

# Mbeki's Denialism<sup>1</sup> and The Ghosts of Apartheid and Colonialism for Post-apartheid AIDS policy-making

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Thus does it happen that others who consider themselves to be our leaders take to the streets carrying their placards to demand that because we [black people] are germ carriers, and human beings of a lower order that cannot subject its [sic] reason to passion we must perforce adopt strange opinions, to save a depraved and diseased people from perishing from self-inflicted disease...convinced that we are but natural-born promiscuous carriers of germs...they proclaim that our continent is doomed to an inevitable mortal end because of our devotion to the sin of lust.

**- South African President Thabo Mbeki speaking at the Inaugural ZK Matthews Memorial Lecture University of Fort Hare.<sup>2</sup>**

Men make their own history, but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given and transmitted from the past.

**-Karl Marx. *The Eighteenth Brumaire of Louis Bonaparte.*<sup>3</sup>**

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<sup>1</sup> This paper was originally written for presentation at the Development Studies Workshop Seminar Series in mid-April 2002. Mbeki dramatically publicly distanced himself from this viewpoint a few weeks afterwards. This still does not reduce its as a policy-influencing, historically interesting phenomenon. About the term itself: Mbeki's denialism' is a neologism that has been coined by AIDS activists in South Africa. To use the more neutral term 'scepticism', would tend to imply that it is a fruitful philosophical endeavour, in the Western philosophical tradition. On the other hand, Mbeki is denying the scientific facts. The reason why I am using the more loaded term denialism is to indicate my own disagreement with him. It is also to indicate that his denial is made up of a complex set of political and philosophical beliefs, which can be placed in a historical context: in a true sense it is a new ideological '-ism' in South Africa.

<sup>2</sup> Thabo Mbeki's recent speech at Fort Hare University is quoted in *The Mail and Guardian* online: Drew Forrest and Barry Streek. "Mbeki in bizarre Aids outburst". *The Mail and Guardian*. October 26 2001. (Johannesburg: [www.mg.co.za](http://www.mg.co.za))

A few days after I wrote the first draft of this paper, the Treatment Action Campaign (TAC) won a key constitutional court case with an interim ruling, which forced the government to provide anti-retroviral treatment to prevent mother-to-child transmission as widely as possible in the state sector. The government unsuccessfully appealed in the constitutional court against a high court ruling for the South African state to provide anti-retroviral treatment to pregnant women and their new-borns to prevent mother to child transmission (MTCT) at all public hospitals and clinics with antenatal facilities in the country. As part of TAC's strategy, trade unionists, pregnant women, students, religious leaders, doctors, AIDS activists, women's, children's and gay rights activists took to the streets of Cape Town, Johannesburg and Durban and toyi-toyi-ed in various demonstrations in 2001 and 2002 against government AIDS policy.

Recent sets of court cases by TAC against the government have highlighted that recent events in AIDS policy-making in South Africa have been baffling and tragic, both in terms of attempting to mount an effective response to the epidemic, and in terms of how rapidly and dramatically it has grown since 1994. Most controversially, in the scheme of recent events, has been South African President Thabo Mbeki's denial of the causal link between the HIV virus and AIDS, and claims that anti-retroviral drugs are ineffective and lethally toxic, in the face of massive scientific evidence to the contrary. According to recent media reports this may now be a position he has rejected, however, even if this turns out to be the case, it is still of interest to understand how he may have come to have held these beliefs.

The purpose of this paper will not be so much to try to offer an exacting account of the evolution of the president's warped and irrational logic on HIV, and its causes, effects and implications, but to understand a way to frame governmental policy in terms of both the apartheid legacy of a crumbling and

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<sup>3</sup> Karl Marx. *The Eighteenth Brumaire of Louis Bonaparte*. (New York: International Publishers, 1987), 15.

fractured health system, and the legacies of colonial and Western discourse around Africans as inherently diseased. At stake here are paradigms of how AIDS both infects and sickens infected individuals' bodies and notions of a diseased body politic. Perhaps more crucially though, Mbeki's recent comments on AIDS seem to indicate that he believes several key tenets of science around AIDS to be racist and that he himself is defending Africans against racism and neo-imperialism through his denialism. Mbeki's denialism may be more widespread in the African National Congress (ANC) than was previously thought. In a document written by Peter Mokaba and circulated to the ANC National Executive Committee (NEC), the conspiratorial argument is presented that an 'omnipotent apparatus' of AIDS doctors, scientists, activists and the pharmaceutical companies aims to kill black people in South Africa by prescribing 'toxic' anti-retrovirals.<sup>4</sup>

The ANC government also appears to have backtracked on its Reconstruction and Development Programme (RDP) orientated commitments to maternal and child health in its refusal to provide anti-retroviral drugs to prevent mother to child transmission (MTCT) of HIV. Although it recently announced it would roll out anti-retroviral drugs at state facilities to prevent MTCT it is still fighting TAC in a constitutional court case arguing that it is not constitutionally obliged to do so. This indicates some policy schizophrenia, and that the government's attempts to counter bad public opinion through media campaigns may mask deeper denial.

A series of AIDS policy blunders and 'public relations nightmares' beginning with the scandal of Sarafina II have shown patterns of authoritarian leadership and a breakdown in relations between government and civil society over AIDS policy. However, in a broader philosophical sense though, recent post-apartheid fights over the science underpinning AIDS policy have been over who has scientific 'expertise', who has the right to speak authoritatively on

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<sup>4</sup> Peter Mokaba. *Castro Hlongwane, Caravans, Cats, Geese, Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African*. (unpublished). Some journalists and academics think that the true author of the document is Mbeki, which I think is entirely feasible, given its similarity of style and references to many of Mbeki's speeches and

science, what the scientific method is, and what constitutes valid scientific evidence. Instead of merely pointing to and condemning very real examples of racism in the history of AIDS, Mbeki appears to be attempting to throw out altogether the Western biomedical/scientific paradigm relating to AIDS as racist and neo-colonial. Foucauldian paradigms of power/knowledge, the panopticon and disciplinary power which can be utilised fruitfully to analyse the links between the state and doctors in defining AIDS policy in the 1980s,<sup>5</sup> are much less useful when looking at the events of the last few years, where scientists and the state have become bitter adversaries over the issues of the virological cause and antiretroviral treatment of AIDS. Certainly, though, the histories of the 'long illnesses' of the links between racism and science and a collapsing public health infrastructure in South Africa are partially to blame for recent events.

## I.

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published articles. However, in the absence of concrete proof that Mbeki wrote it, I will work on the assumption that Mokaba wrote the piece.

<sup>5</sup> Mandisa Mbali. "Chapter One: Containment, The New Disease and the Medical Disciplinary Gaze: South African Medical Journal Articles and the Durban City Council Medical Officer of Health Records 1985-1990". Honours Dissertation: *A Long Illness: Towards History of NGO, Government and Medical Discourse around AIDS policy-making in South Africa*. (Durban: Historical Studies Department, University of Natal, 2001).

The overwhelming majority of with which the ANC won the 1994 elections was at least partly due to its promises to adopt a developmentalist agenda under the slogan of Reconstruction and Development, with buoyant promises of jobs, houses, water and health for all South Africans. In their 1994 *National Health Plan for South Africa* they asserted that

Every person has the right to achieve optimal health, and it is the responsibility of the state to provide the conditions to achieve this. Health and health care like other social services, and particularly where they serve women and children, must not be allowed to suffer as a result of foreign debt or Structural Adjustment Programmes.<sup>6</sup>

In 1994 health care was to be a priority of RDP. Free health care for children under six and pregnant women was promised, as was an eventual expansion of free quality health care to all South Africans.<sup>7</sup>

Crucially, for the current MTCT debate the 1994 Health Plan prioritised Promotion of the survival, protection and development of children and their mothers through a system of appropriate health care delivery, health personnel training and support, research and a range of related programmes.<sup>8</sup>

The sense for many AIDS activists and doctors is that this vision of free public health with a particular accent on maternal and child health has been betrayed by the refusal both to provide treatment to prevent mother to child transmission, and in state failure to provide triple antiretroviral therapy to HIV positive South Africans. Part of the state's argument in the recent courtcases was that providing treatment to prevent MTCT is too expensive. Whilst on the other hand, the state has just massively expanded its foreign debt to spend on its ambition re-armament project which, this year alone, will cost fifty three billion rand.

People like Max Price were still making strategic interventions in 1994 into RDP health policy, such as his collaborative Occasional paper for the Southern African Development Bank on RDP health policy written with Alex

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<sup>6</sup> African National Congress. *A National Health Plan for South Africa*. (Johannesburg: African National Congress, 1994), 19.

<sup>7</sup> ANC. *National Health Plan*, 45.

<sup>8</sup> ANC. *National Health Plan*, 45.

van den Heever; both authors were from the Centre for Health Policy (CHP).<sup>9</sup> Key recommendations included: integrating the old Bantustan health departments into the one national and nine provincial departments, and ensuring that policy at local, provincial and national levels of government was properly co-ordinated; finding an effective balance budgetarily between health spending and other spending priorities; and ensuring equal access to quality health care.<sup>10</sup> Health policy, for the authors, should not just have been deemed as being confined to the Department of Health, as government departments like the Department of Welfare could play a key role in providing services to women who had been raped and psychologically scarred by violence and people living with HIV needed support and community services.<sup>11</sup>

Price and van den Heever's critique of fragmentation of the health care sector still holds true in some ways. As Helen Schneider has shown, problems co-ordinating policy making and division of tasks and responsibilities between local, provincial and national levels of government have made the policy implementation process complex.<sup>12</sup> Also, as Schneider has pointed out government money for health spending is allocated at a provincial level, with the low commitment of some provinces to the issue of AIDS leading to under-spending and patchy national implementation of spending and policy recommendations.<sup>13</sup>

By 1999 the Department of Health's *Health Sector Strategic Framework 1999-2004* called for the establishment of an Inter-Ministerial Committee chaired by the President to deal with the AIDS epidemic.<sup>14</sup> According to the report the

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<sup>9</sup> Max Price and Alex van den Heever. *Strategic health policy issues for the Reconstruction and Development Programme*. (Johannesburg: Development Bank of Southern Africa, 1995).

<sup>10</sup> Price and van den Heever. *Strategic health policy*, iii, 1-3.

<sup>11</sup> Price and van den Heever. *Strategic health policy*, 3.

<sup>12</sup> Helen Schneider and Joane Stein. "Implementing AIDS policy in post-apartheid South Africa". *Social Science and Medicine*. 52. (2001), 724, 726.

<sup>13</sup> Helen Schneider. "The Politics Behind AIDS: The Case of South Africa". *Politics Behind AIDS policies: Case Studies from India, Russia and South Africa*. Ed Rolf Rosenbrock. (Berlin: Wissenschaftszentrum Berlin für Sozialforschung, 1998), 10-12.

<sup>14</sup> Department of Health. *Health Sector Strategic Framework 1999-2004*. (Pretoria: Department of Health, 1999), 21.

government was to: 'Declare HIV/AIDS a national emergency, if not a global emergency'; strengthen its prevention programme; prioritise vaccine development; administer affordable packages of care and support for those infected, affected and orphaned by the epidemic; and look for affordable and practical strategies to reduce mother-to-child transmission.<sup>15</sup>

Despite progressive sentiments expressed in documents like the 1999 *Strategic Framework*, since the *Sarafina II* scandal in 1995, the post-apartheid state's AIDS policy has been highly politicised and characterised by conflictual relationships with civil society and medics/scientists. In 1995, a very public scandal arose over the opaque tendering procedures for, and excessive fourteen million two hundred thousand rand budget of, an AIDS awareness musical produced by director Mbongeni Ngema.<sup>16</sup> Then in 1997 the government championed the use of Virodene, after ignoring the Medical Research Council concerns about the experimental drug on the grounds of safety; researchers at University of Pretoria, after a few tests on human subjects with skin patches, had claimed was a miracle new treatment for HIV, but it turned out to be little more, chemically, than an industrial solvent.<sup>17</sup> Also in 1997, the government attempted to make AIDS notifiable<sup>18</sup>, which was rejected by many critics because it was seen to undermine the right to privacy, and to be a coercive, heavy handed response to attempting to chart the epidemic.<sup>19</sup>

New conflict which was even more vociferous began in 1998 when the National Association of People living with HIV/AIDS called for the anti-retroviral AZT to be made available to HIV positive pregnant women to avoid passing on HIV to their unborn children.<sup>20</sup> The use of AZT, and subsequently

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<sup>15</sup> Health. *Strategy Framework*, 21.

<sup>16</sup> Along with subsequent AIDS scandals, the turn of events around *Sarafina II* has been excellently charted by Helen Schneider: Schneider. "The Politics Behind AIDS", 13.

<sup>17</sup> Schneider. "The Politics Behind AIDS", 14.

<sup>18</sup> The word 'notifiable' means that doctors would have had to report cases to the public health authorities, hence potentially undermining the patient's right to confidentiality.

<sup>19</sup> Schneider. "The Politics Behind AIDS", 14.

<sup>20</sup> Helen Schneider. "The AIDS impasse in South Africa as a struggle for symbolic power". AIDS in Context History Workshop. 4-7 April 2001. (Johannesburg: Centre for Health Policy University of Witwatersrand, 2001), 9.

Nevirapine, to reduce mother-to child transmission had been conclusively proven by several studies by the late 1990s. The government's response was to argue against the use of such anti-retroviral drugs to prevent MTCT on the grounds of affordability, efficacy and safety: what their legal defence apparently consisted of in the recent trial.<sup>21</sup>

Mbeki's denialism certainly needs to be seen in the context of a fraught and conflictual relationship between the state and AIDS NGOs, the media, scientists over AIDS policy, and the state's often authoritarian rather than consensual common-vision fuelled leadership in the post-1994 era, but there are some deeper causative factors behind Mbeki's stance that relate to the history of racism in AIDS science and Mbeki's positioning of himself as an African Nationalist in the postcolonial world. Schneider, of the University of the Witwatersrand's Centre for Health Policy, has convincingly argued that "debates over whether or not HIV causes AIDS are less relevant than debates on how civil society can best influence policy processes through the new state",<sup>22</sup> that the current conflict is over who has the right to speak about, define and shape the response to AIDS.<sup>23</sup> However, I want to make the argument that Mbeki is fundamentally constrained in his thinking by the ghosts of apartheid and colonial discourse around Africans, medicine and disease.

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<sup>21</sup> Note here that David and Nomsa Wilkinson showed in a recent study at Hlabisa that the vast majority of pregnant women there thought formula feeding, HIV testing and treatment to prevent MTCT would be acceptable if they were HIV positive: David Wilkinson and Nomsa Wilkinson. "The Acceptability of Prenatal Voluntary HIV Counselling, Testing and Interventions to Reduce Mother- to Child Transmission of HIV infection in rural South Africa". *South Africa Medical Journal*. 91(1). (2001). Due to lobbying by the Treatment Action Campaign (TAC), drug companies have now offered Nevirapine free to the state for use in MTCT prevention, even if this offer falls through, the estimated cost of implementing the programme would only be R250 million, as against Mbeki's brand new R300 million private jet, and the new R53 billion arms acquisition deal. On the cost of providing treatment to prevent mother to child transmission, see J. Skordis and N. Natrass cited in "The cost of HIV/AIDS Care in South Africa: A literature review" (Durban: Health Economics & Hiv/AIDS Research Division, University of Natal, 2001), 27.

<sup>22</sup> Helen Schneider. "The AIDS impasse", 11.

## II.

In Peter Mokaba's document it becomes clear that the type of denialism the ANC government currently espouses is a reaction to racist colonial and apartheid understandings of African sexuality, as the following ironic and rhetorical passage reveals

Yes we are sex crazy! Yes we are diseased! Yes we spread the deadly HI Virus through our uncontrolled heterosexual sex... Yes among us rape is endemic in our culture!...Yes, what we need and cannot afford because we are poor, are condoms and anti-retroviral drugs!.<sup>24</sup>

Although it would be easy to dismiss examples of denialism as extreme as the *Castro Hlongwane* piece as paranoid, logically inconsistent, and rambling text (which it is) the important aim of this paper to examine the history of these types of ideas about AIDS, Africa and racism.

In concluding her masterful 1991 book on the history of colonial medicine in Africa, Megan Vaughan argues that Africa is still looked at as "the only hotbed of disease".<sup>25</sup> She argues that in European and North American medical and journalistic accounts of AIDS in Africa, Africa is still seen as synonymous with disease, death and uncontrolled sexuality.<sup>26</sup> Most interestingly, she shows how some Africans have argued AIDS is a Western health problem skilfully blamed on Africa and Africans, when it is really, according to such a view, seen as being due to Western degeneracy and homosexuality.<sup>27</sup>

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<sup>23</sup> Helen Schneider. "Abstract: The AIDS impasse", 2.

<sup>24</sup> Mokaba. *Castro Hlongwane*, 88.

<sup>25</sup> Megan Vaughan. "Conclusion: The Changing Nature of Biomedical Discourse on Africa". *Curing Their Ills: Colonial Power and African Illness*. (Cambridge and Oxford: Polity Press, 1991), 200.

<sup>26</sup> Vaughan. "Conclusion", 205.

<sup>27</sup> Here she is citing authors like Richard and Rosalind Chirimuuta (extensively and favourably cited in the Mokaba piece), who argued against the African origin of AIDS, that HIV might not be the cause of AIDS and that anti-retrovirals like AZT are toxic and may even cause AIDS. These are all the pillars of South African President Thabo Mbeki's current 'AIDS scepticism', or as I would prefer to call it AIDS denialism: Richard and Rosalind Chirimuuta. *AIDS, Africa and Racism*. London: Free Association Books; Vaughan. "Conclusion", 205. See also Mokaba. *Castro Hlongwane*, 82, 83, 85.

According to such views, in what she sees as an inversion of colonial discourse on Africa, it is seen as a place of social stability and morality in which sexuality is still ordered by traditional norms.<sup>28</sup> This is an entirely ahistorical view, though, which sees African sexuality as unchanging, undynamic and undialectic. It is a view that draws on the same notions of 'Merrie Africa', that the indirect rule colonialism drew on in places like Kenya and Uganda, where it was argued that African sexuality should not be meddled with, lest the patriarchal authority of African men on African women was loosened. Also, it represents the same kind of Othering of the West, applying that deemed to be negative in ones own culture onto the Other, that was applied to Africa by the colonial authorities. Claims Western sexuality is degenerate, and more promiscuous and that 'homosexuality' is a Western invention, are homophobic, sweeping generalisations, and generally indefensible arguments. Unfortunately these arguments have often shaped policy responses in African countries to modern public reproductive health crises like AIDS.

As Vaughan points out, AIDS is a serious medical and public health problem in Africa requiring many thoughtful responses.<sup>29</sup> It is out of the limitations of discourse framed by the colonial authorities that African leaders like President Thabo Mbeki must step in order to be able to formulate a response fitting to the problem. To attempt to construct arguments that AIDS is a Western biomedical plot to discredit Africans and their sexuality, and on that basis make complicated and unjustifiable denials of its causative roots in HIV, and the existence of effective treatment for HIV, is a tragic and inappropriate response by Mbeki to largely non-extinct remnants of racist colonial-style discourse on AIDS, rarely made anymore by the mid 1990s or 2000s, by doctors and the media in the West.

As the quotation from one of Mbeki's recent speeches at the opening of this chapter shows, he genuinely seems to believe that critics of his denialism believe that Africans are "natural born, promiscuous germ carriers" with an

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<sup>28</sup> Vaughan. "Conclusion", 205.

<sup>29</sup> Vaughan. "Conclusion", 205.

“unconquerable devotion to the sin of lust”.<sup>30</sup> This is not a new position amongst African leaders and intellectuals though. Chirimuuta and Chirimuuta, in their 1987 book *AIDS, Africa and Racism*, cited extensively in Mokaba’s piece, questioned HIV as the cause of AIDS, the African origin of AIDS and the safety of anti-retroviral drugs.<sup>31</sup> Like Mbeki does now, they also claimed that HIV prevalence and AIDS deaths in Africa were dramatically exaggerated as part of a racist plot to discredit African culture and sexuality.<sup>32</sup>

Chirimuuta and Chirimuuta’s book is not entirely without merit though. In particular, some early arguments made about the origins of AIDS in Africa do appear to have relied on fairly flimsy evidence, and to have made insulting and culturally inaccurate speculations about African sexuality, which led to overwhelming discrimination in the West against Africans and people of African descent. Some researchers apparently tried to claim that HIV passed from monkeys to Africans in Central Africa due to bizarre sexual practices like Africans injecting monkey blood into their anuses and vaginas, and claims that Africans had more anal intercourse, had intercourse during menstruation and were excessively promiscuous; this obviously had more to do with racist beliefs Africans were somehow closer to apes than white people on the evolutionary scale, and neo-nineteenth-century-style anxieties about Africans as hypersexualised and having animalistic sexuality.<sup>33</sup>

These racist conceits about African sexuality, which characterised the writings of some AIDS researchers in the 1980s, required strong criticism and careful anthropological, sociological and psychological analysis of true sexual practices and their social and cultural determinants in different African societies. Crude racist notions of the ‘diseased’ African prostitute as responsible for the spread of AIDS emerged in *SAMJ* articles in the mid-

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<sup>30</sup> Mbeki was quoted in the Mail and Guardian: Forrest and Streek. “Mbeki in bizarre Aids outburst”.

<sup>31</sup> For instances of this in the book see: Richard and Rosalind Chirimuuta. *AIDS Africa and Racism*. (London: Free Association Books, 1989), 2, 39, 47.

<sup>32</sup> For instances of this in the book see: Richard and Rosalind Chirimuuta. *AIDS Africa and Racism*. (London: Free Association Books, 1989), 80-81.

<sup>33</sup> Richard and Rosalind Chirimuuta. “Chapter Seven: Robert C. Gallo and Some monkey Business.”, “Chapter Twelve: Racism or Science” *AIDS Africa and Racism*. (London: Free Association Books, 1989), 134, 71.

nineteen eighties.<sup>34</sup> But also, they were simultaneously refuted as apartheid health and socio-economic inequalities were shown by leftist anti-apartheid and feminist academics to be the true engine for ill health and the spread of AIDS in South Africa.<sup>35</sup> Furthermore, feminist academics were showing by the 1990s that gender imbalances in sexual relations and poverty were forcing poor South African women into socially and economically unequal and dependent sexual relationships. Finally, careful case studies began about the gender dynamics around AIDS began emerging, such as Suzanne Leclerc Madlala's 1996 monograph highlighting cultural beliefs around AIDS in a certain Zulu-speaking community in Kwa-Zulu/Natal, which blamed women for the spread of AIDS.<sup>36</sup>

Real discrimination against Africans and those of African descent did arise in Europe and America in the 1980s out of the notion that Africans were 'AIDS carriers/victims'. Africans and those of African descent, especially Haitians were turned down for apartments, forced to have AIDS tests before being accepted for certain academic scholarships.<sup>37</sup> People with HIV or AIDS were not allowed entrance into America.<sup>38</sup>

This formed part of a larger battery of proposed discrimination measures in the West in the 1980s against gays, blacks, prostitutes, drug users (people deemed to be at 'high risk' of contracting HIV) and HIV positive people. In America, institutionalised and legal discrimination against HIV positive people on the basis of their HIV status, and 'high risk' groups became common in the 1980s.<sup>39</sup> Firemen in New York apparently often refused to give mouth to

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<sup>34</sup> Mandisa Mbali. "Chapter One: Containment", 25.

<sup>35</sup> Mandisa Mbali. "Chapter Two: The Key Shift: Early Critics, Constitutional Changes and the Evolution of Rights-Based Discourse". Honours Dissertation: *A Long Illness: Towards History of NGO, Government and Medical Discourse around AIDS policy-making in South Africa*. (Durban: Historical Studies Department, University of Natal, 2001), 42-45, 46-47.

<sup>36</sup> Suzanne Leclerc Madlala. *Demonising women in the era of AIDS: An analysis of the Gendered Construction of HIV/AIDS in KwaZulu-Natal*. (Durban: University of Natal, Durban). Mbali. "The Key Shift", 58-62.

<sup>37</sup> Richard and Rosalind Chirimuuta. "Chapter Two: Haiti". *AIDS Africa and Racism*. (London: Free Association Books, 1989), 134, 71.

<sup>38</sup> Chirimuuta and Chirimuuta. "Haiti", 134, 71.

<sup>39</sup> Alan M. Brandt. "Chapter VI: Plagues and Peoples: The AIDS Epidemic". *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*. (New York and Oxford: Oxford University Press, 1987), 192, 194.

mouth resuscitation to people they suspected of being gay, for irrational fear of contracting HIV. Some doctors refused to treat HIV positive patients and the Justice Department made it legal to bar HIV positive employees from work. Conservative columnist William F Buckley Jnr even notoriously argued for universal mandatory testing for HIV and for HIV positive individuals to be tattooed on their buttocks and forearms to indicate their HIV status.<sup>40</sup>

I would tend to argue though, that anti-discrimination has been an important principle in AIDS policy making circles internationally for quite some time. Jonathan Mann's assertion as head of the World Health Organisation in the of the need for AIDS policy internationally to protect rather than infringe on the rights of HIV positive individuals, has meant that rights-based notions of AIDS policy have had international currency for quite some time now.<sup>41</sup> Also, various actors in South Africa in the 1980s and early 1990s managed to force a shift in the way that AIDS and family planning policy would be framed: coercive practices outside a human rights framework ceased to form a legitimate part of discourse produced by government, medical and public health quite some time ago in the country.<sup>42</sup> As a recent article in the *Mail and Guardian* has shown only the "loony right" and Mbeki continue to assert that the epidemic "should reflect on the moral character of Africans".<sup>43</sup> Mbeki's denialism is a reaction to racism attached to AIDS and can only be explained in terms of its hauntings by the ghosts of colonial medicine and Western culture, and their characterisation of Africans as diseased. It is to this largely extinct racist discourse he is reacting against, which saw Africans as inherently pathological, which this paper will now turn.

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<sup>40</sup> Brandt. "Plagues and Peoples", 196.

<sup>41</sup> Schneider. "AIDS impasse", 10.

<sup>42</sup> Mbali. "The Key Shift".

<sup>43</sup> Drew Forrest. "Behind the smokescreen", October 26 2001. (Johannesburg: [www.mg.co.za](http://www.mg.co.za))

### III.

Megan Vaughan has shown how colonial medical discourse around Africans was highly sexualised, perhaps, nowhere more so than attached to STD management programmes.<sup>44</sup> African sexuality was constructed in colonial medical discourse as primitive, uncontrolled and excessive, and as representative of the darkness of the continent itself.<sup>45</sup> On the other hand, other colonial actors saw colonisation's social and economic transformations as causing the 'degeneration' of an 'innocent' African sexuality.<sup>46</sup>

The influence of both of these views are evident in Mbeki's denialism. In so much as he argues Western biomedicine attached to AIDS aims to stigmatise African sexuality and in his frequent appeals to unspecified 'African' solutions to the problem, he imagines a pristine and essentialised notion of African culture, which in reality has permanently been altered by Western culture as a result of colonisation. Through colonisation Western biomedicine became in the twentieth century a form of African healing, as Megan Vaughan has argued.<sup>47</sup> Controversially enough for African feminists, things which have been posited as 'African' solutions to AIDS have included virginity testing for adolescent girls, and in Swaziland the mandatory wearing of tassels by adolescents and teenagers to indicate virginity.<sup>48</sup> All this tends to point to an ahistorical 'Merrie Africa' vision of Africa's past, where there were no 'promiscuous', corrupted, Westernised African women, and all African women avoided sex before marriage and did not 'spread' STDs and AIDS.

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<sup>44</sup> Megan Vaughan. "Introduction". *Curing Their Ills: Colonial Power and African Illness*. (Cambridge and Oxford: Polity Press, 1991), 19.

<sup>45</sup> Megan Vaughan. "Chapter Six: Syphilis and Sexuality: The Limits of Colonial Medical Power". *Curing Their Ills: Colonial Power and African Illness*. (Cambridge and Oxford: Polity Press, 1991), 129.

<sup>46</sup> Vaughan. "Syphilis and Sexuality", 129.

<sup>47</sup> Megan Vaughan. "Conclusion". *Curing Their Ills: Colonial Power and African Illness*. (Cambridge and Oxford: Polity Press, 1991), 205.

<sup>48</sup> Virginity testing, currently condoned by traditionalists in the Kwa Zulu/Natal provincial government, consists of inserting a reed into the girl or young woman's vagina to 'check' if her hymen is 'in tact'. I heard Deputy President Jacob Zuma advocate it as an 'African solution' to the problem of AIDS at the National Beyond Awareness National Tertiary Education and AIDS conference at Kopanong Conference Centre in Gauteng in 1999. The South African Gender Commission, and prominent gender activists have been highly critical of the practice, because it cannot definitely establish virginity, is deemed to undermine girls' dignity, and there is no equivalent practice for boys or men.

In Sander Gillman's *Difference and Pathology* he examines the history of the representations of black sexuality, as inherently diseased in Western scientific, artistic and intellectual discourse.<sup>49</sup> Gillman, looking at how and why humans project their bad qualities onto the Other argues that stereotypes are "...projections of internalised, often repressed models of the self and the Other...a rejection or distortion of the self"; in relation to pathology he argues that

...the very concept of the pathological is a line drawn between the 'good' and the 'bad'. This accounts for the power that metaphors of illness have.<sup>50</sup>

The enduring and recurrent nature of the image of blacks as inherently diseased, and disease-carrying, evident in mid-1980s South African medical discourse around AIDS,<sup>51</sup> can be linked to a strong desire in post-Enlightenment Western culture to push its own fears and perceived negative qualities onto the Other.

According to Gillman's account, there was a strong racial element to the Othering involved in Western depictions of black and especially, female sexuality: 'the black' in most Western art, science and culture became an "icon for deviant sexuality in general"; the black female simultaneously became "an icon for black sexuality".<sup>52</sup> The 'primitive' qualities of blackness became equated with those of prostitute to the extent that the two merged.<sup>53</sup>

Black female sexuality, in particular, became linked in the nineteenth century to syphilophobia (fear of syphilis).<sup>54</sup> In nineteenth century public health discourse the diseased-ness and corruption of female sexuality and that of the Other was also linked to smell, especially that of the menses; female genitalia

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<sup>49</sup>Sander L. Gillman. *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. (Ithaca and London: Cornell University Press, 1985).

<sup>50</sup> Sander L. Gillman. "Introduction: What Are Stereotypes and Why Use Texts to Study Them?". *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. (Ithaca and London: Cornell University Press, 1985), 23.

<sup>51</sup> Mbali. "Containment", 25-28.

<sup>52</sup> Sander L. Gillman. "Chapter Three: The Hottentot and the Prostitute: Towards an Iconography of Female Desire". *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. (Ithaca and London: Cornell University Press, 1985), 79, 83.

<sup>53</sup> Gillman. "The Hottentot and the Prostitute", 99.

was also linked to urination and therefore shame for men.<sup>55</sup> It is this deeply rooted Othering cultural belief in the West that Africans have inherently diseased sexuality, to which Mbeki seems to be reacting in his AIDS denialism. In *Castro Hlongwane* Mokaba refers to Othering: "...we are African [sic] who have overcome centuries of treatment as the repulsive and unacceptable other".<sup>56</sup>

At an earlier phase in the epidemic some Africans may have been inverting the Western racialised process of Othering, by claiming that AIDS is a 'white man's disease' due to certain 'white' types of degeneracy, like 'homosexuality'. This is a type of discourse that appears to have been attractive as some HIV positive patients at Baragwanath hospital in the early 1990s.<sup>57</sup>

Ann Laura Stoler, in her work on the application of Foucault's *History of Sexuality* in Colonial Studies, has shown that Foucault's notion of biopower can be expanded to understand how 'normalising' society in the West simultaneously excluded and differentiated itself from those of other races.<sup>58</sup> Part of the regulating state's actions in dividing the normal from the abnormal, those who conformed to bourgeois respectability and those who were sexually deviant, the degenerates from the eugenically clean was about building the nation, protecting the health of the state;<sup>59</sup> Europe made itself, its own sexual self-image and values, in the colonies by creating historical Others

One could argue that the history of Western sexuality must be located in the production of historical Others, in the broader force field of empire where technologies of sex, self and power

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<sup>54</sup> Gillman. "The Hottentot and the Prostitute", 101.

<sup>55</sup> Sander L. Gillman. "Chapter Four: Black Sexuality and Modern Consciousness". *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*. (Ithaca and London: Cornell University Press, 1985), 114-115.

<sup>56</sup> Mokaba. *Castro Hlongwane*, 110.

<sup>57</sup> C. W. Allwood, I. R. Friedland, A. S. Kaerstadt, J. A. McIntyre. "AIDS-The Baragwanath Experience: Part IV Counselling and Ethical Issues" *South African Medical Journal*. 82 (1992), 100.

<sup>58</sup> Ann Laura Stoler. "Chapter IV: Cultivating Bourgeois Bodies and Racial Selves". *Race and the Education of Desire. Foucault's History of Sexuality and the Colonial Order of Things*. (Durham and London: Duke University Press, 1995), 134-135.

<sup>59</sup> Ann Laura Stoler. "Placing Race in the *History of Sexuality*". *Race and the Education of Desire. Foucault's History of Sexuality and the Colonial Order of Things*. (Durham and London: Duke University Press, 1995), 33-34.

were defined as 'European' and 'Western' as they were refracted and remade.

In other words, the nation in the West was made by differentiating sexualised, racial Others from 'white' Westerners; European power and prestige in colonies ideologically depended on controlling the way that Europeans had sex, and with whom, and defining heterosexual monogamous norms of Western sexuality as 'normal' and 'native' sexuality as diseased, through the new types of instruments and methods of modern power charted by Foucault.<sup>60</sup>

If Western nationhood in the late nineteenth and early twentieth century was defined in Europe, against the negative of 'native' sexuality and its diseasedness, should we see Mbeki's misguided attempt to rehabilitate African sexuality as an attempt to redefine South Africa nationhood and the body politic, in terms of his misty concept of the 'African Renaissance'? Can Mbeki's attempt to re-mould images of African sexuality, by denying the veracity of mainstream Western biomedicine's model of AIDS, be seen as a nationalistic attempt to defend the nation against ideas that it is degenerate? Certainly metaphors of, and technologies of power based around, notions of contaminated/pure blood, protecting the health of the racially-defined 'nation's' children formed part of the legitimisation of institutionalised control of sexuality by the power/knowledge regime, both in colonies and the metropole and in late apartheid South Africa. In spite of arguing with the spectres of racialised late apartheid and colonial medicine, it certainly doesn't seem that Mbeki is attempting social engineering on the scale of segregation and coercive health measures in the belief that such measures would be effective in STD or HIV management programmes.

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<sup>60</sup> Michel Foucault. "Chapter 3: Domain". *A History of Sexuality: An Introduction*. Trans. Robert Hurley. (Harmondsworth: Penguin, 1976), 104-105. Foucault outlines four key ways power/knowledge controlled Western sexuality: by a "hysterization of women's bodies", "a pedagogization of children's sex", a "socialization of procreative behaviour" and a "psychiatrization of perverse pleasure".

<sup>60</sup> Michel Foucault. "Part One: We The Other Victorians", "The Repressive Hypothesis: Chapter Two: The Perverse Implantation". *The History of Sexuality: An Introduction*. Transl. Robert Hurley. (Harmondsworth: Penguin, 1976), 10-12, 17-18, 33-35

Far from it, in fact, it appears that in his rhetoric he has gone back to the past, as if in a time machine to argue against discourse, which for the most part has been massively surpassed in the 'AIDS world' by rights-based, anti-discrimination discourse and a shift to a medical, technical, non-'moralistic'/stigmatising approach. Arguing in terms of (even if racially inverting) old colonial racialised and Western concepts like moral contamination and degeneration as the causes of STDs, and middle class 'virtue' as the solution will certainly not help. More importantly, for the future of AIDS policy-making, whilst he and others who think similarly on the issue in his party are still in power in South Africa, will the key governmental actors be able to get out of the constraints of discourse defined by the boundaries nationalism and colonialism?

Even if Mbeki is arguing against a delusion of his own making, that those who believe AIDS is caused by a retrovirus are at the very least out to besmirch the name of Africans in a colonial/apartheid mode, the gridlock must end by appeals to both human rights discourse around access to treatment and the human dignity of Africans infected with HIV, and the predictive and interpretative power of biomedicine. The Treatment Action Campaign has so far successfully adopted a strategy of using the courts to argue for expanded access to anti-retroviral treatment on the basis of socio-economic rights in the South African Constitution. As Zackie Achmat the Chairperson of TAC said eloquently very recently

For children women and men with HIV/AIDS the rights to dignity, life and equality and their inter-connection with the right to health care access, particularly access to medicines including anti-retrovirals stands between us and death...These rights...are essential tools in our struggles to remove the barriers to HIV treatment and health care for all.<sup>61</sup>

At a microbiological level, Western biomedicine provides a powerful model for understanding the direct physical causes of disease and developing effective treatments, preventative methods and cures for them. Such rights-based and Western biomedical models will have to be used to devise rational

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<sup>61</sup> Zackie Achmat, TAC Chairperson. "Realising the right to health: Access to HIV/AIDS related medication: The role of civil society in South Africa". Speech to the 58<sup>th</sup> session of the United Nations Commission on Human Rights, April 3<sup>rd</sup> 2002.

government policies to alleviate the very real human suffering that the virus is causing. Mbeki's denialism claims that all AIDS activists who believe in 'AIDS orthodoxy' and disagree with him on AIDS policy are racist.<sup>62</sup> However, this treatment/rights-based argument is being made by people like Zackie Achmat, leader of the Treatment Action Campaign, Malegapuru Makgoba and Desmond Tutu, all of whom are black and are certainly not stereotypical 'racists' in a colonial or apartheid mode.

As was said very eloquently in the *Mail and Guardian* in 2000 about the issue

Faced with this crisis, we can legitimately expect of our president that he ensure that state policy on the issue is coherent well-understood by the public at large, energetic and based on the best available scientific knowledge...Instead, he has at times behaved like someone trying to be the Boy's Own basement lab hero of Aids science. He has allowed his attention to be diverted by abstruse debates on immunology and related science...In the process, the nation's attempt to deal with this national health crisis has been plunged into confusion. And the four million-odd South Africans who have contracted the syndrome can be forgiven for feeling, if not exactly abused, certainly neglected.<sup>63</sup>

Indeed, doctors have been some of the most vocal people against Mbeki's denialism and its poisonous effects on rational AIDS policy-making. In particular, they have often relied most heavily on their respected and professional status to argue against his views. In *SAMJ* in 2000 when Mbeki was perhaps most vociferous about attempting to prove his denialism, the South African Medical Association (SAMA) came out with a firmly worded statement on HIV as the cause of AIDS, the efficacy of HIV combination anti-retroviral treatment to prevent HIV positive people from getting the set of symptoms constituting AIDS, and use of single anti-retrovirals to prevent MTCT: as they said,

Whilst SAMA welcomes any debate on health it is obliged to point out that the view HIV may not cause AIDS has been thoroughly discredited by several recent scientific studies. This view is dangerous and its propagation may lead to cases of AIDS that may have otherwise been prevented.<sup>64</sup>

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<sup>62</sup> 'AIDS orthodoxy' is a term used to describe the generally accepted scientific view that HIV is the cause of AIDS, and that anti-retroviral therapy, if correctly medically administered, is both safe and effective.

<sup>63</sup> Mail and Guardian. "What's behind Mbeki's crusade?". *Mail and Guardian*. March 31, 2000. (Johannesburg: [www.mg.co.za](http://www.mg.co.za))

<sup>64</sup> "SAMA Official: HIV causes AIDS". *South African Medical Journal*. 90 (5). (2000), 461.

Several doctors also refuted Mbeki's claim that HIV does not cause AIDS because a "virus cannot cause a syndrome", arguments that HIV tests are inaccurate and that TB and malnutrition are the true medical causes of AIDS, and have shown Mbeki is doing a disservice to scientific research and education, and on a broader scale South African society with his unscientific views.<sup>65</sup>

The recent sacking of Dr Thys Von Mollendorf, superintendent of Rob Ferriera hospital, because he allowed a rape crisis NGO distributing anti-retroviral prophylaxis to rape victims to use rooms in the hospital is illustrative of the negative effects of Mbeki's denialism on doctors professional autonomy and the ethical practice of medicine. A recent statement by several key medical ethics specialists emphasised one of the key claims this paper is trying to make, that rights based and treatment approaches to HIV have fused in the struggle for treatment access. More importantly the statement emphasises the mainstreaming of the shift in AIDS policy-making discourse to emphasising the rights of the patient, and the ethical duties of doctors to defend those rights, the following quote evinces this

To victimise him [Von Mollendorf] for having defended the highest principles of his profession, and for standing up for his mostly vulnerable and poor patients, is unjust in terms of all civilised and humane ethical standards.<sup>66</sup>

It is this shift to a concern for the rights of patients and protecting their human dignity that Mbeki is negating in his denialist discourse's claim that all AIDS scientists adhering to the mainstream view are racist.

Western biomedicine certainly has a lot to answer for in colonial medicine, its historical complicity in the subjugation of women, mentally ill people and so

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<sup>65</sup> Malegapuru Makgoba. "HIV greatest threat to the 'African Renaissance'" *Mail and Guardian*. May 25, 2001 (Johannesburg: [www.mg.co.za](http://www.mg.co.za)); Denise Ford. "A startling level of scientific ignorance". *Mail and Guardian*. September 15, 2000 (Johannesburg: [www.mg.co.za](http://www.mg.co.za)); Micheal Berger. "Mbeki's Aids letter defies belief". *Mail and Guardian*. April 28, 2000 (Johannesburg: [www.mg.co.za](http://www.mg.co.za)); Michel D Kazatchkine and Didier Fassin. "Time to Break the Silence". *Mail and Guardian*. June 23, 2000 (Johannesburg: [www.mg.co.za](http://www.mg.co.za));

<sup>66</sup> Landman, W., Schuklenk, U., Cleaton Jones, P., Van Niekerk, A., Benatar, S., Chetty, A., Naude, P., Ngwena, C., Dhali, A., Moodley, J., Howarth, G., Jenkins, T. "Statement by Academics on Sacking of Dr Thys Von Mollendorf". *Treatment Action Campaign (TAC) E-Newsletter: 18 March 2002*. (Cape Town: [list@tac.org](mailto:list@tac.org)).

on, charted by those operating in a Foucauldian tradition.<sup>67</sup> However, in a Habermasian sense, critiques of the human rights abuses of medicine in certain eras and societies, its objectification and potential dehumanising effects on patients, have been made by medics and others operating in a paradigm of what Foucault has called 'the human sciences', from inside a rational humanist and, at times, specifically medical paradigm.<sup>68</sup> This is not to say that because for the most part medicine has incorporated human rights based discourse it will certainly be free of abuses in the future, but it does have enormous potential to alleviate pain, improve people's quality of life and fight disease; certainly strong arguments in favour of maintaining and encouraging the medical way of understanding and treating disease.

The fact is that Mbeki offers no feasible alternative for reducing AIDS mortality and effectively preventing HIV, or explaining at a microbiological level the cause of AIDS. Convuluted conspiracy theories that AIDS is an American Central Intelligent Agency (CIA) and pharmaceutical industry plot to sell 'toxic' AIDS drugs and discredit his government, claims he made in 2000, have gone nowhere to abating the phenomenal and massively growing death rate amongst young South Africans due to AIDS.<sup>69</sup> More importantly, it is clear that his denialism is muddying the waters on key policy issues like prevention of MTCT, which could really save lives of children of HIV positive pregnant mothers. Furthermore, Mokaba's controversial document circulated to the ANC NEC has the potential to drastically alienate groups that should be key allies in the government's fight against AIDS (doctors, medical researchers,

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<sup>67</sup> For a few instances of this see: Vaughan. *Curing Their Ills*; Elaine Showalter. *The Female Malady: Women, Madness and English Culture, 1830-1980* (London)

<sup>68</sup> Mbali. "The Key Shift", 31-34. See also: Jurgen Habermas. *The Philosophic Discourse of Modernity*. (Cambridge: Polity Press, 1987), 4, 282-283.

<sup>69</sup> Howard Barrell. "Mbeki fingers the CIA in Aids conspiracy" October 06, 2000. *Mail and Guardian*. (Johannesburg: [www.mg.co.za](http://www.mg.co.za)). The latest Medical Research Council Report on AIDS that the government attempted to suppress, due to Mbeki's denialism, has apparently estimated that about 40% of adult deaths between the ages of 15 and 49 in South Africa in 2000 were due to HIV/AIDS, and was the biggest cause of death in South Africa that year. Howard Barrell and Jaspreet Kindra. "Shocking Aids report leaked", October, 05, 2001. *Mail and Guardian*. (Johannesburg: [www.mg.co.za](http://www.mg.co.za)).

and AIDS activists), by accusing them of being racist and plotting a black genocide.<sup>70</sup>

The president very recently claimed that his denialist position is one that strikes a blow for African intellectual freedom, for Africans 'thinking for themselves'.<sup>71</sup> However, Mbeki and those who think like them have been intent to inappropriately, given their powerful position in South Africa, attack intellectual freedom and attempt to end criticism of the ideas informing their policy by unjustified claims that all their opponents are racist and even genocidal.

Mbeki's denialism has been fundamentally a struggle fuelled by his own mistaken belief that Western biomedical mainstream understandings of the causes and treatments of HIV and AIDS are part of a plot to discredit Africans, their culture and sexuality. In arguing this he is wrestling with the ghosts of colonial medicine and old traditions in Western culture projecting 'negative' sexual practices and sexual traits onto the Other.

The fact is, though, for the most part overwhelming consensus has shifted in the 'AIDS world' of doctors, medical researchers, NGOs, and most governments internationally, to a more human rights based response to AIDS. It is now generally understood in the AIDS world that crude discrimination against people who have been deemed to be members of 'high risk' groups, or HIV positive people does not in any way help to contain the epidemic and is a normatively, legally and politically incorrect public health policy response. This gain was not made without a fight, and, as has been shown a long and arduous fight on the part of feminists and anti-apartheid activists ensued, in South Africa in the nineteen eighties and nineteen nineties, to ensure that the discourse around public health and AIDS in South Africa changed to a human rights based one, as opposed to coercive one, serving the political and

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<sup>70</sup> It also names key AIDS medical researchers like Salim Abdool Karim, Helen Rees and Glenda Gray and, incorrectly and in a somewhat libellous manner, singles out their respective work on microbicides and anti-retroviral treatment to prevent mother to child transmission as aiming to kill black women. See: Mokaba. *Castro Hlongwane*, 46, 51, 55, 58, 63, 75, 95.

economic needs of late apartheid.<sup>72</sup> In the 1980s, when Chirimuuta and Chirimuuta made similar arguments to Mbeki, they did highlight real discrimination against Africans on the basis of their inclusion as members of the 'high risk' category, and racist social and cultural stereotypes about African sexuality in some medical journal articles. AIDS science has made dramatic advances since the 1980s, foremost for improving the health of HIV positive people, being the triple therapy antiretroviral breakthrough in 1996 by American scientist David Ho and breakthroughs around treatment to prevent mother to child transmission in the 1990s. This has meant that a technical, scientific non-moralistic approach has prevailed of treating people with HIV and preventing babies, through medication, from getting HIV, and has been yoked with this rights-based discourse. It is this currently prevalent rights-based/treatment vision of AIDS activists, scientists and doctors that Mbeki is denying, and by doing so, closing the only feasible escape hatch from the types of coercive and racist discourses that colonial and late apartheid public health tended to advocate.

Whilst state to civil society relations have been hampered by a trail of 'public-relations nightmares' and policy blunders, and authoritarian leadership approaches by the state, rather than a model of working with civil society, the government has basically betrayed its 1994 developmentalist RDP health vision of improving maternal and child health, in favour of pointless projects, from a public health and poverty alleviation point of view, like the ambitious rearmament of South Africa. The government may have inherited a fragmented public health system, which had suffered from years of underfunding and neglect, but at the same time it has done ostensibly little to correct that legacy, except the produce eloquent, but largely unapplied AIDS plans. Indeed, it has yet to be seen whether the government's recent announcement of an AIDS policy overhaul emphasising non-stigmatisation for HIV positive South Africans and an expansion of HIV treatment to the public sector will bear fruit.

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<sup>71</sup> Thabo Mbeki. "Health, human dignity and partners for poverty reduction". *ANC Today*. (Johannesburg: [www.anc.org.za/ancdocs/ancoday/2002/at14.htm](http://www.anc.org.za/ancdocs/ancoday/2002/at14.htm)).

<sup>72</sup> Mbali. "The Key Shift".

Meanwhile Mbeki's recent haunting with the spectres of racist public health past has done nothing to address what is easily the biggest public health crisis South Africa has ever seen. History may judge him harshly for the three long years that he publicly held these views. Future generations may well say of the era of his denialism, as we do of Roman Emperor Nero "He fiddled while Rome burned".

