy’, children living in a heartless world bequeathed by AIDS and apartheid history. The sense of urgency to stop AIDS among children was justified because many parents were reportedly terminally ill with the disease. At the time the *Sowetan* described children living in ‘families in jeopardy’ as “our children with AIDS”. According to the newspaper, most of these children are “under 10 years” and “were usually infected by their mothers during pregnancy, childbirth or breastfeeding”.¹⁵⁷ In addition,

Some of these children in the same age group become infected as a result of sexual abuse. Other children between the ages of 15 and 18 years contract the virus through sexual activity.¹⁵⁸

Hear the plight of the young Tshepo Sitali:

My name is Tshepo Sitali. I am 8 years old. I turned 8 last month. On the 15th of August. My best friend, Thandi, will turn 8 next month. Her father will not be there to help her cut her birthday candles. Her mother will not be there to help her cut her birthday cake. They both died from AIDS last year. As you talk about the problem of HIV/AIDS, think about us, the children. For a long time you have turned off our voices and we cannot be heard. We are trying to reach you, trying to tell you something, to draw your attention to how we feel.¹⁵⁹

¹⁵⁷ *Sowetan*, 1 December 1997.
¹⁵⁸ Ibid.
¹⁵⁹
Some among our AIDS orphans stayed together in child-headed households. Take for example Zandile Khumalo, the 14-year-old girl from KwaZulu-Natal (see above). In between performing her household chores, Zandile cared for her two younger siblings and her ageing grandfather – who was unemployed and could only offer “moral support”. Some, feeling embittered by the physical reality of their existence, reportedly joined “gangs of street children”. In KwaZulu-Natal, about half of these children were reportedly HIV positive. About 10 per cent lived an average of three years and a small percentage survived until the age of about 11, mostly dying of respiratory infections or gastro-enteritis.

9.6 Conclusion: creating the equalities of condition

In this Chapter, we learned about one of the central ambiguities of the AIDS story in the media. On the one hand, the dominant conception of AIDS was that the disease is typified by a long asymptomatic phase. HIV was not only regarded as a causative agent for AIDS, but was also caricatured as a lentivirus (this lent force to its evolutionary manifestations). After the initial infection, the disease becomes hidden in the body tissues of men, women and children for a much longer period. Reportedly, this long asymptomatic phase masked the devastating effects of the disease. Hence, the asymptomatic phase was characterized as the period marked by denial and ignorance. On the other hand, HIV was depicted as a virus that bequeathed higher levels of mortality (this offered the most tangible proof of its revolutionary

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159 *The Sunday Independent*, 19 September 1999.
manifestations). Many newspapers accentuated the phenomenal growth of HIV deaths.

The key argument I promoted in this Chapter is that from the mid-1990s the story of AIDS does not remind us of the exclusionary measures of the past. For the media promoted moral argumentation on behalf of the victims of the disease. The media argued in favour of their fundamental rights, which were embodied in the new constitution. Many news reports put emphasis on the inclusion of HIV positives into the broader society and abhorred the application of particularistic criteria in the allocation of health care. The building of a ‘caring society’ became the end goal of many media reports on AIDS.

From this rendering, the period from the mid-1990s represented some break with the past. Health care was commonly regarded as a ‘public good’. The media not only spotted outbreaks of AIDS to keep their readers updated or informed, but were also spurred on by civic virtues and attitudes. For AIDS did not affect only gay men and Haitians, but also afflicted those on the margins of society, that is, the poor, the wretched of the earth. In addition, the media promoted moral argumentation on behalf of those incapable of exercising personal or moral choices, that is, AIDS babies. The frightening number of HIV infections among children prompted the media to argue that the South African population at large were at risk of contamination. We are far more connected to the tragedy of the AIDS disease than we can imagine, the media taught us. This too justified the transformation of South African society not only into a rainbow nation, but also into a caring society, a society devoted and dedicated to
caring for children afflicted by invisible antigens. Self-responsibility was substituted for social responsibility.

Moreover, the idea of a caring society was situated within a wider sociological understanding. Large-scale changes wrought by apartheid and the political transition not only caused rapid urbanization, but also heralded the destruction of a number of institutions. This institutional fragmentation and change justified public devotion to building a caring society too. Because social factors were implicated in the spread of the AIDS virus, society at large was held responsible for the care and treatment of all of the people living with the disease. Since HIV was a product of a heartless world created by apartheid, it was argued that society itself should undertake the task of creating a ‘participatory’ environment.

Here you can see emerging very clearly the media’s dominant theme of redemption. Undoubtedly, the AIDS story was completely redeemed. No longer was AIDS blamed on the individual, much less on the complacent attitudes of many South Africans. No longer was AIDS blamed solely on the moral irresponsibility, the sexual promiscuity, of the victims themselves. The media ceased to convey to their readers the sense of moral outrage or moral protest which figured very prominently in the past. The fundamental challenge facing a society in transition, so the argument ran, was the creation of a social system founded on egalitarianism. AIDS was seen as a chronicle of history, a manifestation of the larger issues. AIDS was represented not so much as a personal tragedy as a historical tragedy
Towards this end, moral protest (the creation of good and evil or conceptions of ‘insiders’ and ‘outsiders’), individual responsibility for health care and discrimination based on skin colour, sexual orientation and health status, were corrosive images. The media announced that community involvement in health care was the greatest moral challenge facing the rainbow nation. Hence, I argue that the ‘redemptive quality’ in the media is traceable to major changes in the socio-political environment of the time. AIDS represented a symptom of some deep-seated sickness of the society in transition. The contradictions and crises of apartheid and the social incoherence bequeathed by the political transition justified the movement towards an inclusive society.

This should remind us of the structural functionalist approach discussed at the beginning of the thesis. Media reports of the time are paramount for an understanding of traditional sociology. For the media argued that the rising numbers of HIV infections among children justified the reconstitution of South African society into a consensual society, a society founded on reciprocal and cooperative relationships. The news reports concerning children living with HIV not only drove home the horrific effects of the disease, but also the decrepit or fragile lives these children were fated to lead. They lose their sense of self or identity. As a result, they cease to conform to societal values and expectations. In other words, they are moved to exist in an existentialist state, as personality types capable of imposing their will on the total society. This should remind the reader of the structural functionalist view of illness or disease as an unnatural state of the human body that causes not only physical dysfunction, but also social dysfunction.\footnote{See for example Lupton, \textit{Medicine as culture}, 6.}

\footnote{163 See for example Lupton, \textit{Medicine as culture}, 6.}
Because AIDS was viewed as a fearful image, as an embodiment of some kind of social disorder, the media were prompted to foster the conditions for “meaningful reciprocity”, to formulate values in more general terms. Value integration and stable relations were regarded as functional prerequisites for social order, as countercurrents to ‘families in jeopardy’. Society and its component parts (notably, community care centres) were sold off as countervailing mechanisms against outside threats, against fearful images of the AIDS virus.

In the final summing up:

From the early 1980s the real melting pot in the AIDS story contained not only an amalgam of sex, love, promiscuity, stereotyping, scapegoating, social deviance, identity, and ‘families in jeopardy’, but also the narrative of “redemption”. AIDS managed to maintain its indisputable dominance on society as a whole not only by virtue of its macabre character, or by virtue of its visibility or transparent nature (the disease was, and still is, simply there; clear-crystal and newsworthy). Undeniably, the AIDS story hung too heavily in the popular imagination also because it contained some redeeming qualities. It was set up in a dominant position also because of its emancipatory or liberatory value. From the mid-1990s we can plainly see the story of AIDS in the media urging itself towards a more positive narrative of “redemption”. Hence, I argue that AIDS is not only a pathological condition, AIDS is also a story rehearsed and told by the media about the nature of social life. AIDS conjures up images of ‘authentic voices’. The story of AIDS in the media is a compelling version
of an entrenched cultural object which is capable of imposing its will on society and its component parts.