

# AIDS IS A WIBBLY BOB

PEOPLE OFTEN ASK ME IF I DON'T GET TIRED OF COVERING THE "DREARY" AND "DEPRESSING" SUBJECT OF AIDS. I UNDERSTAND WHERE SUCH PEOPLE ARE COMING FROM, AND I FORGIVE THEIR IGNORANCE. BUT FAR FROM BEING FATIGUED BY CHASING DOWN STORIES AROUND ONE OF THE GREATEST PANDEMICS THE GLOBE HAS YET KNOWN, IT INVIGORATES ME.

**H**ow could I ever become bored reporting on Aids and the myriad issues surrounding it? To my mind, Aids is a mirror, reflecting everything dysfunctional in modern societies – from racial and sexual prejudice, to political inaction, to homophobia. Aids highlights the ever-widening gap between rich and poor, the cracks in countries' governing structures, the role (or lack of it) that civil society plays in trying to seal those fissures.

Many people I meet equate Aids with death. But for me, Aids is about life. Yes, I have watched it destroy lives. Yes, I have seen it making idiots out of highly intelligent people. Yes, I have seen it force the hands of powerful individuals into making decisions that have resulted in the deaths of thousands of people. Yes, I have gazed upon the beast as it has melted souls into dust.

But far more often, I have witnessed it transforming lives for the better, as it became testimony to the power and sheen of the human spirit. I have seen it turn racists into humanists; I have witnessed it morph misogynists into defenders of

women's rights. I have looked into its eyes as it has moulded souls into gold.

I wasn't always enthusiastic about covering Aids. My eyes were just as firmly shut to the possibilities it offers as many African reporters' eyes are now. When I covered my first HIV conference in 1999 in Geneva, as the South African Broadcasting Corporation's health correspondent, I knew next to nothing about the politics of Aids and even less about the science of HIV.

I froze when I realised how many media conferences there were at any given time. I had no idea which to attend. I didn't know any of the role players. At the very first press briefing, a huge lump rose in my throat when I didn't even understand my fellow journalists' questions, let alone the scientists' responses. But then, I got lucky. I found someone to guide me through the morass.

Fatima Hassan was not a journalist. But she was someone with an extremely deep knowledge of Aids and the issues surrounding it, from science to politics, and she was very media savvy. After all, she was a lawyer who had worked for South Africa's then Aids Law Project.

Geneva was the spark that lit my relationship with Fatima. And, over the ensuing years, we would meet on occasion. She introduced me to topics she thought I should cover, and to experts who could speak on those topics.

Through Fatima's patience and selflessness, a new world opened up to me. I began to view society through the lens of Aids. The HIV epidemic took me into the heart of civil society and activism, into the oft dark bowels of ruling party politics, into the exhausting realm of science and medicine, into the incredible ability of humans to endure suffering and to transcend it.

Slowly, as I learned to tell compelling, human stories about Aids, and to unravel the terrible consequences of Aids dissidence and quack cures to a national audience, I gained confidence. I began to battle with news editors for more airtime for Aids stories.

Some of those battles I lost. But most, I won because I had knowledge, and through this knowledge, I could better argue my points and positions. Knowledge is power. And no one understands this cliché better than a journalist.

Fatima Hassan had vision. She realised the importance of the presence of a reporter who was clued up about Aids and its controversies at South Africa's public broadcaster — especially at a time in the nation's history when its president was denying that HIV caused Aids, and its health minister was slamming life-prolonging antiretroviral drugs as “poisonous”.

Such mentorship as that offered by Hassan, in my view, is the essential element missing in health journalism throughout Africa today. This void, I would argue, is the main reason why stories about HIV and Aids are mostly hidden deep inside newspapers and cut from radio and TV bulletins and programmes across the continent.

As I've tried to argue, it's not because the subject is inherently boring that this is happening. It's rather because of the formulaic way in which many HIV stories continue to be told, and because journalists for the most part have not been given the guidance and training necessary to give them the skills, and thus the power, to tell informed and — at the same time — gripping, Aids stories.

Aids is a complex epidemic. It requires considerable scientific and policy-related knowledge, as well as a good understanding of intricate topics such as the pharmaceutical industry's pricing structures and the politics of aid organisations. It's easy to get stories involving complicated issues like these wrong, especially if you aren't immersed in them every day.

What do reporters without backgrounds in reporting on HIV do when there's no one back at the office who knows more than they do about the politics and science of Aids? Well, my experience as a trainer in various newsrooms across Africa has shown me that they invariably knuckle down and write a story that's to the best of their abilities. The clock is ticking and they have to deliver.

More often than not, though, their stories about Aids lack strong angles, they often miss the real news at an event and, sometimes, they unwittingly misrepresent the facts... because mentorship simply isn't available to them — more so with regard to science reportage, of which the dearth on this continent is huge, than any other field of journalism in Africa.

In South Africa, to some degree, journalists now reporting on Aids and surrounding issues face a more daunting task than their colleagues of the past. Gone are the days — thankfully — when the country had a health minister punting garlic and potatoes as cures for Aids. Now, we have a far more “boring” minister in Aaron Motsoaledi. He actually believes that HIV causes Aids. He's actually doing his best to give his HIV-positive people medicine to keep them alive.

The topic of Aids is thus far less sexy in South Africa than it was in the past. Well, all the more reason for good mentors who are able to guide less knowledgeable journalists towards the wonderful, unusual stories about Aids that still abound, but remain untold.

For example: improved treatment means HIV-infected Africans are now living far longer than they ever have. Where are the stories about children who were born with HIV and are now graduating from university?

To explore their hopes and fears and dreams as these intensified and waned, or even dissipated, in their childhood, and where they are now in their lives, would surely make for a fascinating feature story. How does a 10-year-old child feel, being on a modern-day regimen of antiretroviral medicines? How does this affect his or her life?

Of course, to break stories such as this requires considerable skill, not to mention a grasp of the ethics involved in getting them to a wider audience. It demands good old fashioned spadework, but it also demands technical knowledge of HIV treatment and its implications.

There are experienced journalists in Africa, and particularly South Africa, who are outstanding writers on Aids. But many stories about the epidemic continue to be told by reporters who don't know much about it.

If we are to improve health writing on the continent, we must change this from within. The experienced journalists must be given the scope to lead from the front, and to impart their knowledge to their less-experienced colleagues. Obviously, this will require commitment from all concerned — including senior media managers. Are they brave enough to make this commitment for the future of health journalism in Africa?

Aids isn't boring. Rather, no one wants to read boring, ill-considered stories — on any subject. No one has to read, listen or view a report filled with bland statistics without any human face, simply because it focuses on a major epidemic. People want compelling stories. Good journalism. If an Aids story is exciting, people will read, listen to or view it. News editors will allocate space or airtime to it. And, at the same time as entertaining, it could very well save lives.

## THE HIV EPIDEMIC TOOK ME INTO THE HEART OF CIVIL SOCIETY AND ACTIVISM, INTO THE OFT DARK BOWELS OF RULING PARTY POLITICS, INTO THE EXHAUSTING REALM OF SCIENCE AND MEDICINE, INTO THE INCREDIBLE ABILITY OF HUMANS TO ENDURE SUFFERING AND TO TRANSCEND IT.

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