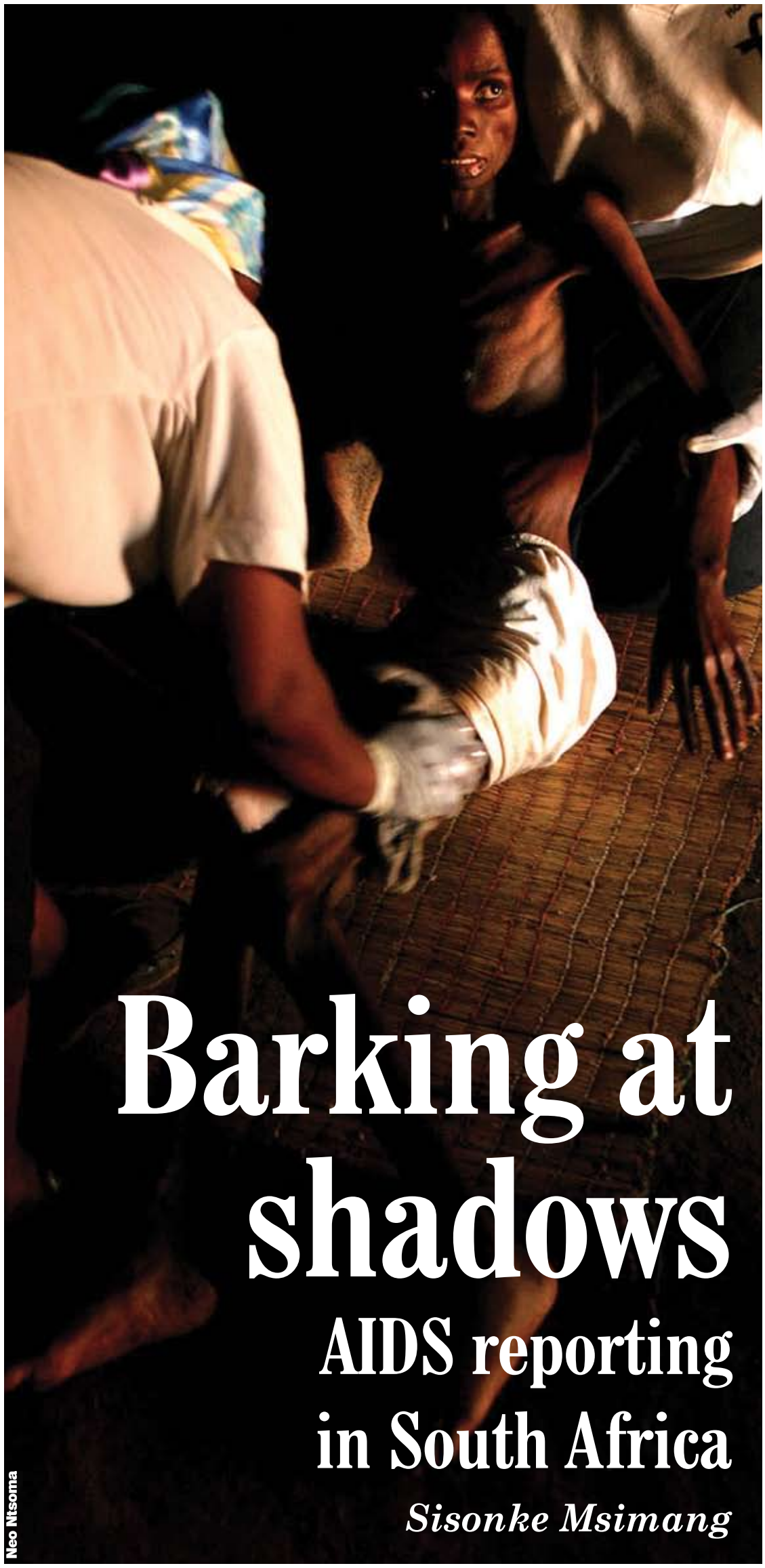

Neo Ntsoma

Barking at shadows

AIDS reporting in South Africa

Sisonke Msimang

> **In the eyes of many HIV-positive South Africans, media ethics around privacy are sorely lacking.**

Over the last 10 years, the media have had a complicated relationship with the new government. Media institutions that were left-leaning in the apartheid era, and therefore sympathetic to the liberation movement, have had to carve out a new role for themselves – playing a balancing act between impartiality, critique and support. Those that were sympathetic to the views of the old establishment have also grappled with their role in a changing society. To what extent do their loyalties lie with the interests of their audiences, and who really constitutes "the public" – their readers, or society at large?

The big media houses have frequently come under fire in the last decade for continuing to embody the ideologies, hiring practices and journalistic ethics of the past. Indeed, changing the ownership structure of the media industry has been a priority among some in government, and a number of black private sector interests, aligned with the ANC, have made significant investments in media – New Africa Publications and Johnnic being prime examples.

Given the confluence of so many schisms under the banner of AIDS – sexuality, morality, disease, racism – those writing (and reading) stories about AIDS have had to navigate a minefield of subjects: sexuality, gender, African tradition and culture, masculinity, and of course, race (which South Africans are both obsessed by and have little capacity to speak about rationally). In that sense, AIDS reporting has been no different from reporting on crime, elections, the Truth and Reconciliation Commission, corruption or any of the other big stories of the decade. South Africans see the world in a manner that is deeply defined by the faultlines of class, gender and, most importantly, race.

When the party, whose face Nelson Mandela had come to symbolise, swept into power in 1994, AIDS figures were relatively low by current standards: 7.2% of antenatal clinic attendants were testing HIV positive. AIDS was not yet a significant story in the eyes of the media, or society at large, for that matter.

The first major AIDS story broke in the media in 1996, when it was found that then health minister Nkosasana Zuma had awarded a contract to Mbongeni Ngema to stage *Sarafina II* as an AIDS prevention play. It was charged – and eventually found by the public prosecutor – that irregular tender procedures had been used in the awarding of the R14.7 million contract. The state forked out R10 million of this money although the play was never staged.

Correctly, media reporting was not so much about AIDS in this instance, as it was about allegations of corruption and cronyism. Sources quoted in stories wondered why community education groups were not provided with similar financial support, given the broad reach of their work. Editors blasted the minster for assuming that a single play could result in behaviour change required to turn the epidemic around. A number suggested that the minister had a penchant for ignoring government procedures and bypassing official channels. By the end of the saga, Zuma was increasingly lampooned for defending herself by claiming a "mystery donor" had offered to pay for the play.

Two years later, the notion that Zuma often acted in a unilateral manner was reinforced by the scandal surrounding the potential AIDS drug Virodene. Minister Zuma and Deputy President Mbeki were convinced by Olga and Zigi Visser – scientists of questionable credibility – that Virodene might offer a cure for HIV/AIDS. Again, the media uproar was about Zuma's propensity for bypassing official structures. In this case, the inventors went directly

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to Cabinet instead of through the Medicine Controls Council (MCC). The minister and this time the deputy president took well intentioned, but ill-advised decisions outside regular channels.

The tone of many Virodene articles was derisive on two counts. Firstly, the cabinet was described as naïve and amateurish for believing the two scientists could have come up with a cure despite the fact that millions of dollars had been pumped into the global search for a number of years. Secondly, the Cabinet was criticised again for attempting to dispense with the usual MCC research protocols. As a number of reports pointed out, senior government officials treated the protocols, which exist to safeguard the health of South Africans, as though they were designed to impede scientific progress.

Although the Virodene scandal consumed a significant number of headlines in 1998, it was also becoming increasingly clear that the deputy president was concerned about and interested in the AIDS crisis. That year, Mbeki launched the Partnership against AIDS.

In launching the partnership in October, the deputy president said: "For too long we have closed our eyes as a nation, hoping the truth was not so real. For many years, we have allowed the HI Virus to spread, and at a rate in our country which is one of the fastest in the world."

The nation paused to listen. At work, we turned on the television and watched our future president speak. There he sat, well-starched in a suit, with an active group of children affected by HIV crawling on the floor around him. There was a little boy on his lap; a writhing little bundle who seemed utterly unconcerned about the presence of the camera. His fingers were interested only in exploring the face of the stiff, but nice, man on whom he was perched.

That day, I was proud of my deputy president. It was clear that he was uncomfortable, but he had listened to his advisors and forged ahead anyway, speaking about the centrality of AIDS for South Africa's development. That day, I felt we were on track.

The camera was firmly fixed on him, his vulnerability and courage, his elderly uncle-ness on display for the nation. It was a tender and endearing moment, sweet with hope. It was not early, but we still had time. It was 1998 and 1 500 people were getting infected every day.

Two months later, the nation was stunned by the brutal and very public murder of Gugu Dlamini. On 1 December – World AIDS Day – hours after she had disclosed her HIV status, a group of young men killed her. They said she was bringing shame upon their community.

At the time, Minister Zuma was well on her way to finalising a policy which would have made HIV/AIDS a notifiable condition. The murder forced the health ministry to rethink this approach. Dlamini's death taught people working in the AIDS arena that stigma could be deadly. It demonstrated to the ministry that a policy to make AIDS notifiable would almost certainly result in the victimisation of a great deal of people, most of them women.

The following year marked the end of our first five years of democracy. As South Africa said goodbye to Madiba, President Thabo Mbeki ushered in a new era, that many suggested would be the era of the African. President Mbeki's new cabinet included Manto Tshabalala-Msimang, who was widely respected in her previous post as deputy minister of justice. Her appointment came as a relief to many who had felt that Zuma's style was abrasive and non-consultative. The honeymoon was brief. By the end of that year, media reporting was increasingly focused on the confrontational nature of the minister's relationships with various civil society groups.

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The headlines in 1999 were dominated by the Department of Health's refusal to provide Nevirapine to pregnant women to prevent the transmission of HIV during pregnancy and childbirth.

The newly-formed Treatment Action Campaign (TAC) embarked upon a campaign to convince the government to extend the provision of Nevirapine to HIV-positive, pregnant women. By 2000, the minister had agreed to provide Nevirapine in 18 clinics across the country – two in each province. The TAC felt this was insufficient; Nevirapine had proven its efficacy, and could potentially prevent HIV in 35 000 newborns each year. Arguing that the coverage of the programme was too small and that the restrictions on the programme were "unreasonable" in view of the state's constitutional obligations to provide access to health, the TAC took the government to court.

The case reached the Constitutional Court in 2002, which found in the TAC's favour, paving the way for the provision of anti-retroviral drugs (ARVs) to all pregnant women attending health facilities across the country.

2000 also marked the year President Mbeki began seriously questioning the science of HIV/AIDS. He established a presidential advisory panel to look into the matter and invited Peter Duesburg and David Resnick to join it. Both men are "AIDS dissidents" who question the existence of the HI virus. Mbeki's questions covered a number of specific areas. Firstly, he wondered aloud whether poverty, not simply HIV, was the underlying problem driving AIDS. Underneath his question was a clear line of thought that he alluded to on a number of occasions. If AIDS was disproportionately affecting Africans, why was this the case? Was there something genetic about Africans that predisposed them to this vulnerability? If the answer was no, then the problem had to be poverty. If this was true, it led to another series of questions about the nature of the virus itself. Therein lay the desire to clarify the link between HIV and AIDS. On one level, the President's questions were not those of an innocent. They were drenched in scepticism about the accuracy of the numbers of people infected by HIV and the verity of claims that the same virus could be infecting so many Africans heterosexually, while in the west it had skipped the mainstream and gone straight to gay men. It was obvious that the link with "sexual deviance" was not one he appreciated.

On another level, the President's questions, and the manner in which he publicly posed them, were extremely naïve. Advisors and briefings should have sorted him out quickly. There were endless column lines dedicated to the autocratic tendencies he displayed in ignoring advice and choosing to publicly question conventional wisdom in a manner that was so spectacularly lacking in political acumen.

Like dogs with a tasty, meaty bone, the media repeatedly put pressure on the President and the increasingly belligerent new health minister to make pronouncements clarifying their views on the link between the virus and the syndrome.

The controversy reached boiling point during the international AIDS conference in Durban. The conference provided the President an opportunity to make a statement about the controversy surrounding his views. Some had speculated he would put rumours to rest in front of an international audience. Instead, he stoked the fire.

Mbeki's address at the opening of the conference raised the hackles of many AIDS activists. He affirmed his position on poverty as the primary factor driving the AIDS pandemic, and questioned those who criticised the government for seeking to know more about HIV by putting together the presidential AIDS panel.

In stark contrast, Nkosi Johnson, the 11-year-old boy born with HIV told a very different story. His address at the conference highlighted the differences between Mbeki's views and the human reality of AIDS. A little boy was dying because he got treatment too late. His mother was dead for the same reason. The president's preoccupation with race did little to change these facts. Nor could the media spotlight stop the inexorable progression of AIDS in his body: less than a year later, Nkosi died.

Months after his death, a lengthy document was released by a few members of the ANC. Peter Mokaba was one of the chief authors. The paper, entitled "HIV/AIDS and the Struggle for the Humanisation of the African" was circulated as a discussion document of the ANC. It claimed that Nkosi had died, "vanquished by the anti-retroviral drugs he was forced to consume (by the white woman who adopted him)".

The document also commented on presidential spokesperson, Parks Mankahlana, who died a few months after Nkosi in 2001. It claimed that Mankahlana had also been killed by anti-retrovirals. Eighteen months later, in 2002, Mokaba himself died at the age of 44.

Activists took strong exception to statements about the toxicity of AIDS drugs. They used the media to point out that ARVs were proven to work and had been used in the global North with demonstrable success. They argued that treatment provided hope to those living with HIV and offered a workable solution to the problems that would be experienced by high prevalence countries in which AIDS deaths were already negatively affecting economies.

This public sniping between the government and civil society organisations must be seen in the context of a global debate – spearheaded in this country – about the affordability and suitability of anti-retrovirals in low-cost settings. It may have been politically expedient within this country to question the side effects of ARVs, because the government did not want to pay large sums to procure the drugs, but the bigger picture was that the ability of African people to tell time and take pills consistently was being questioned by USAID's global director. He used our perceived backwardness as an excuse to argue that ARVs would not work in low resource settings.

The battle for treatment has been partially won, but the net effect of the toxicity debates has yet to be measured.

When looked at crudely, AIDS reporting – whether it is about the president and his questions, or Nkosi Johnson, or Virodene – boils down to a few critical facts: much of the media is still white-owned, the new government black-run. At times, the government is portrayed as bungling and corrupt by the media and in turn, the media are depicted by the government as racist and unpatriotic. Between these polarised positions lie the facts: between 1994 and 2004, millions of South Africans have died of AIDS-related diseases, and prevalence has risen by 150%.

The media have also had a hand in constructing a number of discourses around AIDS. Firstly, there has been the "incompetent government bungles AIDS response" discourse.

At the height of the Virodene debate, and the President's questioning of the link, there was a strong thread of this argument. Suddenly there was a black government in place that seemed to have a penchant for ignoring procedures, firing ministerial

advisors and bypassing structures.

The second discourse has been around the notion that "blacks get AIDS and whites help them to deal with it". The reality is that in a primarily black country, the majority of people with AIDS are bound to be black. In addition, in a country in which most whites are better educated than most black people, there are bound to be a number of very articulate white people around. The few white people who have publicly disclosed their status have received nothing short of public adulation. Most prominent of these is Judge Edwin Cameron. Stories profiling him are dramatically different from those profiling poor women living in townships.

Some members of the ANC, including the minister of health herself, have implied that whites drive the agenda of TAC. In her infamous shouting match with Mark Heywood, who was chair of TAC at the time, the minister said: "They come with two buses and go to the commissions where they wait for the white man to tell them what to do... Our Africans say: 'Let us wait for a white man to deploy us... to say to us... you must toyi toyi here.'"

In the early years, before there was training and sensitivity seminars, reports often focused on the individual behaviour of people rather than the broader social inequities that brought about risky behaviours. There were moralistic arguments made about the need for people not to be promiscuous, columns dedicated to blaming people living with AIDS for willingly spreading the infection, repeated use of the words "victim" and "sufferer". While these words and ideas still sometimes creep into articles, for the most part journalists have come a long way towards recognising that blame is not particularly constructive or relevant to the collective story of AIDS in South Africa.

Thirdly, there has been a "guess who's got it now?" discourse around HIV/AIDS, particularly among high profile people. This has meant sensationalised stories. When Khabzela, a DJ on the Gauteng radio station YFM disclosed his HIV status, the *Saturday Star* responded with conservatism and blame. The editorial suggested, DJ Khabzela "himself did not believe in what he was preaching", noting "the clarion call to destigmatise the disease through public shows is chic, but unfortunately seems to be ineffective". It went on to ask that South Africans "reintroduce traditional values in our societies".

In the eyes of many HIV-positive South Africans, media ethics around privacy are sorely lacking. The high profile cases of Peter Mokaba and Parks Mankahlana have been well documented. In both cases, the men denied being HIV-positive when they were alive, but media speculation persisted. High-level officials correctly intervened in both cases to assert the rights of both men and their families to privacy on the matter of their HIV status. However, while their rights to privacy are certainly important, the media argued that their role in promoting AIDS denialism made their HIV status a matter of public interest.

Yet, as Kerry Cullinan points out, public concern and outrage has seldom been expressed when ordinary South Africans' right to privacy has been violated. Cullinan cites the example of an HIV positive woman who allowed a photographer to take pictures of her, on condition that they were not used within this country. The photographs were used in a national Sunday paper, and as a result, she was expelled from her home.

Clearly, the media are not the root of all evil. Its practitioners do not invent conversations, or create opinions alone, nor are they monolithic. There are a great number of media players with contrasting ideologies and competing agendas. But it is also true that the media as a bloc are a powerful shaper of ideas. This ability to shape ideas does not preclude it from being influenced by the ideas of policy-makers and important members of civil society.


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Although journalists and editors are constantly in the process of constructing reality, the media are also largely reflective of social realities. When members of the ruling party circulate a document suggesting that anti-retrovirals are part of a conspiracy to kill black people, the media have a responsibility to report this. Yet the naming of this fear – that 10 years into democracy, members of the black elite are still threatened by the covert use of power by white people – feeds into ongoing racial battles that continue to define this nation.

So the sensitivities of the President and his men around the perception of AIDS, caused by stereotypical notions of Africans as a race of hyper-sexed individuals, must be taken seriously on some level. The media response – which has either been denial or derision – does not allow for a proper discussion of the issues which continue to preoccupy the people of the new South African. Indeed, recognising what lies at the root of anxieties about talking about AIDS in particular ways, would allow AIDS reporting itself to improve.

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