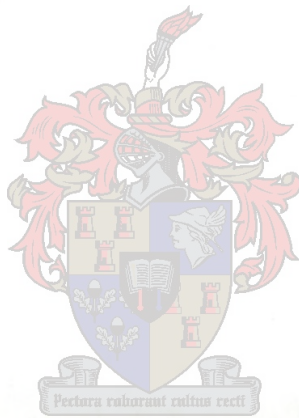


THE SCIENTIFIC POLITICS OF HIV/AIDS: A MEDIA PERSPECTIVE



By Martha S. Malan

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DECLARATION

I, the undersigned, hereby declare that the work covered in this assignment, is my own original work, and that I have not previously submitted it to any university, either as a whole or in part, for the purpose of obtaining a degree.

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Summary

When South Africa's President, Thabo Mbeki, began doubting that HIV was the cause of AIDS in the late nineties, the debate he introduced in his country was not new; it had raged in the United States as far back as a decade ago. But, even prior to that, there had been numerous controversies pertaining to the discovery of the HI-virus. This thesis argues that those contentions created such a heated atmosphere that the causal debates that were to follow, however incredible they were, were largely unavoidable.

In its coverage of the epidemic, the media were immersed in its own politics. During the early eighties, the gay newspapers in the US felt a personal responsibility to find the cause of a disease that was rapidly killing many of its readers. But, in the process, they often promoted unscientific and dangerous approaches. By the time the AIDS dissident debate had unraveled in the US, the gay media was so suspicious of the anti-gay Reagan government that they frequently advanced dissident arguments. The mainstream and scientific media, on the other hand, were perceived as rigidly supporting government institutions, excluding critical voices.

When the dissident debate reached South Africa ten years later, the South African media was completely unprepared. Most journalists had never heard of AIDS dissidents; some had not even heard of HIV or the anti-AIDS drug AZT, that the President had labeled toxic. Begin a new democracy, with a history of white oppression, the black and white media differed immensely on how to cover 'the President's debate'. Criticism of the newly elected ANC government's arguments were often branded racist and unpatriotic, with journalists suffering regular intimidation at the hands of state officials and government-aligned editors.

This thesis examines the development of the politics surrounding the science of AIDS, from the discovery of HIV up until Thabo Mbeki's controversial contentions. To an equal extent, it looks at the news media's coverage of the process, focusing on the approaches to the debate of various media outlets and individual journalists. It also raises ethical

issues, particularly in South Africa, that emerged during one of the most widely reported debates in the country's history. It in no way attempts to provide a quantitative analysis of media coverage and, in the case of the US media, draws heavily on analytical studies conducted at the time.

NOTE: In the analysis of the South African media's coverage of the AIDS dissident debate in Part Three: B, issues pertaining to the country's public broadcaster, the South African Broadcasting Corporation (SABC), were not discussed. The reason was that the author was the Corporation's Health Correspondent at the time, and therefore too closely involved in the institution in order to provide an objective perspective.

OPSOMMING

Toe Suid-Afrika se president, Thabo Mbeki, in die laat jare negentig begin het om die oorsaak van VIGS in twyfel te trek, was die debat wat hy in sy land ingelei het, nie nuut nie; dit reeds 'n dekade tevore in die VSA gewoed. Maar, selfs voor daardie debat, was daar 'n hewige omstredenheid wat met die ontdekking van die MI-virus verband gehou het. Hierdie tesis argumenteer dat daardie omstredenheid so 'n driftige atmosfeer geskep het, dat die debat oor die oorsaak van VIGS wat sou volg, hoe ongeloofwaardig ook al, grootliks onvermydelik was.

Met die dekking van die epidemie was die media in hul eie politiek gedompel. Tydens die vroeë jare tagtig het gay-koerante in die VSA 'n persoonlike verantwoordelikheid gevoel om die oorsaak te vind van 'n siekte wat baie van hulle lesers vinnig laat sterf het. Maar, in die proses het hulle dikwels onwetenskaplike en gevaarlike benaderings bevorder. Teen die tyd dat die 'oorsaak-debat' in die VSA begin posvat het, was gay-koerante so agterdogtig oor die anti-gay Reagan-regering dat hulle dikwels 'afvallige' argumente aangemoedig het. Die hoofstroommedia en wetenskaplike joernale is aan die ander kant weer gesien as rigiede ondersteuners van regeringsorganisasies, wat kritiese stemme wou stilmaak.

Toe die 'oorsaak-debat' Suid-Afrika tien jaar later bereik het, het dit die plaaslike media geheel en al onkant betrap. Die meeste joernaliste het toe nog nooit van 'VIGS-afvalliges' gehoor nie; party nie eens van MIV of die teenvigsmiddel AZT, wat die president as giftig geëtiketteer het nie. Daarby was die land 'n jong demokrasie met 'n geskiedenis van wit onderdrukking, wat meegebring het dat wit en swart media-instansies grotendeels verskil het oor hoe die 'president se debat' gedek moes word. Kritiek teen die nuut verkose ANC-regering se argumente is dikwels as rassisties of onpatrioties afgemaak, en regeringsamptenare of regeringsgesinde redakteurs het gereeld probeer om joernaliste te intimideer.

Hierdie proefskrif ondersoek die ontwikkeling van die politiek rondom die wetenskap van VIGS, van die ontdekking van MIV tot en met Thabo Mbeki se omstrede argumente. Dit kyk ook na die nuusdekking van die proses, deur op die benaderings van verskeie media-instansies asook individuele joernalistse te fokus. Dit bespreek ook etiese kwessies wat tydens nuusdekking na vore gekom het, veral in Suid-Afrika, waar hierdie debat van die wydste nuusdekking óóit in die geskiedenis van die land geniet het. Dit poog geensins om 'n kwantitatiewe analise van mediadekking te verskaf nie, en waar die Amerikaanse media beskou word, word daar sterk gesteun op analitiese studies wat tydens die duur van die debat uitgevoer is.

NOTA: In die analise van die Suid-Afrikaanse media se dekking van die 'oorsaak-debat' in Deel 3:B word kwessies wat met die nuusdekking van die land se openbare uitsaaier, die Suid-Afrikaanse Uitsaaikorporasie (SAUK), verband hou, nie bespreek nie. Die rede is dat die outeur die korporasie se gesondheidskorrespondent was, en was daarom te nou verbind aan die korporasie om 'n objektiewe perspektief te verseker.

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The Scientific Politics of HIV/AIDS: A Media Perspective

CHAPTER ONE

IN SCIENCE, NAMES ARE NEVER INNOCENT: THE DISCOVERY OF THE AIDS VIRUS

In science the credit goes to the man who convinces the world, not to the man to whom the idea first occurs.

Francis Darwin 1848-1945: in *Eugenics Review*, April 1914.

(Cited in: *The Little Oxford Dictionary of Quotations*, 2nd edition, 2001:355)

Introduction

HIV/AIDS is not simply another medical condition like malaria, meningitis or mumps. It has taken on a life of its own which rides on a multitude of vested interests having to do with power, prestige, religion and money (Ncayiyana, 1997:1). No other disease in the 20th century has been associated with so much overt conflict and contestation – whether in attributing origins and causes, or in proposing solutions and allocation of resources. Schneider (1998:1) contends that the fact that we have "AIDS activists" and not "TB" or "measles activists" bears witness to the distinctive and unique political standing of this pandemic.

Many, however, argue that it is not the disease itself that is political; AIDS merely acts as a mirror reflecting the current state of modern world society (Benatar, 2001:374). Nwokedi (personal communication, August 24,1999) depicts the epidemic as metaphorical of "everything dysfunctional in society – from prejudice towards minorities to political quagmires driven by a hunger for prestige, control and money".

On a scientific level, few incidents have illustrated these arguments as well as the discovery of the cause of AIDS in the early eighties: the Human Immunodeficiency Virus

(HIV). Francis (1984) argued that it revealed a scientific community far from noble or cooperative, but "wretched and rank with politics" (cited in Shilts, 1987:462). In fact, HIV uncovered scientific rivalry so relentless that it required the intervention of heads of states (Shilts, 1987:593).

These were events that would eventually set the agenda – at least partially – for a quandary of distrust, factional partisanship and envy that would pave the road towards infinite and trivial disputes over the cause of one of the worst scourges in recent history.

On the trail of a disturbing epidemic

Between October 1980 and May 1981 (Schoub, 1999:2) an attentive Los Angeles doctor, Michael Gottlieb, became intrigued by a group of young, gay men with similar symptoms. All of them – who had previously been healthy – were dying of an uncommon, but severe, form of pneumonia known as *pneumocystosis* or *PCP* (Montagnier, 2000:43). Up until this point, *pneumocystosis* had only been seen in babies born without immune systems, or in patients whose defenses were deliberately suppressed to avoid rejection of transplanted organs (Montagnier, 2000:43). They were also infected with thrush, and showed a decrease in their number of T4 lymphocytes - a group of white blood cells that protect the human body against disease (Montagnier, 2000:241-242). All these symptoms are characteristic of people with suppressed immune systems (Schoub, 1999:2).

On June 5, 1981, the Centers for Disease Control (CDC) in the United States published a report on these observations in its widely distributed weekly bulletin, *Morbidity and Mortality Weekly Report (MMWR)*. The article *Pneumocystis pneumonia in homosexual men – Los Angeles* (Gottlieb et al., 1981, cited in Shilts, 2000:67) was expected to generate strong interest among the medical and scientific community ... but it initially seemed of "little more interest than the usual litany of food poisonings and fevers recorded from the four corners of the world" (Montagnier 2000:44).

It was only when a new alert was sounded a month later, in the July 4, issue that the broader medical fraternity started paying attention to it. *Kaposi's Sarcoma and Pneumocystis Pneumonia Among Homosexual Men – New York and California* (MWWR, 1981, cited in Shilts, 2000:76) informed doctors and public health officials that 20 New Yorkers and 6 Californians had been diagnosed with *Kaposi's Sarcoma (KS)* - a rare form of skin cancer that "usually attacks only elderly men of Mediterranean origin" (Montagnier, 2000:44) or "Jewish extraction" (Schoub, 1999:2). This time, the medical community became concerned: most of the *KS* patients also showed signs of *pneumocystosis pneumonia (PCP)*, thrush (Schoub, 1999:3) and reduced numbers of T4 lymphocytes (Montagnier, 2000:45). Doctors realized that there could be a possible causal link between the *PCP* and *KS* patients, as they shared symptoms that seemed to relate to "infections arising from the destruction of the immune system in gay men" (Montagnier, 2000:44).

But it soon became clear that the disease did not only affect gay men. Montagnier (2000:45) cited that, by the end of 1982, it had already affected 750 people in the United States and had also spread to Western Europe and Africa. By this time, a quarter of its victims were intravenous drug users, hemophiliacs and heterosexual men and women.

In late 1982, the CDC decided to give a name to this unidentified illness, which for a while had been known as GRID: gay-related immune deficiency. Because of its striking effect on the immune system of patients who later included heterosexual men and women, GRID's name was changed to AIDS: acquired immune deficiency syndrome. AIDS was defined as a condition "affecting persons under sixty years of age who had no other illness and were not undergoing any treatment that might depress their immune systems" (Montagnier, 2000:45). It manifested itself by "the presence of one or more so-called opportunistic infections [infections occurring only when the immune system is very weak], or by the onset of *Kaposi's Sarcoma*" (Montagnier, 2000:45).

Identifying the causal agent

Finding the cause of AIDS became a matter of urgency: its rapid spread pointed towards the disease escalating into one of the worst outbreaks in history. Kinsella (1989:82-83) reported that a flurry of scientific and epidemiological research followed and that discovering the "culprit" became the objective of scientists throughout the world.

By that time, researchers knew what type of agent they had to look for. From the vast number of reported cases, it was clear that they were dealing with a communicable disease. There were also substantial indications pointing to the involvement of blood products: both intravenous drug users and hemophiliacs seemed to become infected via contaminated blood (Montagnier, 2000:42). Moreover, it was apparent that "AIDS could not be caused by a conventional bacterium, a fungus or protozoan, since these kinds of germs are blocked by the filters through which the blood products necessary to the survival of hemophiliacs are passed" (Montagnier, 2000:42). That left only a smaller organism: the agent responsible for AIDS could only be a virus (Schoub, 1999:5; Montagnier, 2000:42).

But, as it would later emerge, alleviating mankind's suffering is not the only striving of medical researchers. Rewards for scientific discoveries are remarkably gratifying: international recognition, prestige and – in the case of diseases – lucrative patents for subsequent diagnostic tests. For an epidemic with the potential magnitude of AIDS, the incentive could be as fine as the Nobel Prize for Medicine (Kinsella, 1989:85; Grmek, 1990:73); the larger the problem, the bigger the payoff for solving it (R. Anderson, personal communication, June 13th, 2001). These considerations would prove to play a sinister role in the events leading to the discovery of the AIDS virus, becoming so ominous that they would lead to "some of the most scandalous glory grabs in the history of modern science" (Kinsella, 1989:235).

The people behind the scenes

The search for the AIDS virus started in the laboratories of two researchers, on two different continents – the United States and Europe.

Luc Montagnier was the director of the Cancer Virus Unit of the Pasteur Institute, a private foundation in Paris. Montagnier specialized in cancer viruses classified as human retroviruses (HTLV): a virus family capable of inserting itself into the DNA of certain types of white blood cells and, in the process, programming them to produce viruses (Whiteside & Sunter, 2000:2). His unit was relatively new, but had nonetheless made remarkable progress in developing techniques to grow human retroviruses (Montagnier, 2000:36).

Robert Gallo worked for a considerably more influential institution. The National Cancer Institute (NCI) in Bethesda, Maryland was regarded as "one of the most important biomedical research centres in the world" (Kinsella, 1989:12). It formed part of the US Department of Health and Human Services' National Institutes of Health (NIH) that conducted most of the US government's laboratory research into health matters.

The Parisian and American did not only work for two very diverse institutions; they were also as dissimilar as two human beings could be: "each made the other vaguely uncomfortable: Gallo was chummy, aggressive and charismatic. Montagnier held himself aloof and was doughty and patrician" (Shilts, 1987:264).

In the United States, many in the AIDS field placed their bets on Gallo's labs. He was an aggressive doctor who in 1976 mistakenly claimed that he had discovered the first viral form of cancer. Gallo's colleagues "believed he wanted to redeem himself by discovering the cause of AIDS" (Kinsella, 1989:83). If this was indeed the case, he was by now well on his way to recovery: two years after the 1976 imbroglio, he discovered a new retrovirus: HTLV-1 (Human T-cell Leukemia Virus), a virus that causes leukemia. For

this, he received the prestigious Albert Lasker Award and became recognized as a "patriarch in the field of retrovirology" (Shilts, 1987:270).

More importantly, Robert Gallo possessed personality traits considered formidable in the fight against epidemics: he was arrogant and temperamental (Shilts, 1987:270). In scientific politics, he could be ruthless. The NCI was often criticized for Gallo's pompous ways, but passed it off as merely "reflecting the shadow side of his character" (Shilts, 1987:270). Gallo himself justified his actions by claiming his behaviour was "what was required from the few brave scientists who challenge nature to yield its secrets to them" (Shilts, 1987:270). Furthermore, the NCI scientist carried enough weight in scientific circles to thwart any attempts by the French to have their discoveries recognized in the US – "the only arena that really mattered" (Shilts, 1987:264).

Luc Montagnier had noticeably fewer accomplishments ... but he was no less ambitious. He knew exactly what he wanted to achieve and was well aware that these targets could be time-consuming – as he later admitted in his account of the discovery of HIV, *Virus* (2000): "One [a scientist] must have the ability of a gambler fisherman. As for me, I am only interested in big fish. But they are rather rare" (Montagnier 2000:41). The Parisian was exceptionally hardworking, and at a rather speedy pace: by the end of 1977 – five years after its opening – Montagnier's unit was believed to already be equipped with "all the concepts and methods that would be needed for the isolation of the AIDS virus" (Montagnier, 1986 cited in Grmek, 1990:61). He was well aware of Gallo's "list of triumphs" (Grmek, 1990:71), as the two had already collaborated on one occasion (Montagnier, 2000:40). But ironically, Montagnier's own institute offered him something the mighty NCI could not compete with: greater intellectual freedom (Grmek, 1990:71). The Pasteur Institute's objective was to be a "sort of scientific cooperative, where individuals could contribute to a common goal without risking their intellectual freedom" (Roux cited in Grmek, 1990:60).

The race starts

Gallo and Montagnier had the same "culprit" in mind – a human retrovirus (Grmek, 1990:63; Shilts, 1987:289). At the time, the only known human retrovirus family was HTLV, the Human T-cell Leukemia Virus group (Grmek, 1990:65). This was the same class of viruses to which HTLV-1 – the leukemia virus that Gallo discovered in 1978 – belonged. Their suspicions were substantial: the AIDS virus seemed to destroy T4-lymphocytes [almost all AIDS patients had reduced numbers of T4-cells], a form of contamination that human retroviruses were strongly associated with (Grmek, 1990:62; Shilts, 1987:163). The virus family had also been linked to "conditions characterized by an impaired immune system" (Martin, 2000).

In order to survive, a retrovirus produces a unique enzyme known as reverse transcriptase (Whiteside & Sunter, 1999:2). This compound enables the virus to programme its host cells [in this case T4 lymphocytes] to assist in producing more viruses (Schoub, 1999:57). When searching for a retrovirus, its reverse transcriptase signals its presence.

In January 1983, Luc Montagnier's team found traces of this reverse transcriptase in the tissue sample of an enlarged lymph node [swollen gland] in a patient with pre-AIDS symptoms (Grmek, 1990:63). Swollen glands – or lymphadenopathy syndrome – are "one of the disease manifestations which precedes AIDS" (Schoub, 1999:9). Montagnier's team now knew they were dealing with a retrovirus (Grmek, 1990:63) ... but they still had to determine what *type* of retrovirus it was: was it a new type, or another variant of HTLV?

In order to make this determination, the Pasteur scientists infected "healthy" T4-lymphocyte cells they obtained from non-infected blood donors, with cultures of the newly found virus, and closely monitored its actions (Grmek, 1990:63). To their surprise, it operated notably different from retroviruses belonging to the HTLV family: "HTLV caused lymphocytes to divide, and this multiplication increased the amount of reverse transcriptase. This new virus seemed to act differently: it killed the cells" (Grmek, 1990:

64). They therefore called their discovery the Lymphadenopathy/Lymphotropic Associated Virus (LAV), signaling that it was isolated from a lymphadenopathy patient (Montagnier, 2000:57) and had an affinity for T4-lymphocytes (Grmek, 1990:68). The name LAV bore no relation to HTLV. Rather, it indicated that, although both LAV and HTLV variants were human retroviruses, LAV seemed to belong to a separate category of retroviruses.

Later, this finding proved to be a turning point in the scientific understanding of the epidemic. But in the lives of the French discoverers, it was noted as the beginning of great frustration: "they had taken the mystery out of the mystery disease but nobody was going to believe them" (Shilts, 1987:320).

Gallo's labs

At the NCI, Gallo's team was conducting research aimed at demonstrating exactly the opposite: that the AIDS virus originated from the HTLV-family. Gallo believed the virus to be very close – or even identical – to his own discovery, HTLV-1 (Shilts, 1987: 289). The NCI had not found a virus yet, but it did locate "preliminary evidence of retroviruses ... in tissues from people with AIDS or pre-AIDS conditions" (Gallo 1987 cited in Grmek, 1990:67) and was busy studying it for similarities to HTLV-1 (Grmek, 1990:65). The NCI scientist was so convinced that Montagnier was wrong that he sent the Parisian HTLV-1 antibodies to compare with LAV (Montagnier, 2000: 51). But when Montagnier informed him that the results had yielded nothing (Montagnier 2000:51), Gallo refused to believe him (Grmek 1990:67).

Going public

The Pasteur team was not deterred by Gallo's response; it was ready to publish its findings. The French research did not only defy the Americans', it was also more advanced: the Pasteur Institute had a virus - something the NCI could not yet claim.

But, the US team was not going to allow this situation to intimidate it: Gallo was ready to use his influence to boost his own arguments, and ensure that his competitor's conclusions would be taken as lightly as possible.

Montagnier recorded his recollection of these events in *Virus* (2000:55): "This was April 1983, and I was preparing a text for publication in the British journal *Nature*. On Easter Monday, Robert Gallo called my home to tell me he was about to submit for publication in the American journal *Science* his initial findings on the role of HTLV in AIDS ... Might it be possible, he wondered, for us to present our findings in the same issue? He was convinced we had, like him, found an HTLV virus and that our ... articles, if published in the same issue, would lend each other to support."

The tight deadline left the Parisian with only two days in which to finish his article. To save time, he sent it directly to Gallo and thereby bypassed the *Science* editor. To the editor, this was an acceptable move, as Gallo was the journal's peer reviewer to whom the editor would automatically first send Montagnier's article for critique (Montagnier, 2000:55). But in his haste, Montagnier had forgotten to write an abstract, which was to be published at the head of the article. Gallo offered to write it for him, and by accepting the offer, Montagnier made one of the most regrettable mistakes of his career: he allowed Gallo to unilaterally change his work, promoting Gallo's own arguments: "His [Gallo's] summary ... implied that our virus should be included in the family of HTVL, whereas the rest of the article, as well as its title indicated the contrary" (Montagnier, 2000:56).

The abstract did not only support Gallo's own findings, it also diminished the impact of Montagnier's research significantly: his [apparent] contradictory and confusing statements had to be weighed up against those of the authoritative and conclusive Gallo. To the readers of *Science* there was little choice – they'd believe the person with the clearest article and most credentials. The May 20 1983 issue of *Science* consequently left the Pasteur Institute with "a bitter aftertaste" (Grmek, 1990:66). Montagnier later bitterly recalled that he started to realize that his team, without being aware of it, was already engaged in a scientific quarrel that would not be settled for a number of years

(Montagnier, 2000:56). Even after the French team isolated LAV in several AIDS patients of different social, ethnic and biological backgrounds and obtained even more evidence that LAV was not a member of the HTLV family (Grmek, 1990:66), the Pasteur virus would for many years continue to be the "poor cousin of rich Uncle Sam" [Gallo's virus] (Grmek, 1990:67).

Battle lines

In September 1983, Gallo invited Montagnier to a colloquium on retroviruses that he had been asked to organize at Cold Spring Harbor Laboratory on Long Island, New York. The colloquium focused on HTLV and leukemia, and also included a session on AIDS. Montagnier was to present his latest findings on his work with LAV: he had found new, morphological differences between LAV and HTLV-1 (Grmek, 1990:68) as well as proof of similarities between LAV and the lentivirus [slow virus] responsible for equine infectious anemia (EIAV) in horses.

A senior CDC researcher had studied his results and was visibly impressed. Montagnier hoped the other Americans could be convinced as well. But, he was met with "a wall of indifference and bad faith" (Montagnier 2000:63), with the scientists talking continuously about the possibility that Gallo's leukemia virus might be the cause of AIDS (Shilts, 1987:371). When Montagnier finally presented his findings at the end of the proceedings, some researchers were so convinced by Gallo's findings that they "chuckled aloud" (Shilts, 1987: 372) at Montagnier's.

Leading a grueling interrogation of Montagnier, Gallo mocked the supposed link to the equine virus, expressed doubt that LAV was a retrovirus and rejected its etiological relationship with AIDS (Grmek, 1990:68). When Montagnier later asked his counterpart why he had acted in this way when he had all the details of the French team's work at hand [Montagnier's manuscript had been given to Gallo three months prior to the conference], Gallo replied: "You punched me out" (Montagnier, 2000: 63), meaning that Montagnier had "demolished all his work on HTLV and AIDS" (Shilts, 1987:372).

But behind the scenes it became glaringly obvious that Gallo was well aware of the credibility of the Pasteur team's virus, and was leaning heavily upon it. In June 1984, the Cold Spring Harbor meeting published its proceedings: it contained an introduction by Gallo, in which he described a new HTLV-variant, HTLV-III – a fact not mentioned during the meeting of September 1983. It was a subtle, but clever change in the meaning of the acronym, HTLV, that gave him away: where "L" had meant "Leukemia," it now stood for "Lymphotropic" ... as in Montagnier's LAV (Grmek, 1990:68).

Exchanging viruses

Despite the growing distrust emerging between the Pasteur Institute and the NCI, Montagnier sent Gallo, at the latter's request, two specimens of the LAV virus (Montagnier, 2000:67). The NCI signed an agreement that recognized the French priority: that the virus would be used for "biological, immunological or molecular research only" (Grmek, 1990:69) and not for commercial purposes. But, despite the legal protection, "lending" Gallo his virus turned out to be another unfortunate "Montagnier blunder" – even though the "practice of exchange is very common in the scientific community" (Montagnier, 2000:51). In March 1984, shortly after the swap, Gallo phoned Montagnier to inform him he had isolated a new virus that was growing very well: an HTLV a bit different from the others that he called HTLV-III. In his opinion, it was the AIDS agent. The Americans wanted to be the discoverers of the cause of AIDS, and they were going to make it happen – with or without their own virus.

Heckler's announcement

A month later, on April 28 1984, US Health Secretary Margaret Heckler "proclaimed a great victory for American science" (Montagnier, 2000:69) when she announced that Robert Gallo and his team had – at last – found the cause of AIDS: HTLV-III. "Today we add another miracle to the long honor roll of American medicine and science ...", she declared. "Today's discovery represents the triumph of science over a dreaded disease".

(Heckler, 1984; cited in Shilts 1987:450-451). The French breakthroughs were glanced over; in her press release, Heckler made no mention of the Pasteur Institute's work (Kinsella, 1989:84). She was clearly more interested in gaining the support of Americans accusing the US government of not doing enough to curb the epidemic, than acknowledging the accomplishments of others: "Those who have disparaged this *scientific* search – those who have said we weren't doing enough – have not understood how sound, solid, significant medical research proceeds" (Heckler, 1984; cited in Shilts, 1987:450-451).

Most people had indeed not understood how the "sound" and "solid" research surrounding the discovery of HTLV-III "proceeded". But in Paris, a disillusioned Montagnier started realizing that something was wrong: his competitor's 'discovery' followed unusually quickly on his borrowing of LAV from Montagnier.

The big question

Gallo published his findings in *Science* (May 4 1984; cited in Grmek, 1990:69); Montagnier, on the other hand, could not get his research published anywhere (Montagnier, 2000:76). The world now knew that the cause of AIDS had been found ... but what hadn't been established was the resemblance between LAV and HTLV-III: were they two different viruses, or in fact one virus with two different names? For the French, the time had arrived to find out. As Kinsella (1989:235) framed it, the answer would prove to be of pronounced significance: "That question would reveal one of the most scandalous glory-grabs in modern science."

Reckoning

The Pasteur Institute announced their findings at a press conference at the Harley Hotel in New York City on February 8 1985: the HTLV-III prototype isolate varied from LAV by less than one percent (Shilts, 1987:528). In the world of virology it was inconceivable that there could be a genetic variation of less than one percent between two different viral

isolates. Shilts (1987:529) pointed out that it would be like "finding two identical snowflakes. It simply didn't happen" (Shilts, 1987:529).

These results opened up a very serious accusation: either Gallo had stolen his virus from Montagnier, or the Parisian had stolen LAV from the American. The chronology of events pointed to the American in no uncertain terms: "To both the French researchers and many of the AIDS doctors at the conference that day, Montagnier's comparisons indicated that the NCI prototype of HTLV-III, announced in April 1984, could have been grown from the same virus the French had cultured in January 1983" (Shilts, 1987:529).

Just over a year later, in April 1986, Robert Gallo admitted that he had used the LAV isolate he received from the Pasteur Institute in September 1983 for research purposes prior to the discovery of HTLV-III. Grmek (1990:75) reported that he even acknowledged that the electron microscope image that appeared in the May 4 1984 issue of *Science* was "actually a picture of LAV and not, as the legend said, the new virus isolated by the American team".

Both Gallo and Margaret Heckler were invited to the New York press conference ... but cancelled at the last minute. Yet even without their presence or confessions, there was enough reason to still be astounded by Robert Gallo's behaviour: "Before claiming he had isolated a new virus, he [Gallo] could have compared it with the LAV specimens he possessed, published the result of the comparison, and if unable to prove a difference, respected the priority of the discoverers in the attribution of the name" (Grmek, 1990:69). This shows that, even if the Americans did discover HTLV-III, they had no right to name it ... because LAV had been discovered first. But when the terms HTLV-III and LAV became synonymous, the Americans made an all-out effort to keep their name (Grmek, 1990:69) – because, "in the world of science, as among primitive societies, to be the namer of an object is to own it" (New York Times, April 1984; cited in Kinsella, 1989:85).

Patent rights

In actual fact, the American shares in the AIDS virus were already much higher than their insistence to name it: by that time, they had been awarded patent rights for a diagnostic blood test, and thereby "obtained the rights to an income deriving from the sale of it, then an estimated five million dollars annually" (Grmek, 1990:72). The haste with which the American Food and Drug Administration granted this patent in April 1985 was reprehensible in itself. The Americans' requisition had been processed within a year, while the French – who had applied for a patent in December 1983 – were still kept waiting in suspense. Grmek (1990:72) encapsulated it: "The delay over the French application was not unusual; the relatively rapid processing of the NIH request was."

There was, of course, more at stake than the mere injustice of this process: if Gallo's HTLV-III and the French's LAV were one and the same, the NCI had violated the contract they had signed in September 1983, which forbade them use of it for commercial purposes (Montagnier, 2000:242; Grmek, 1990:69). By now, "the butcher's bill was so high that long-tolerated transgressions could no longer be ignored" (Shilts, 1987:529): Undoubtedly, reckoning was at hand.

Enemy time

That same year, the Pasteur Institute launched a lawsuit against the American government (Shilts, 1987:592), accusing the NCI of breaching its contract (Grmek, 1990:73) and the FDA of handling their patent rights application unfavourably.

The Americans claimed that, at the time of the French application, the Pasteur test was still only of doubtful value and that there was no proof that Gallo had used their isolate instead of his own (Grmek, 1990:73). But when a later inquest established that Robert Gallo had cultured the French virus in white cells in his own lab (Montagnier, Gruest, Chamaret et al, 1984, cited in Grmek, 1990:74) and even used the name LAV instead of HTLV-III in his laboratory notebooks (Grmek, 1990:74), the Americans realized that

they had major trouble on their hands. The NCI may have succeeded in developing more accurate diagnostic tests ... but they had done so with their competitor's virus. A telling memorandum from senior CDC researcher Don Francis on the potentials of such a suit warned the administration: "If this litigation gets into open court, all of the less-than-admirable aspects will become public and, I think, hurt science and the Public Health Service. The French clearly found the cause of AIDS first and Dr. Gallo clearly tried to upstage them one year later" (Shilts, 1987:593).

Facing the possibility of public court hearings, the US government reconsidered fighting the French (Shilts, 1987:593) – an out of court settlement began to be a better option. These negotiations, however, became so heated that – for one of the first times in the history of science – heads of states were called in to resolve a dispute over a viral discovery (Shilts, 1987:593).

Reunion

The dispute was settled in March 1987 with an amiable agreement between the US Department of Health and Human Services, and the Pasteur Institute. The settlement was announced in Washington as a common declaration by US president Ronald Reagan and French prime minister Jacques Chirac (Grmek, 1990:76): "The French would abandon the judicial process and renounce rights to damages for income already acquired by the opposition party; the Americans would add the name of Montagnier to that of Gallo to their patent for the diagnostic kit, henceforth to be recognized as a common invention to which both parties held equal rights" (Palca, 1987 and Conner & Kingman, 1988 cited in Grmek, 1990:76). An international nomenclature commission put an end to the use of the bizarre "double acronym", LAV/HTLV-1, when it baptized the AIDS virus with an entirely new name: HIV – Human Immunodeficiency Virus. In order to strike a compromise, the commission "revoked the French team's right to name their discovery, but found fault with the American team, refusing terminological affiliation with the HTLV family" (Coffin, Haase, Levy, et al., 1986 and Marx (1986) cited in Grmek, 1990:69).

As an integral part of the agreement, Gallo and Montagnier published a chronological history of AIDS research, promising not to "make or publish any [additional] statement which would or could be construed as contradictory or compromising the integrity of said scientific history" (Grmek, 1990:76). It was through this settlement, that Robert Gallo and Luc Montagnier became the co-discoverers of the AIDS virus, HIV. Neither of them had won the Nobel Prize they were so desperately looking for, and both had to settle for smaller American government awards (Shilts, 1987:593).

In 1989, an investigative article on Gallo's work by the *Chicago Tribune*, quoting several of his co-workers doubting his honesty, led to a reopening of the Montagnier-Gallo debacle ... in the form of several federal investigations of scientific misconduct by the US health department's Office of Scientific Integrity (OSI). In late 1992, the OSI found Gallo guilty of scientific misconduct "by concealing the fact that his lab put the French virus into a permanent cell line ... [intending] to mislead the scientific community" (Cohen, 1993:168). But Gallo's influence never seemed to end: following an appeal, he was acquitted of all charges (Pelton, 2002). The status quo remained the same.

What did however change, was the royalties agreement in the 1987 settlement: in 1994, the new Pasteur director, Maxime Schwartz, announced that a decision had been taken to distribute "royalties in a way that is much more fair than it was before" (Schwartz, 1994 cited in Crewdson, 2002:523). The truth was that "for the past seven years or so, the distribution was such that the NIH or HHS were receiving more royalties" than the Pasteur Institute did. "So now, for the second half-life of the patents, the Pasteur Institute will receive more royalties than the department of Health and Human Services here" (Schwartz, 1994 cited in Crewdson:523).

Conclusion

Twenty years after the discovery of HIV, it is generally accepted that the credit should be shared between the two continents (Shoub, 1999:10): the French are recognized for finding the virus, and the Americans for doing the substantial additional work to develop diagnostic tests (Altman, 1984 cited in Kinsella, 1989:85).

There were, however, limits to what such an agreement could achieve: it may have settled some squabbles and doused a few fires, but it couldn't change the already-fragmented AIDS world: a powerful 'AIDS establishment' [at this stage American governmental institutions] that entitled itself the right to speak on behalf of others and the rest of the scientific world, doing highly significant AIDS research ... but without much control over eventually owning it or knowing in which journal it would end up in ... if published at all.

If these disputes were any indication of the level of politicking present in the scientific community, they were certainly also suggestive of the endless quarrels that were to come over the cause and appropriate treatment of HIV/AIDS.

COVERING THE PLAGUE: THE DISCOVERY OF THE AIDS VIRUS

Introduction

Kinsella (1989:2) has remarked that science and medicine are the stepchildren of news organizations, the subjects often covered by poorly trained, poorly educated reporters. Given its political undertones, AIDS requires a fundamental understanding of its basic science from journalists. But during the early stages (1980s) of the epidemic, this was rarely the case: "the rise and fall of media interest in AIDS had little to do with the degree of crisis or with scientific advances" (Kinsella, 1989:2). When the May 1983 issue of *Science* came out, no news publications were aware of Gallo's changing of Montagnier's abstract ... let alone running stories on the politicking behind it. It was only a year later, with US health secretary Margaret Heckler's notorious announcement that the Americans had found the cause of AIDS, that leading newspapers such as the *New York Times* became aware of the American's devious ways of operating.

A lack of scientific expertise was, however, not the only factor preventing the epidemic's science from being covered. In the beginning, AIDS struck social outcasts - mainly gays and drug addicts. Editors often reasoned that "news about homosexuals would not interest the great majority of 'family newspaper' readers" (Kinsella, 1989:2) ... resulting in the gay press taking it upon itself to report on the disease. Although gay publications were pivotal in increasing awareness of AIDS, this situation often had disastrous consequences: newspapers such as the *New York Native* followed dangerous, unproven AIDS theories, mainly out of frustration with the US government's perceived reluctance to produce research to produce a cause and/or cure.

The technical side of covering AIDS research also raised unique obstacles. When the few concerned and science-conscious journalists attempted to cover scientific developments, they would come up against particular difficulties. The protocol of medical and scientific journals required that researchers' findings not be announced in the press prior to them being published in the medical journal that originally accepted the study. Consequently,

AIDS researchers often declined to talk to the media about their latest results for fear that professional journalists would blackball their work. "For reporters and their editors, that lack of fresh, accurate information from the experts on the epidemic meant that they had no story to report – and so the public remained in the dark" (Kinsella, 1989:2).

Reporting on Gottlieb's findings (MMWR) – first cases

The mass media's first AIDS report was printed on May 18, 1981, two weeks prior to the *MMWR*'s June 5 issue. Dr Larry Mass, a freelance journalist for the Manhattan gay newspaper, the *New York Native*, responded to a tip-off on gay men in the city being treated for "a strange pneumonia" (Kinsella, 1989:25). Mass's careful report, *Disease Rumours Largely Unfounded* (Mass, 1981 cited in Kinsella, 1989:28), quoted a New York City public health official denying the rumours (Shilts, 2000:67) and claiming that "*Pneumocystis* was not unusual" (Kinsella, 1989:28).

The *New York Native* was the "most widely read gay newspaper in New York City" (Epstein, 1996:46), but no other reporters followed its lead. Firstly, the 15 centimetre story was easily overlooked on page seven of the *Native* – hidden away in a lower left-hand corner. Secondly, in the early eighties, gay publications were not nearly influential enough to set agendas for leading publications: "even if the scoop had been prominently played, as stories would soon be in the *Native*, Mass's piece would hardly have attracted much attention from the mainstream media" (Kinsella, 1989:28).

A fortnight later, the *MMWR* proved the health department wrong with Dr Michael Gottlieb's observations *Pneumocystis pneumonia in homosexual men – Los Angeles* (Gottlieb, 1981 cited in Shilts, 2000:67) in its June 5 edition. The report stated pertinently the presence of this unusual form of pneumonia in gay men. Every Friday, the CDC distributes 40 000 copies of the *MMWR* to doctors and local public health officials, with an additional "835 copies of the pamphlet-sized journal going to reporters" (Kinsella, 1989:9). The *MMWR* is recognized as the medical profession's version of the Top 40 of disease updates, and journalists immediately study those statistics upon receipt of their

copies. But, much like the scientific community, the mainstream media didn't bite. A week went by and "...[the CDC's Dr James] Curren had yet to hear from more than a couple of curious journalists" (Kinsella, 1989:8). Besides minor stories in *The Associated Press*, *Los Angeles Times* and *San Francisco Chronicle* (Kinsella, 1989:10), the new disease remained entirely absent from the mass media.

The *MMWR'S* second report on July 3, *Kaposi's Sarcoma and Pneumocystic Pneumonia Among Homosexual Men – New York and California*, documenting 26 gay men struck by this rare form of cancer, drew a little more interest – yet for only one day (Shilts, 2000:78). A telling article was a "a column-length story buried in the back of ...[the *New York Times*]'... national section" (Kinsella, 1989:10), significant for its tone being typical of what would become one of the most common themes in the mainstream media's coverage of the epidemic – AIDS was exclusive to promiscuous, gay men: "The reporting doctors said that most cases had involved homosexual men who have had multiple and frequent sexual encounters with different partners, as many as ten sexual encounters each night up to four times a week" (Altman, 1981 cited in Epstein, 1996:46). Stories were also carried in the *Associated Press (AP)* and two broadcast outlets, *National Public Radio (NPR)* and the *Cable News Network (CNN)*.

This "day in the limelight, however, was the most attention the new epidemic would receive for the next year" (Shilts, 2000:78). Besides minor stories in *Time* magazine and *Newsweek*, and a 2 minute spot on the *American Broadcasting Corporation's* morning show, *Good Morning America*, in mid-December 1981 (Shilts, 2000:110), the outbreak faded from the mainstream media and "became an item of interest largely to gay men" (Shilts 2000:78). Editors killed articles on Aids "because they didn't want stories about gays and all those distasteful sexual habits littering their newspapers" (Shilts, 2000:110).

The gay media's coverage

Contrary to the mainstream media, gay publications such as the *New York Native* were filled with AIDS stories. The *Native's* editor, Chuck Ortleb, had good reason to follow the

epidemic: his newspaper's pages "were crowded with the obituaries of dancers and architects, priests and poets, university professors and civil engineers who had all died young from AIDS" (Shilts, 2000:418). As the death toll among his staff and readership rose without any quick solution in sight, Ortleb grew frantic. Soon, he did more than merely publishing stories in his paper: "He reached out, cajoled, and sometimes verbally assaulted mainstream journalists in attempts to get them to cover the issue more closely" (Kinsella, 1989:25). Initially, Ortleb's tactics had little effect.

With the Reagan administration's openly anti-gay stance, Ortleb "began to think that the lack of progress [with AIDS] was due mostly to a lack of interest" (Kinsella, 1989:32). It was more than a year since the first cases of AIDS had been recorded, yet the "U.S. medical miracle machine [the CDC] was not coming up with an answer, much less a cure" (Kinsella, 1989:32). Compared to the haste in which the state had acted during past epidemics such as the 1976 Legionnaire's disease outbreak and the 1982 Tylenol tragedy, Ortleb's concerns weren't groundless: in both cases the CDC had produced solutions within a matter of a few months (Kinsella, 1989:2;13). On August 16 1982, the *Native* editor voiced his opinions in the first of many editorials: "The gay community has all too quickly adopted a wait and see attitude toward the CDC ... It has now been a year since the epidemic surfaced as a serious health crisis, and we are no closer to a cure or an explanation than we were a year ago ... If the CDC exists for the purposes of monitoring this – or any – epidemic, who exists for the purposes of monitoring the CDC?" (Ortleb, 1981 cited in Kinsella, 1989: 32).

By mid-1983, Ortleb was so frustrated that he had only one thing on his mind: finding a cure for AIDS. At about the same time, Gallo and Montagnier's *Science* articles on the cause of AIDS appeared. But Ortleb was far more intrigued by a letter that was published in the April 23 issue of the *Lancet*, entitled "*Could AIDS Agent Be a New Variant of ASFV [African Swine Fever Virus]?*" (Teas, 1983 cited in Kinsella, 1989:37). The writer, Dr Jane Teas, supposed that AIDS could be linked to a disease found in pigs – swine fever. The African Swine Fever Virus (ASFV), a virus that "had never been known to infect humans", caused this disease (Epstein, 1996:100). Teas, a postdoctoral fellow at

Harvard's School of Public Health, had never done research on either of the epidemics. During casual reading, she was, however, struck by the apparent similarity in symptoms: both diseases compromised the immune system (Kinsella, 1989:37). There was another coincidence she thought important, known as "the Haitian connection" (Epstein, 1996:100): both the diseases surfaced in the late 1970s, within a year of each other (Epstein, 1996:100). Teas proposed: "Perhaps an infected pig was killed and eaten as either uncooked or undercooked meat. One of the people eating the meat who was both immuno-compromised and homosexual would be the pivotal point, allowing for the disease to spread to the vacationing 'gay' tourists in Haiti" (Teas, 1983 cited in Epstein, 1996:100).

To her fellow scientists, Teas' speculations had hardly any credibility; Ortleb, though, was fascinated. Teas' lack of credentials for hypothesizing in this way was, in part, why Ortleb wished to pursue her: "she was not part of the AIDS establishment, as he began labeling the CDC, NIH, and the doctors and scientists who worked with those agencies" (Kinsella, 1989:38). Teas publicly admitted to teaching herself about swine fever in an afternoon's reading, and "this kind of self-education by non-experts epitomized the critical attitude toward scientific authority he [Ortleb] had been promoting on the pages of his newspaper" (Epstein, 1996:101). For Ortleb's colleagues it therefore came as no surprise when the front page of the May 23 1983 edition of the *Native* read: *Is African Swine Fever Virus the Cause [of AIDS]?* (D'Eramo, 1983, cited in Kinsella, 1989:38). "A most uncommon, exciting and plausible theory has surfaced on the chaotic horizon of the AIDS mystery" (D'Eramo, 1983 in Kinsella, 1989:38), the article began, and ended by questioning why state researchers were so slow to follow it up: "Dr Teas' theory that ASFV is linked to AIDS may hold answers to many of the questions that pertain to 'how the disease is spread'. But as yet, her theory has received only a very cool reception from official agencies and institutions". Yet again, the *Native's* queries didn't come out of thin air: the government had also denied rumours about the spread of *Pneumocystis* when the *Native* first pursued that story, and *Pneumocystis* turned out to indeed exist.

It was against this background that the *New York Native* diverged "from the path of reporting the medical facts exclusively as they were seen by the medical establishment" (Kinsella, 1989:39). The publication even took its coverage a step further: "ASFV became the *Native's* cause" (Kinsella, 1989:39).

Furthering the swine fever cause

Convinced that he was one of the few people with enough insight and distance from the establishment to understand the epidemic, Ortleb began pushing other media outlets to pursue the swine fever angle. This time, he received reaction from major newspapers including the *Boston Globe* and *New York Times* (Kinsella, 1989:41), with even the CDC responding: in a striking "demonstration of the perceived importance of the gay press in the eyes of the public health officialdom" (Epstein, 1996:101), the newly appointed CDC director, Dr James Mason, flew to New York in early 1984 in an effort to persuade the *Native's* publisher that "studying ASFV would not bring scientists any closer to discovering the cause of AIDS" (Kinsella, 1989:41).

In exchange, Mason had a major scoop to offer Ortleb – that Luc Montagnier's Pasteur Institute in Paris had found the cause of AIDS, the Lymphadenopathy Associated Virus, LAV (Kinsella, 1989:41). This was two weeks prior to granting the *New York Times* an interview, and was considered a remarkable gesture on the part of the CDC director. But, Ortleb's wariness of the US government was too far advanced: he was convinced that Mason was trying to divert his attention and attempting to "co-opt" him ... so he buried the story in the back of the *Native* on April 9 1984. "I knew we were on the trail," Ortleb wrote in a later article, "why else would the government be sending its top guns to a gay journalist? He was trying to co-opt us" (Ortleb, 1984 cited in Kinsella, 1989:42).

The *New York Native* was nonetheless the first lay publication in America to write about Montagnier's findings (Kinsella, 1989:42). But it was still almost an entire year after the Frenchman's findings had been published in the May 23 1983 edition of *Science*.

Gallo and the *Science* articles

In 1983, Montagnier's discovery was almost entirely ignored by the mainstream media. It was Gallo's work that was featured – partly through his unethical promotion of it among journalists before its publishing date, and partly due to the way scientific journals were run, allowing Gallo to unilaterally change Montagnier's research. In order to have research published in a prestigious journal such as *Science*, a study "must weave its way through a kind of old-boy network of doctors and scientists" (Kinsella, 1989:111). The process, called peer-reviewing, is designed to determine a study's value. Doctors serving as peer-reviewers "are chosen primarily because of their connections to the journal editors, whether personal or professional" (Kinsella, 1989:111), and usually work in the same fields as "those on whose research they are passing judgment" (Crewdson, 2002:7). Gallo was on the reviewing committee of several journals, including *Science* ... putting him in a position to edit his counterpart's study in the May 20 1983 edition, and to withhold Montagnier's later research from publication in reputable magazines. In May 1984, Gallo managed to publish four papers the same *Science* edition. When the *Science* biology editor, Ruth Kulstad "had dared to suggest that four articles from the same laboratory might be too many" (Crewdson, 2002:123), Gallo was influential enough to force her to publish all four by threatening that he had good links with many other "journals that would like the papers" (Gallo, 1983 cited in Crewdson, 2002:123).

Weeks before their due date for being published, Gallo unscrupulously promoted his articles by providing a British reporter, Martin Redfern, with all four of his *Science* papers. He informed Redfern "that he thought a number of papers in the States ... [including] the *New York Times* and the *Washington Post*, were onto the story and might well put it out in the next few days, possibly over the weekend" (Redfern, 2002 cited in Crewdson, 2002:122). The American agreed for Redfern to only hold the story back if another newspaper did not break it prior to his articles being printed in *Science*. On April 16 1983, the London based scientific journal *New Scientist* published a freelance article by Redfern, after the *Wall Street Journal* printed a piece reporting "that researchers soon will announce discovery of a new variation of human cancer virus that

may cause acquired immune deficiency syndrome" (*Wall Street Journal*, 1983 cited in Crewdson, 2002:125). Many US newspapers picked up on the story, with the *Washington Post* reporting that Gallo had found "very strong signs that a newly discovered form of the Human T-Cell Leukemia (HTLV) virus infects victims of AIDS" (19, 1983 cited in Crewdson, 2002:125).

When Gallo's seniors confronted him about his studies appearing in national newspapers prior to the discussed *Science* embargo, he denied having anything to do with it ... accusing Martin Redfern of "having stolen the four *Science* manuscripts from his office while his back was turned" (Gallo, 1983 cited in Crewdson, 2002:126).

Reaching the mainstream media

The French side of the story that would highlight Montagnier's work, would only appear in the mainstream media a year later. Two weeks after the *New York Native* had run its Montagnier story on April 9 1984, CDC director James Mason granted the *New York Times* medical reporter, Dr Lawrence Altman, an interview. It happened at a crucial time: six days before the notorious Heckler announcement (Kinsella, 1989:42). Contrary to the *Native*, the *New York Times* considered Mason's information about the French discovering the cause of AIDS a scoop, publishing a front page story on April 22. The article quoted a puzzled Mason asking "why it had taken so long for the importance of the Pasteur Institute's work to be recognized" (Epstein, 1996:72). *Native* editor Chuck Ortleb responded with a cynical article, *New York Times took the LAV bait* (Ortleb, 1984 cited in Kinsella, 1989:42), accusing the *Times* of falling for the 'aids establishment'.

Still holding on to his swine fever theory, it was with equal cynicism that Ortleb greeted health secretary Margaret Heckler's announcement on April 28 1984 that Robert Gallo had discovered the AIDS virus, called Human T-Lymphotropic Virus Type III (HTLV-III). On June 17, 1985, he titled one of his many critical editorials on the subject, *AIDSGATE*, declaring "that Dr. Gallo was misleading America into the forest of AIDS research", and that his "discovery" of HTLV-III was in fact nothing more than the

rediscovery of the French team's identical virus" (Ortleb, 1985 cited in Kinsella, 1989:42). Included in the editorial was a verbatim transcription of a telephone conversation with Gallo, during which the NCI scientist complained about bad press: "Gallo told me ... I had made a tremendous mistake, the mistake of my lifetime [in accusing him of fraud] ... [that] I should 'try and be a friend'. I told Gallo a few of the basics about the African Swine Fever Virus, and he thanked me. He seemed to know nothing about the virus. Gallo continually told me: 'If you'd only read the science, if you only understood the science'. I told him I wouldn't be browbeaten by him or his so-called science, even if most of the AIDS researchers in America are afraid of him. To borrow some of Gallo's own "scientific language," I think we have discovered two isolates: Gallo-1 and Gallo-II ... Gallo-1 a reasonable scientist, who knows a great deal (but not about African Swine Fever Virus) ... Gallo-II is a fraudulent, vindictive, arrogant, anti-gay bully" (Ortleb, 1985 cited in Kinsella, 1989:43)

The *New York Times* was "not slow to draw implications from the episode" (Epstein, 1996:72) either, having reported on the French discovery six days before. Lawrence Altman focused "squarely on what was erupting as an international battle for scientific credit" (Kinsella, 1989:84), being the first reporter to recognize the politics behind the virus. In an editorial three days after Heckler's press conference, Altman remarked: "What you are hearing is not yet a public benefit but a private competition – for fame, prizes, new research funds ... The commotion indicated a fierce – and premature – fight for credit between scientists and bureaucratic sponsors of research. Certainly no one deserves the Nobel Peace Prize" (Altman, 1984 cited in Shilts, 2000: 451). Moreover, Altman recognized Gallo's dominance over Montagnier, quoting the American as saying that if the two viruses turned out to be the same, he would be the one to "say so" (Altman, 1984 cited in Epstein, 1996:72). Most other American newspapers and major television networks, however, reprinted and rebroadcast her claims without "rebuttal from more sober authorities" (Kinsella, 1989:84).

Ortleb loses his credibility

With his continuous, and almost exclusive reporting on ASFV, Chuck Ortleb began losing what little credibility he had left (Kinsella, 1989:45). When further evidence on the causal role of ASFV was not forthcoming, Ortleb was "onto the next rival theory, and the next – Lo's mycoplasma ... and ... the claim that AIDS and chronic fatigue syndrome are different forms of the same disease" (Epstein, 1996:101). Over time, the *Native's* "star began to fall, and Ortleb became an increasingly controversial figure within the AIDS movement" (Epstein, 1996:101). Cultural critic and AIDS activist Douglas Crimp complained in 1987: "Rather than performing a political analysis of the ideology of science, Ortleb merely touts the crackpot theory of the week, championing whoever is the latest outcast from the world of academic and government research" (Crimp, 1987 cited in Epstein, 1996:101).

San Francisco Chronicle

Strengthening Ortleb's suspicions about the US government's reluctance to fight AIDS were the reports of Randy Shilts of the *San Francisco Chronicle*. Being HIV-positive and gay himself, Shilts felt it a personal mission to follow-up on the state's commitment to AIDS. During Shilts' employment, the *Chronicle* ran more investigative AIDS stories than any other newspaper in the United States (Shilts, 2000:255). Many of his articles exposed government officials like Margaret Heckler's reluctance to fund AIDS research (Shilts, 2000:332).

In 1987, Shilts released a book described as a "heroic work of journalism" (*New York Times*, 1987 cited in Crewdson, 2002:311) by the *New York Times*. *And the Band Played On* "wove a chronological account of the early years of the epidemic, the response of government and the blood banks, and the decimation of the gay community" (Crewdson, 2002:311), with Gallo being the target of less kind words. A furious Gallo responded by accusing Shilts of getting his information from untrustworthy sources: "It never ceases to me to be a source of great wonder ... how people such as a gay young man on the West

Coast can think they know more when they're stimulated by the same two people over and over and over again. Namely Don Francis and what I would regard as a psychotic who lives in Cambridge" (Gallo in Crewdson, 2002:312).

This would not be the last time that Gallo's perceived deviousness would be exposed by a journalist. Two years later, on November 19 1989, *Chicago Tribune* reporter and 1981 Pulitzer Prize winner John Crewdson, published a 16 page, 55 000 word account of Gallo's work ... leading to an official investigation against the American scientist (Horgan, 2002).

Reopening of the Gallo investigation

Crewdson asserted that there was compelling evidence that Gallo's 'discovery' was "either an accident or a theft" (Horgan, 2002). What followed was "six years of history: the mixed-up micrographs; the CDC's bakeoff of the Gallo and Pasteur blood tests; ... Gallo's authorship of the Pasteur *Science* abstract; ... and, finally, the fact that no AIDS virus in Gallo's lab except HTLV-3 ... had been capable of growing in the quantities necessary to perform the key experiments that led to the AIDS blood test" (Crewdson, 2002:343).

This time around, mass media coverage wasn't limited to the US. The French, who thought the Gallo affair had ended three years before, were suddenly reading and hearing about "SIDAGATE" – SIDA being the French acronym for AIDS (Crewdson, 2002:357). Montagnier, who had remained quiet since the settlement, admitted to *Le Monde* that the possibility that Gallo had stolen LAV "did cross our minds" (Montagnier, 1989 cited in Crewdson, 2002:357). But he was careful to note "the possibility of accidental contamination must first be considered before accusing someone. I think that if this turns out to be the case there is no reason to accuse Dr Gallo of theft" (Montagnier, 1989, cited in Crewdson, 2002:357).

When Francois Sergent, the Washington correspondent for the Paris newspaper *Liberation* called Gallo for comment, he angrily denied having written the abstract for Pasteur's first *Science* article, and accused Crewdson of having ulterior motives for writing the article: "That's nonsense ... You think if I write their abstract, you think any journal is going to accept that? If I wrote their abstract – what does that mean? That they come to me to write their papers? Or that I own *Science*? ... The person who allows somebody else to write their abstract – don't you think they look a little odd? ... I believe the man who wrote the article has no knowledge of the scientific process and had a motive in his article ..." (Sergent, 1989 cited in Crewdson, 2002:344). Montagnier, on the other hand, declined to comment.

There was ample response in the scientific media; *Science* carried several analytical articles (Culliton, 1990:202-203 and 1494-1498; Cohen, 1993:168-170) and *Nature* editor John Maddox offered to publish Gallo and Montagnier's replies with an accompanying editorial. Gallo never replied, but Montagnier voiced the opinion that it would be in Gallo's interest "to acknowledge the likely possibility that ... [HTLV-3] ... was contaminated by LAV" (Montagnier, 1989 cited in Crewdson, 345).

When Gallo learned that Montagnier had called on him to publicly acknowledge that HTLV-3 was LAV, he became livid. It was "completely shameful to hear such things", he told *Liberation* (Gallo, 1989 cited in Crewdson, 2002:357) and instantly provided senior editors at *Newsweek* and the *Washington Post* with his version of history. But so thorough and credible were Crewdson's investigations that Gallo couldn't halt upcoming probes into alleged scientific misconduct against Gallo (Horgan, 2002).

Suddenly, Gallo became the subject of many a critical report in the media.

The Office for Scientific Integrity's 1992 report found Gallo guilty of scientific misconduct and was leaked to the media prior to its publishing date; *Le Monde* reported that Gallo had stolen the virus from the French, blocking his colleagues from discussing it (Crewdson, 2002:430). Gallo accused *Le Monde* of orchestrating a mass media

campaign against him, and desperately asked for help from the NIH ... but he did not receive any.

For the French, Gallo's successful appeal acquitting him of all charges was a huge disappointment ... but his tarnished name and the new royalties settlement between the two countries seemed to make up for it. French newspapers quoted Maxime Schwartz's pronouncement as a "turning point" that had been reached in the Pasteur's nine year struggle with the Americans (23 in 2002:57).

Eight years later, in 2002, John Crewdson published a detailed account on the order of events in the form of a 600 page book: *Science Fictions – A Scientific Mystery, A Massive Cover-up and the Dark Legacy of Robert Gallo* (Crewdson, 2002). At various points he quoted sources suggesting that Gallo was "mentally disturbed" (Horgan, 2002).

Crewdson ended his book with a quote from a ninth century Arab philosopher that Gallo announced he was planning to inscribe over the door of his laboratory: "We ought not to be ashamed ... of appreciating the truth and of acquiring it wherever it comes from, even if it comes from races distant and nations different from us. For the seeker of truth nothing takes precedence over the truth, and there is no disparagement of the truth, not belittling either of him who speaks or him who conveys it. No one is diminished by the truth; rather does the truth ennoble us all" (Gallo's philosopher's quote cited in Crewdson, 2002:540).

Conclusion

With journalists such as the *San Francisco Chronicle's* Randy Shilts, John Crewdson of the *Chicago Tribune* and Dr Lawrence Altman from the *New York Times* leading the charge, the American news media played a crucial role in exposing the brutality of the scientific world in the long lasting feud between the French and Americans. Derived from what could be found in literature, France was far less conscious of the debacle, with *Le Monde* and *Liberation* only starting to report on the issue during the late eighties. Most of

the influential scientific journals acting as guidelines for journalists were of course far less accessible in France, with the majority being published in English in the US.

While the *New York Native's* continued reporting on AIDS forced "gay journalism to grow up" (Kinsella, 1989:45) and get noticed (Kinsella, 1989:25), it simultaneously resulted in reduced credibility as far as reporting on the science of the epidemic was concerned. Ortleb's almost exclusive tracking of the African Swine Fever Virus, and other rival theories, was considered reasonable only up to a point. In fact, "reading the *Native* could be confusing ... with reportage of AIDS researchers' latest findings sharing space with the publisher's aggressive accusations against those scientists, which sometimes spilled over from his editorial column into Ortleb-bylined articles in the news pages" (Kinsella, 1989:44). This situation led to dangerous gaps in reporting on what was to come: Peter Duesberg's dissident theories. His endless frustration with the government's lack of action would drive the *Native* into boosting AIDS theories that would ultimately result in people stopping treatments designed to save their lives.

Most of the mainstream media, on the other hand, would counter these hypotheses, and so would scientific publications. But most of them were already perceived as part of the 'AIDS establishment', with its refusal to follow dissident theories being perceived as merely acting in the interest of the 'establishment'.

CHAPTER TWO

DEADLY DECEPTIONS: THE AIDS ESTABLISHMENTS' DISSIDENTS

Felix qui potuit rerum cognoscere causas.

Lucky is he who has been able to understand the causes of things.

Virgil 70-19 BC: *Georgics*.

(Cited in: Ratcliff and Rappaport, 2001:358)

Introduction

In the AIDS world, March 1987 – the month in which the acrimonious discovery battle between the French and Americans was settled – turned out to be a mammoth contradiction. In the same month, a respected Californian retrovirologist, Professor Peter Duesberg, voiced his strongly opposing views in a mainstream medical journal: that HIV could not possibly cause AIDS. The settlement of one dispute ironically made room for another. Only this time, it was a feud with far more than legal perils; it was one of deadly deceptions. Branding HIV harmless contradicted most prevention methods that enabled people to protect themselves against the virus. By now, it had been proven that HIV was transmitted via contaminated blood, hetero- or homosexual sex, and that HIV-positive pregnant women were capable of transmitting the virus to their unborn babies (Martin, 2000:14-15; Whiteside & Sunter, 2000:10). Challenging these theories could deter people from practicing safe sex or using clean needles in cases of intravenous drug use.

The danger was not the query but its potential 'audience'. This contention had a far bigger appeal than its predecessor; it played right into the hands of those fed-up with the US government's perceived arrogance ... like the 'anti-establishment lobby' that viewed AIDS researchers like Gallo as "greedy self-interested mythmakers" (Cohen 1994:1643).

Unlike their predecessors, dissident arguments were set to make their way into the public domain instantaneously. With the distrustful milieu that the discovery of HIV left behind and the way in which the AIDS establishment was to treat AIDS dissidents, this was hardly surprising. As with Montagnier, there would be stringent control over who was allowed to question what.

The Duesberg phenomenon

Anderson (personal communication, June 13, 2001) has pointed out that scientists question conventional wisdom for diverse reasons, one being "that they truly believe that the decided scientific evidence is unfounded" and that by challenging it, "new facts will emerge that move the scientific understanding of that subject forward". In the history of science, such queries have often resulted in this. By confronting the scourge of soaring maternal deaths, the 19th century physician, Ignaz Semmelweiss – pioneer of antisepsis in medical practice – demonstrated that a simple chlorine hand wash between autopsies and the examination of women in labour drastically reduced the maternal death rate. Semmelweiss was ostracized by his colleagues because he "dared to conduct research in a manner that defied prevailing medical orthodoxy" (Ncayiyana, 1997:2). Another case in point is that of 1970's UK gynaecologist Dr Patrick Steptoe. Steptoe sidestepped conventional research protocols to spearhead the world's first in vitro fertilization (IVF) eventuating in the birth of 'test tube' baby Louisa Joy Brown (Ncayiyana, 1997:2).

A less charitable view on such objections is that some researchers use it to get noticed: "If your research is not going well, and you're not an internationally recognized authority in a particular area – what is the simplest way of gaining attention? To be extremely noisy about the understanding of a major problem and end up on the front pages of newspapers" (Anderson, 2001, personal communication, June 13).

Credentials

There would be little justification for arguing that Peter Duesberg was seeking attention; his career spoke for itself. In 1987, the year in which he first questioned HIV as the cause of AIDS, Duesberg was assuredly someone to be reckoned with: he was 58, a full professor of Molecular and Cell Biology at Berkeley's University of California and already a member of the National Academy of Sciences. This emanated from his work with cancer genes: in the 1970s he was among the first to "demonstrate the existence of cancer-causing oncogenes by showing that animal [retro]viruses ... carry genes that can transform normal cells in culture into cancerous ones" (Cohen, 1994:1643). He subsequently mapped the genetic structures of several retroviruses (Gallo, 1985:1) and had his work published in almost all the reputable journals. Many, such as *Nature* editor John Maddox, considered his contributions as "a classic of its kind" (Maddox, 1993:109). Duesberg was also the recipient of a seven-year Outstanding Investigator Award Grant from Robert Gallo's National Cancer Institute (NCI) that provided him with hundreds of thousands of dollars to conduct research on the molecular biology of viruses (Strohman, cited in Duesberg, 1995). It was an award very few scientists qualified for – these bursaries were intended to "fund star researchers" (Goodman, 1995) with exceptional potential, and to enable them – incidentally – to "venture into new territory and ask creative questions" (Mann, 1993).

The Californian's accomplishments brought him all the desirable connections, making him a well-positioned man. He had the blessing of the AIDS establishment – approval Luc Montagnier could only dream of during his LAV days. Moreover, he had the establishment's "maestro", Robert Gallo, as a friend. So mutual was the respect between the two that Gallo offered to introduce Duesberg to a retrovirus conference in 1984: "Peter Duesberg is a man of extraordinary energy, unusual honesty, enormous sense of humour, and a rare critical sense ... a man who makes life more interesting and pleasurable to many of us" (Gallo, 1985:1). But despite his praises, Gallo must have been well aware of the nature of his friend's "rare critical sense" when he ended the introduction rather cynically: "This critical sense often makes us look twice, then a third

time, at a conclusion many of us believed to be foregone ... [They are however] a major problem for the casual observer. When is he truly debating? When is he only being the devil's advocate? When is he being the devil himself? ... Peter, it's hard for us to tell when you are using your machine gun or your slingshot, or simply exercising your vocal cords" (Gallo, 1985:1).

But for the time being, the Berkeley scientist's appraisals offered more benefits than drawbacks.

Duesberg's queries

Duesberg's critiques did not discriminate; he even re-examined his own theories. By 1983 he had turned against the field he helped to found, publishing an eight-page paper in *Nature* that attacked his own hypothesis: that the related oncogenes in normal human cells, once activated, behaved like retroviral oncogenes and caused cancer. Two years later, in 1985, *Science* ran a similar nine-page Duesberg critique (Cohen:94:1643).

In 1986 and 1987, Duesberg was on leave from Berkeley at the NIH in Bethesda where he was a Fogarty Scholar-in-Residence (Strohman cited in Duesberg, 1995). His sabbatical there provided him with the opportunity to formulate his contentions in more detail and publish them in a 22-page 'Perspective' *Cancer Research* article (March 1987) under the title *Retroviruses as Carcinogens and Pathogens: Expectations and Reality* (Duesberg, 1987:1199). He argued that the mainstream cancer research community was "wrong about retroviruses" (the group to which HIV belongs). Some of those viruses, he wrote, which were being thought of as 'evil', were, in fact "harmless creatures that were incapable of causing cancer" (Cohen, 1994:1643). The last four pages of his review were devoted to HIV and its role in AIDS. The Californian maintained that many contradictions appearing in the retrovirus/cancer hypothesis were also applicable to the HIV/AIDS theory (Strohman cited in Duesberg, 1995). He argued that HIV was too inactive, infected too few cells and was too difficult to even find in AIDS patients to be responsible for AIDS (Guccione, 1993:8). In a follow-up article in the June 29 1988

edition of *Science*, Duesberg conceded that HIV was nothing more than a harmless "hitchhiker" virus that somehow managed to find its way into the bodies of people with immuno-compromised systems (Fumento, 1992).

Most AIDS researchers thought Duesberg was exploiting uncertainties about the precise mechanism of disease causation to discount a mountain of compelling epidemiological, laboratory, and animal data supporting the conclusion that HIV caused AIDS (Cohen, 1994:1643). But the Berkeley scientist was not deterred by their opinions; he was so convinced of his arguments that he started theorizing about alternative causes.

Causal politics

Duesberg's disputes had become dangerous, as they had the potential to discredit safe sex campaigns and falsely persuade people to reject medical care. He believed AIDS was the direct result of the use of illicit drugs such as heroin, cocaine (Cohen, 1994:1648) and nitrites ('poppers'), aphrodisiacs used by gay men to facilitate anal intercourse (Guiccone, 1993:58): "There are ... numerous studies that show that as of early in the century, a long term junkie had pneumonia, weight loss, dementia, diarrhoea, mouth infections, fevers ... Drug addicts have always been described with the same diseases that are called AIDS now" (Guiccone, 1993:58). In Duesberg's opinion, AIDS was a drug, and not a sexually transmitted disease. He assumed HIV positive babies were only born to drug-addicted mothers (Guiccone, 1993:59) and that 'foreign proteins' in blood transfusions suppressed the immune systems of hemophiliacs, and not HIV (Guiccone, 1993:13). When AZT, the first drug for the treatment of AIDS, was approved, Duesberg started spreading the message that AIDS was "AZT by prescription" (Guiccone, 1993:12), as the drug's side-effects included immunosuppressive symptoms: "It's AIDS by design ... you get immune deficiency ... you literally get AIDS, you have nausea, all the AIDS symptoms because it's severe cellular intoxication" (Guiccone, 93:12). The 'drug hypothesis' provoked heated disagreement, to the extent that Duesberg alleged that the authors of a [1993] study in *Nature* showing that only HIV-positive drug users

developed AIDS had fabricated data (Cohen, 1994:1648). Shortly thereafter, an independent panel found the charge to be groundless.

It was true that some people's immune systems collapsed due to drug use: numerous chemicals weakened the immune system; some were given to organ transplant patients for that very purpose (Fumento, 1992). However, what Duesberg did not acknowledge was that AIDS was characterized by a specific type of immune deficit – a progressive and sustained loss of CD4+ T cells (The Evidence That HIV Causes AIDS, 2000) – that was extremely rare in the absence of HIV. One study for instance showed that the CD4 count (the measurement of the subgroup of T-cells whose progressive decline is the hallmark of AIDS) of HIV-negative drug users were almost always within normal range (Cohen, 1994:1648).

Although there was some legitimacy in arguing AZT was toxic and that, when used on its own, not very effective (Cohen, 1994:1649), there was no proof that the drug worsened the condition of AIDS patients. In fact, with the development of new anti-aids drugs, it soon emerged that drug combinations (often including AZT), "when used according to established guidelines, ... [could] ... improve the length and quality of life of HIV-infected individuals" (The Evidence That HIV Causes AIDS, 2000). Anti-AIDS drugs might have had high levels of toxicity, but their ability to prevent the virus from replicating, far exceeded their side effects. Thirteen years later, with US government records registering a dramatic fall in AIDS deaths since 1996 – the year in which three-drug combination therapy became widely used – Duesberg still held on to his theory, arguing that the given interpretations of statistics were misleading (Delaney, 2000).

The Californian's theories could also not account for the spread of AIDS in Africa, where both AZT and recreational drugs were hardly in use (Fumento, 1992). Neither did it resolve "why drug-free, non-promiscuous people who contracted HIV sickened and died in the years before AZT was even available" (Fumento, 1992). But for these instances, Duesberg had different explanations. What people perceived as AIDS in Africa, he argued, was in fact long existing diseases of poverty suddenly being grouped together:

"AIDS is twenty-five old diseases under a new name in the presence of HIV. These diseases do occur with or without HIV" (Duesberg cited in Guccione, 1993:12). Duesberg had it right that diseases that had come to be associated with AIDS in Africa, such as wasting syndrome ("slim disease"), diarrheal diseases and TB, had long been severe burdens on the continent. However, according to UNAIDS reports, "high rates of mortality from these diseases, formerly confined to the elderly and malnourished, were now common among HIV-infected young and middle-aged people, including well-educated members of the middle class" (UNAIDS cited in *The Evidence That HIV Causes AIDS*, 2000). It was clearly a different group of people who now suffered from these diseases; even "successful [African] countries like Botswana, considered a World Bank 'economic miracle' with phenomenal financial growth" (Garrett, 2000), experienced a rapidly increasing epidemic.

But dilapidated health care systems favoured Duesberg's theories: official AIDS deaths often did not correlate with the reality countries experienced (Whiteside, 1996:1) as there were few means of recording – or even diagnosing – them. In many African countries, HIV-tests weren't available, which meant they had to rely on the World Health Organization's 'Banqui Definition' to make HIV-diagnosis. Banqui offered doctors a list of symptoms, some combination that had to be present to diagnose AIDS (Garrett, 2000). But even when these diagnoses were made successfully, stigma and the lack of proper recording systems prevented health professionals from keeping accurate records. What was however glaringly obvious was that most African countries experienced a "significant increase in levels of illnesses and deaths" (Whiteside, 1996:2) at the time when AIDS seemed to be on the increase.

But, even in first world countries where HIV-tests were readily available, Duesberg foresaw problems with the outcomes. He reasoned that HIV-tests only tested for the presence of antibodies and not the virus itself and could "be wrong over 50% of the time" (Duesberg in Guccione, 1993:12). Although the reliability of these tests had improved since the late eighties, they even then exceeded the performance of most other infectious disease tests in both sensitivity (the ability of the screening test to give a positive finding

when the person tested truly has the disease) and specificity (the ability of the test to give a negative finding when the subjects tested are free of the disease under study); (The Evidence That HIV Causes AIDS, 2000). Already in the early nineties, HIV had a 98% reliability level (WHO, 1998 cited in The Evidence That HIV Causes AIDS, 2000). Diagnosis of infection using antibody testing was also a commonly established concept in medicine: "these antibodies ... are specific to a given pathogen (an organism that produces a disease), similar to a security lock and its key" (HIV, AIDS and the reappearance of an old myth, UNAIDS). Examples included the diagnosis of viral hepatitis, rubella (German measles) and many other infectious diseases. Antibody testing for these illnesses had – strangely – never been questioned (HIV, AIDS and the reappearance of an old myth, UNAIDS). The results of antibody HIV tests (Elisa or Western Blot tests) also correlated with the eventual development of AIDS: people who lacked positive results almost never experienced AIDS-like symptoms or a decline in their CD4 counts (Delaney, 2000).

Duesberg was so convinced of his theories that he was willing to die for it: on more than one occasion, he offered to inject himself publicly with a purified form of HIV (Delaney, 2000). To many others, however, his message was the equivalent of telling a dieter that cheesecake had no calories, the difference being "that cheesecake ... [could] ... not cause a slow, agonizing death" (Fumento, 1992).

The eager "audience"

Duesberg's objections quickly became a public cause: they rapidly spread from beyond a small company in the research community to a large part of the AIDS community itself. What seemed to give it a lot of force, and "peculiar twists and turns ... [was] the way in which it ... enacted in very public arenas" (Epstein in Cohen, 1994:1643). There were political conservatives who disputed the notion that HIV was transmitted heterosexually, gay radicals from San Francisco (Garret, 2000) who believed the anti-gay Reagan administration slowed down AIDS-research processes, and those who believed the AIDS

establishment consisted of money-grabbing "mythmakers" (Cohen, 1994:1643) eager to misrepresent anyone who disagreed with them.

Moreover, Duesberg was "an excellent, persuasive public speaker ... [knowing] how to sound reasonable, use humor, and include statements that ... [were] important and meaningful to people" (James 1997). In a nutshell, Peter Duesberg offered an easy, comforting approach to a broad range of people all sharing a common article of faith: that HIV was harmless (Garrett, 2000).

Consolation

It wasn't difficult to understand why people at high risk of AIDS were vulnerable to Duesberg's views (Cohen, 1994:1643): there were uncertainties about the pathogenesis – the precise way in which HIV caused disease and death – and also no available cure or vaccine. Joseph Sodroski from the Dana Farber Cancer Institute in Boston remarked that "the ways for dealing with the virus ... [hadn't] worked that well ... Affected people ... [thought] maybe science, with all its powers, had not been able to solve it, because the theory ... [was] wrong" (Sodroski cited in Cohen, 1994:1643). The Centre for Disease Control's James Curran agreed: "To some extent, going back to the beginning and looking for another cause ... [provided] ... hope for finding a cure and vaccine" (Curran cited in Cohen, 1994:1643).

When Duesberg attended an AIDS forum held in San Francisco's largely gay Castro district in January 1988, he "received a hero's welcome" (*San Francisco Sentinel*, 1988, cited in Cohen, 1994: 1643). For the gay community, Duesberg's theories provided consolation – that AIDS wasn't caused by sexual intercourse; maybe it didn't even exist. And although this "hero's welcome" quickly wore out when he began "espousing the theory that AIDS was the result of lifestyle choices – in particular, illicit drug use – implying that people with AIDS were in some sense responsible for their disease" (Cohen, 1994:1643), Duesberg managed to maintain a substantial following in many gay districts.

Denialists and political conservatives

The Berkeley messages were also well received by HIV-positive mothers like Christine Maggiore. In 1992, doctors told Maggiore she was HIV-positive. She had a second test that was indeterminate, then a negative test, and finally another positive test (Yamey, 2000:772). This uncertainty led her to question the scientific knowledge about the virus and the disease, and initiated *Alive & Well AIDS Alternatives*, a non-profit organization "founded by HIV positives who have learnt to live in wellness without AIDS drugs and without fear of AIDS" (Maggiore in Yamey, 2000:772). Maggiore consequently decided there was no harm in breastfeeding her baby, and drawing from both Duesberg's and her own experience, published a book on the subject: *What if everything you know about AIDS was wrong?* (Maggiore & Mullis, 2000). She maintained that HIV tests were unreliable, that pregnant women who tested HIV positive could not transmit the virus to their babies, and that Africa's AIDS figures were "simply false" (Yamey, 2000:772).

To political conservatives with little sympathy for the gay movement, Duesberg's views were of particular appeal (Epstein in Cohen, 1994:1643). And although this kind of backing brought a prejudicial component – and not necessarily the type he was looking for – to the 'Duesberg campaign', the Californian scientist was determined to continue with his criticism: "The charge of a scientist is to find the truth, to find the scientific basis of a problem. So you go for it irrespective of the political and moral and ethical consequences ... A scientist is not a politically correct crowd pleaser ... Science is amoral. Nature doesn't know morals" (Guccione, 1993:72).

The "anti-establishment lobby"

Duesberg's biggest and most ardent audience was those experiencing a growing disenchantment with the medical establishment (Cohen, 1994:1643), and interpreted this dispute as a forthright attack on the AIDS establishment. To 'the anti-establishment lobby', his arguments quickly assumed "some sort of cult status" (Jaffe in Cohen,

1994:1643), as they confirmed their notion that the AIDS establishment was always wrong (Fumento, 1992). There was anti-NIH playwright Larry Kramer, 1993 Nobel Prize for Chemistry-winner Kary Mullis, Californian molecular pharmacologist David Rasnick and the prominent Yale mathematician, Serge Lang, who wrote several articles and a book on the Gallo debacle. It was a relatively small, but powerful movement; it quickly learned to appeal to different agendas weaving "heavy doses of misinformation ... [with] some accurate facts and emotional, social and political truths" (James, 2000). The lobby had excellent public speakers and, during later years, developed top-notch websites guiding webcrawlers every step of the way. ACT UP San Francisco, an anti-HIV activist group, eagerly took the anti-establishment's cause upon it, with slogans such as "Don't buy the HIV Lie" (Yamey, 2000:772) and "HIV cannot possibly cause AIDS" (Yamey, 2000:772). More branches in Hollywood, Toronto and Atlanta sprang up, all ironically, but cleverly, named after ACT UP New York, a pro-HIV group campaigning for access to anti-AIDS drugs (Schusky, 2000).

Followers of the anti-establishment lobby did not only suggest that the AIDS establishment was wrong about the cause of the disease; they also argued that mainstream researchers have suppressed Duesberg's search for the truth. This contention of censorship almost instantly ensured an even broader audience: "credibility by a half-dozen prominent scientists" (Cohen, 1994:1643) – many of whom disagreed with Duesberg – but who were equally, if not more, concerned about the treatment of the dissident at the hands of the AIDS establishment. A former Harvard biochemist, Charles Thomas Jr., saw this in such a serious light, that he initiated a dissident support group *The Group for the Scientific Reappraisal of the HIV/AIDS hypothesis* (Cohen, 1994:1644), of which most AIDS dissidents became members. Also unconvinced of Duesberg's ideas – but persuaded that he should not be shut out of scientific resources – was Daniel Koshland Jr., editor-in-chief of *Science*, who wrote letters to the National Institute on Drug Abuse supporting Duesberg's grant proposals to test his "drug hypothesis" (Cohen, 1994:1644).

But most of the establishment persevered in resisting Duesberg. By doing so, it made one of its biggest mistakes: by largely ignoring and censoring AIDS dissidents, it played right into the hands of Duesberg supporters who were convinced that AIDS was just another 'hoax' created by the American government. Centre for Disease Control (CDC) AIDS director Dr Helen Gayle denounced skeptics by saying there was no "merit in questioning conventional wisdom" about HIV and a Berkeley AIDS expert described them as "undermining" (Cohen, 1994:1642).

In 1993, the NCI decided not to renew Duesberg's Outstanding Investigator Grant, an act he claimed was politically motivated: "I am advancing my hypothesis very much at my own expense. Since I challenged the virus-AIDS hypothesis, which is entirely unproductive in terms of public health benefits, I have been excommunicated by the retrovirus-AIDS community with noninvitations to meetings, noncitations in the literature and nonrenewals of my research grants, which is the highest price an experimental scientist can pay for his convictions" (Duesberg cited in Mann, 1993). AIDS dissidents argued that Duesberg's grant was "ironically supposed to encourage 'innovative' thinking ... [and that the NCI's termination of it] suggested that it ... [was] simply a fantasy to think that open criticism is welcomed within scientific inner circles" (Strohman cited in Duesberg, 1995). This act appeared to be particularly suspicious in the light of an NIH investigation clearing Robert Gallo – who by now compared Duesberg to "a little dog that won't let go" (Gallo in Cohen, 1994:1644) – of scientific misconduct (following his appeal) and subsequent prosecution (Culliton, 1990; Lang, 1998). Gallo had no problems with funding; in his case, money was abundant.

As in Montagnier's case, most mainstream medical journals refused to publish Duesberg's articles. In 1989 and 1991 the Proceedings of the National Academy of Sciences subjected his AIDS papers to "unusual multilayered peer reviews" (Cohen, 1994:1644) and *Nature* editor John Maddox – who published many of the dissident's award winning cancer research in the past – now bluntly refused to carry his proposals: "Duesberg will not be alone in protesting that this is merely a recipe for suppressing challenges to received wisdom. So it can be. But *Nature* will not use it" (Maddox, 1993:109). AIDS

doctors and scientists viewed dissidents "as a lunatic fringe best ignored in hopes that it would go away" (James, 2000). But many now agree that the establishment's refusal to respond was a mistake: it fuelled dissident arguments – "AIDS professionals and activists often forget that the world looks different to people who do not have the same access they do ... Most people do not have the background or training to judge a technical scientific argument themselves; instead, they look at how they are being treated. When one side will not give them the time of day on the issue while the other is always available, they may believe those they can talk to, without hearing any other view" (James, 2000).

But, with time, Duesberg repeated the AIDS establishment's mistakes – to his detriment: many of his supporters became frustrated with his style, which was widely perceived as inflexible of data not supporting his views (Cohen, 1994:1643). Even his 'enemies' eventually used it against him when justifying why they refused to entertain his views: "Part of the explanation is that Duesberg has not been asking questions, or raising questions he believes should be answered, but has been making demands and implying (but sometimes saying outright) to and right now: 'Unless you can answer this and right now, your belief that HIV causes AIDS is wrong ...'. Unanswerable rhetorical questions are the stock-in-trade of undergraduate debating societies' (Maddox, 1993:109). In 1994 – after eight years of ardent support – many dissidents resigned from *The Group for the Scientific Reappraisal of the HIV/AIDS hypothesis*, including Robert Root-Bernstein, a physiologist at Michigan State University and New York Aids clinician Joseph Sonnabend, who both criticized Duesberg for being too inflexible in his assertions (Cohen, 1994: 1644). Support groups were increasingly left with dissidents consisting of scientists outside of the AIDS field, not being able to test their hypotheses due to lack of funding, and lawyers lacking the scientific background to do so (Goodman, 1995).

By the late nineties dissidents no longer spoke with one voice as many diverse opinions had evolved: some believed HIV played a role in combination with other co-factors in causing AIDS, some that the virus was completely harmless, and many others that HIV did not exist at all. This left the AIDS dissidents a rather scattered group with 'loose' voices facing the possibility of disappearing unless they found someone influential who

could unite them and convey their messages efficiently; someone in the midst of the AIDS crisis, who would desperately be seeking solutions; someone the world – including Africa – would listen to: South Africa's president, Thabo Mbeki.

Conclusion

In the US, where AIDS treatments have been accessible to patients who needed them, the dissident movement found only a tiny constituency of believers who would put their lives at risk by rejecting all medical advice in favour of a debate of rhetoric. But by 1999, dissidents were to become revitalized by tapping into agendas in developing countries, where people had been told they were going to die and had no chance of treatment because drugs had been priced far beyond reach as a direct result of US and international government policies protecting the interests of major corporations (James, 2000). In the developing world, dissidents would find yet a new audience among leaders and the public who were understandingly suspicious of a western-dominated, heavily corporate mainstream which pursued its own profit above all else, and offered millions of people around the world nothing but death.

Few African countries offered a better kick-off point than South Africa with its history of oppression and subsequent skepticism of many Western interests. The country in which the dissident debate "never really happened in the late eighties and early nineties" (Karim, personal communication, May 28 2001), was to become the first one in the world where AIDS dissidents would be recognized by a head of state. Thabo Mbeki would readily take up their cause and force the two sides – the dissidents and establishment – to talk to each other. The African leader was to ensure that the role of heads of state in the science of HIV/AIDS did not stop after that first historical "discovery" settlement. Only this time, it would not result in a settlement, but in major confusion on the continent hardest hit by the epidemic.

COVERING THE PLAGUE: THE AIDS ESTABLISHMENT'S DISSIDENTS

Introduction

New York Native editor Chuck Ortleb's obsession with alternative AIDS theories strangely enough culminated in 1987 – the same year in which Peter Duesberg began querying HIV as the cause of AIDS. With the American government's announcement that the number of Americans infected with HIV had passed the 1 million mark (Kinsella, 1989:46), Ortleb's impatience with the 'AIDS establishment' reached breaking point. He continued his search for new theories that would undermine the idea that Robert Gallo's virus was the cause of AIDS. Following Ortleb's preoccupation with ASFV, the *Native* seized upon a New York doctor's contention that many cases of AIDS were not caused by the identified viral culprit, but by the 'great masquerader': syphilis (Kinsella, 1989:45-6). Several other notions followed ... but none seemed to last long.

Peter Duesberg's theories were what Ortleb had really been waiting for: they were objections raised by a prominent scientist, seemed to be long-running, and flew right in the face of the 'AIDS establishment'. For the Californian himself, the timing of Ortleb's desperation could not have been better. The *Native* editor was so convinced of Duesberg's arguments that he believed reporting them could raise his publication's profile from "just a gay newspaper that had dutifully tracked the epidemic from the beginning" (Kinsella, 1989:47) to a media legend. In fact, Ortleb was so convinced of this as to submit the *Native's* Duesberg coverage for a Pulitzer Prize award, print journalism's most distinguished endowment.

Alternative publications – like pop music magazine *Spin* – also published interviews with the Berkeley professor. The US mainstream media, on the other hand, was far less receptive to giving space to alternative positions (Epstein, 1996:174). This time around, however, reporting was not limited to the US or France, but included prominent British publications such as the London-based *Sunday Times* ... mostly due to the personal beliefs and affiliations of particular journalists and editors. Gallo was furious at media

outlets printing his opponent's theories, accusing them of failing to recognize the consequences of their arguments. But to many, his warnings were in vain, for they were tainted with his reputation: "Gallo had come to be a symbol of expertise gone bad: untrustworthy, patronizing, and resentful of challenges" (Epstein, 1996:116).

Ortleb, the Duesberg champion

The *New York Native* promptly followed up on Duesberg's March 1987 *Cancer Research* article with a cover story by John Lauritsen, a survey researcher and strong supporter of AIDS dissident theories (Epstein, 1996:98; 103), in its June 1 1987 issue (Lauritsen, 1987 cited in Epstein, 1996:109). "Unless HIV's champions can do some very fancy explaining," Lauritsen wrote, "Duesberg's article has unambiguously relegated the 'AIDS virus' etiology to medical history's trash heap of falsified hypotheses" (Lauritsen, 1987 cited in Epstein, 1996:110). A month later, Lauritsen interviewed Duesberg during his sabbatical at the NCI, running the interview, *Which Man Is Right?* on the *Native's* cover along with pictures of Gallo and Duesberg (Epstein, 1996:110). Furthermore, Ortleb took it upon himself to organize a telethon to boost the publicity of his latest fixation (Kinsella, 1989:46).

But it was only through an article by Katie Leishman in the magazine *Atlantic Monthly* that Peter Duesberg began to hit the mainstream media (Epstein, 1996:112). Leishman's story in the September 1987 edition noted that Duesberg was so certain of his claim that he had "offered to be inoculated with HIV" (Leishman, 1987:71). Soon afterward, the Berkeley professor made the first of what would prove to be several appearances in a British television documentary series called *Dispatches* (Epstein, 1996:112). But the show never attracted much attention in the United States. Nonetheless, Harvey Bialy, the editor of the scientific publication *Bio/Technology*, had become interested in Duesberg's arguments, inviting him to submit a synopsis of his *Cancer Research* article. This presented Duesberg with the opportunity to publicly complain that "the 'deadly AIDS virus' ... [had] ... been sold to the public as the cause of AIDS with the confidence and

authority that ... [was] ... usually derived from absolute scientific proof" (Duesberg, 1987b :1244).

In the wake of Leishman's piece and Duesberg's own article, the Californian began to be recognized in "US media circles as a credible and 'quote-worthy' dissenter on the subject of AIDS" (Epstein, 1996:112). So much so that, by the end of 1987, gay newspapers like *Gay Community News (GCN)* and San Francisco's *Bay Area Reporter* were publishing articles specifically about the failure of his colleagues in the 'AIDS establishment' to respond to him. In one *GCN* report Duesberg was quoted as saying: "I've asked questions they apparently can't answer" (Kenschaft, 1987 cited in Epstein, 1996:112).

Duesberg soon had more than gay publications willing to print his views. In January 1988, Celia Farber, a journalist with *Spin* magazine and fierce critic of the 'AIDS establishment', featured him in a lengthy interview in one of her AIDS columns.

Duesberg gained the support of many of Robert Gallo's doubters when he pointed out that 'establishment' researchers found themselves unable to retreat from their original claims because the "stakes are too high now" (Farber, 1988:43): "Scientists researching AIDS are much less inclined to ask scrutinizing questions about the etiology ... of AIDS when they have invested huge sums of money in companies that make money on the hypothesis that HIV is the cause of the AIDS virus ... Gallo stands to make a lot of money from patent rights on the virus. His entire reputation depends on this virus. If HIV is not the cause of AIDS, there's nothing left for Gallo. If it's not a retrovirus, Gallo would become irrelevant" (Farber, 1988:44).

Chuck Ortleb could not agree more. To him, Duesberg's theories provided explanations for the 'AIDS establishment's' behaviour, and also clarified why people like Gallo continued to have support. They also offered the *Native's* readers a comfortable denial of the ever increasing, inexplicable deaths. By the "spring of 1988, the *Native* seasonably pronounced: '*The AIDS crisis will be over in six months*'" (Ortleb, 1988 cited in Kinsella, 1989:46). Ortleb had become a 'Duesberg champion': he had more ammunition than ever against the AIDS establishment ... everything backed up by a world-renowned scientist.

Mainstream dailies

Mainstream dailies approached Duesberg in different ways, with the more influential publications being the most critical. While the *New York Post* and *Los Angeles Times* lent credibility to Duesberg's views, *The New York Times* was far more cautious, with headlines such as *Solitary Dissenter Disputes Cause of AIDS* (Boffey, 1988 cited in Epstein, 1996:114). *The New York Times'* articles were also rarely sensationalist front page news, but rather carefully placed on science pages, quoting government scientists such as the NIH's Anthony Fauci arguing that "the evidence that HIV causes AIDS is so overwhelming that it almost doesn't deserve discussion anymore" (Fauci, 1988 cited in Boffey, 1988 in Epstein, 1996:114). Reports often referred to Duesberg's arguments as "provocative", pitting them against "virtually all of the leading scientists engaged in AIDS work [who] believe that Dr Duesberg is wrong" (Boffey, 1988 cited in Epstein, 1996:114). *The New York Times* also hinted that Duesberg's claims were repetitions of old arguments and had "been considered at length within the scientific community" (Boffey, 1988 cited in Epstein, 1996:115). *Lies of Our Times*, an alternative magazine dedicated to monitoring the writings of *The New York Times*, complained that the newspaper had never mentioned Duesberg since Philip Boffey's 1988 article, and it claimed "the silence of the *Times* kept Duesberg out of the major media for three years" (Lehrman, 1991 cited in Epstein, 1996:141).

But, that was not true of all the media. The *New York Post* and *Los Angeles Times* were far more generous with accrediting Duesberg. The *Post* was the first daily newspaper to print an article on the causation controversy on January 7 1988, called *AIDS Experts on Wrong Track: Top Doc* (Nicholson, 1988 cited in Epstein, 1996:114). Writer Joe Nicholson, the publication's medicine and science editor, cited Duesberg's offer to have himself injected with HIV and paid considerable attention to his credentials, noting that this "top scientist" had been studying viruses for twenty years, and had spent the previous year on a scholarship at the NIH, "the world centre of AIDS research (Nicholson, 1988 cited in Epstein, 1996:114). In the process, however, Nicholson overlooked Duesberg's

shortcomings. He failed to mention that the professor's work at the NIH was on cancer, and not AIDS, puzzling many of his readers. Epstein (1996:114) pointed out that Nicholson could also not provide any justification for referring to Duesberg as an "AIDS expert" in the heading of his article.

A two thousand-word article by Joel Shurkin appeared soon afterwards in the *Los Angeles Times* and considered Duesberg's arguments as even weightier (Shurkin, 1988:114). Shurkin described the controversy as a debate between "two camps," the "dissidents" and the "AIDS establishment", which "disagree not so much on the basic facts as on their interpretations" (Shurkin, 1988:114). Epstein (1996:115) has noted that this discussion "tended to convey a certain legitimacy upon Duesberg's arguments. For example, one AIDS researcher 'who refused to be quoted by name' said that Duesberg was factually incorrect in that the virus had indeed been found in all patients. But another researcher 'said the truth is somewhere in between'. Such disagreement had the effect of suggesting that there was a legitimate spectrum of opinion on these questions and that Duesberg's views, however unpopular, were not beyond the reaches of plausible scientific theorizing" (Epstein, 1996:115). Between 1989 and 1991, the *Los Angeles Times* continued to be sympathetic towards Duesberg, asking whether he was a "Hero or Heretic" (Abrams, 1991 cited in Epstein, 1996:140). When Duesberg's Outstanding Investigator's Grant was not renewed, the *Los Angeles Times* implied that it was a direct punishment for heresy, with the phrase "non-scientific issues" serving as a euphemism for Duesberg's campaign against the orthodox position on AIDS.

Anthony Fauci analyzed the media's role in the causation debate, pointing out that "the media are great equalizers in science" and that any scientist quoted in the media becomes an "expert" (Fauci, 1989 cited in Epstein, 1996:175). Because some publications presented Duesberg as credible, "many people became concerned that the HIV hypothesis was a hoax", Fauci explained, adding that his own sister had called him repeatedly to ask: 'Are you sure he's wrong?'" (Fauci, 1989 cited in Epstein, 1996:175). Fauci further noted that journalistic norms of balance often compelled reporters to present the controversy as having 'two sides', resulting in media consumers being unable to judge for themselves the

relative solidity of consensus among AIDS researchers, assuming controversy was rampant.

Duesberg's critics had complained vehemently about the amount of ink that newspapers such as the *New York Native*, *Los Angeles Times* and *New York Post* had devoted to him, arguing that it had profound implications for the social construction of belief of their readers – for what they thought was true about 'preventative sexual behaviour' and the safety and efficacy of anti-aids drugs" (Epstein, 1996:178). Yet, the Berkeley professor's perspective was completely the opposite: "I mean, measure it against the ... 1,000 [articles] on the virus hypothesis that *The New York Times* alone publishes a year ... You will have a factor of like 1,000 ... to one ... in their favour" (Duesberg, 1994 cited in Epstein, 1996:175).

From everything to nothing in the gay community

With the *Native's* pro-Duesberg campaigns, and the Californian's convenient denial of the epidemic, some of his most ardent support came from the gay media. But then Duesberg started suggesting that "the trauma of anal intercourse" (Rapaport, 1988 cited in Epstein, 1996: 118) could be a factor in the spread of AIDS, and that the worst affected populations, such as the gay community, "could have ... been too promiscuous" (Rapaport, 1988 cited in Epstein, 1996:118). Within a week of publication of a Duesberg comment in a *Village Voice* article that AIDS was "caused by a lifestyle that was criminal twenty years ago" (Duesberg, 1988 cited Epstein, 1996:117), the remark became the *Gay Community News's* "Quote of the Week" (*GCN*, 1988 cited in Epstein, 1996:118). Duesberg's views were referred to as "a stunning regression to 1982, when everything under the sun, and gay practices in particular, were being blamed for the outbreak of disease" (Fettner, 1988 cited in Epstein, 1996:118).

Chuck Ortleb, however, refused to halt his 'Duesberg coverage'. So much so that he asked Duesberg to review Gallo's book *Virus Hunting* (Gallo, 1991) in 1991, which the Berkeley professor dubbed an "expensive, scientific comedy" (Duesberg, 1991). Gallo

repeatedly emphasized that Duesberg was unable to understand AIDS, being a molecular virologist and chemist, and not a doctor. In his review, Duesberg responded: "I wonder whether the M.D. Gallo might not have been better cast using his medical training to treat AIDS patients than trying to resolve the 'molecular virology' of HIV and the 'chemistry' of AIDS" (Duesberg, 1991). Ortleb's reports had, however, lost their impact. With his fixation on a scientist who was now being viewed as holding homosexual men responsible for the spread of AIDS, the *Native* had lost its credibility with Ortleb becoming as controversial as the man he was supporting. Fewer and fewer *Native* readers took him seriously, by this time being left with many other publications also reporting on the epidemic and providing the information they were looking for.

The right of reply

With the exception of *Bio/Technology*, Duesberg's *Cancer Research* article initially received very little attention from the scientific media (Kinsella, 1989:46). According to Anthony Fauci, many AIDS researchers refused to comment publicly out of fear that it would legitimize dissident theories (Fauci, 1988 cited in Epstein, 1996:119). Even politicians were cautious, with the President's commission on the HIV epidemic blasting Duesberg for "the sin of playing to a public audience" (Epstein, 1996:119). This appeal to the Berkeley professor to avoid publicizing his dissent, played right into the hands of journalists critical of the US government's handling of the epidemic, such as *Atlantic Monthly's* Katie Leishman. In a piece published in the *Wall Street Journal*, *The AIDS Debate That Isn't*, Leishman rebuked the commission for its treatment of alternative voices: "The suggestion that the public and patients must be protected from confusion is not merely condescending but faintly sinister" (Leishman, 1988:14).

Duesberg's supporters routinely insisted upon his "right to speak the truth" (Epstein, 1996:176) with some newspapers such as the *San Francisco Examiner* acknowledging this right, although not supporting dissident theories. In *Spin*, Celia Farber, who by now was a strong alternative voice, accused the 'AIDS establishment' of assuming it had the right to "govern all discourse on AIDS ... It feels no one has any business disrupting its

conclusions and treatment strategies. But don't those AIDS posters remind us, 'AIDS is everybody's disease'? Doesn't that include the people who question those who made the posters? Isn't it everyone's debate, too?" (Farber, 1992 cited in Epstein, 1996:176).

As a result of these pressures, along with considerable help from *Bio/Technology* editor Harvey Bialy, the 'establishment' was eventually forced to debate Duesberg in the July 29 1988 issue of *Science*. It was the Californian (Duesberg, 1988) against three orthodox scientists – including Robert Gallo (Blattner, Gallo and Temin, 1988). Each side stated its views in a one-page report, along with the other party's response, as a *Policy Forum*. Duesberg finally had his views published in one of the most authoritative science magazines in the world, which compelled influential researchers to take note of them. But, for the Californian, this also had a downside: the voices against him would become stronger. John Maddox, the editor of the British science journal *Nature*, started referring to his queries as "the stock-in-the-trade of undergraduate debating societies" (Maddox, 1993:109), and pointed out that Duesberg considered "questions left unanswered for more than about ten minutes" (Maddox, 1993:109) as further proof that HIV was not the cause of AIDS. In many editorials, Maddox openly stated that he would not allow Duesberg the "right of reply", as it was in stark conflict with his journal's obligation to provide its readers with trustworthy information. "Whatever Duesberg's friends say, the right of reply must be modulated by its content" (Maddox, 1993:109). In one of his 1995 editorials, Maddox responded to journalists like Celia Farber's criticism: "The sad truth about debates on controversial issues in science is that there may come a point at which dissenters forfeit the right to make claims on other people's time and trouble by the poverty of their arguments and the exasperation they have caused. The world (to judge from *Nature's* postbag) is full of people who believe that Einstein's relativity is a pack of lies, but who cannot make the claim on other people's attention they would wish" (Maddox, 1995:1).

As it would later prove to be in the case of the British media, Maddox's criticism of Duesberg and efforts to keep him out of the media would by no means end here. But some publications would see them as reminiscent of the 'AIDS establishment's' perceived

assumption that it had the right to "govern all discourse on AIDS" (Farber, 1992 cited in Epstein, 1996:176).

The British media

Causation debates in the British media started much later than in the US. While American newspapers widely reported Peter Duesberg's theories by the late eighties, English publications only took note of them in 1992. As in America, journalists' and editors' personal 'AIDS beliefs' were instrumental in the type of coverage Duesberg received. Where the States had Chuck Ortleb (*New York Native*), John Lauritsen (*New York Native*), Katie Leishman (*Atlantic Monthly*) and Celia Farber (*Spin*) producing pro-dissident reports in accordance with their own views, England had its own dissident voices. *Sunday Times* science correspondent Neville Hodgkinson and his editor Andrew Neil were so supportive of the Berkeley professor's theories that their coverage ended up being analyzed on a weekly basis in *Nature's* editorial pages.

Duesberg's coverage in the United Kingdom was, however, preceded by another debate that needs discussion to provide context with what followed. A peak of controversy came in November 1989 "when Lord Kilbracken, a minority voice on the All Party Parliamentary Group on AIDS, made his claim that only one proven case of AIDS attributable to heterosexual transmission could be found in official figures" (Beharrell, 1998:215). Several newspapers gave this assertion prominent coverage. "The *Daily Mail* front page declared it *The Truth About AIDS* (*Daily Mail*, 1989 cited in Beharrell, 1998:215) and the *Sun* headlined its inside page report *Straight Sex Cannot Give You AIDS – Official*" (Beharrell, 1998:215). In this way the epidemiological argument, that HIV caused AIDS, underpinning the British government's official health education campaign, became highly politicized.

AIDS reports peaked during the time of the Kilbracken controversy, with three daily newspapers, the *Sun*, *Daily Mail* and *Daily Express*, standing out in their endorsement of his claims. All three accepted 'the figures' without doubt or qualification (Beharrell,

1998:217). The *Sun's* resident doctor, Vernon Coleman, alleged an even wider conspiracy: "*AIDS – the Hoax of the Century ... Why it paid prudes, gays and Business to scare us all*" (Coleman, 1989, cited in Beharrell, 1998:218). As some American journalists had done before him, Coleman argued that "drug and medical companies and the doctors who are linked to them had vested interests in the policy, and that moral campaigners were interested in frightening young people into celibacy, while gay activists were 'worried that once it was widely known that AIDS was NOT a major threat to heterosexuals, then funds for AIDS research would fall'" (Coleman, 1989 cited in Beharrell, 1988:218). In the *Daily Mail*, the columnist Ann Leslie voiced a similar view: "This newspaper is growing weary of pointing out the facts ... Everyone is NOT at risk from AIDS: only those who belong to high-risk groups ... So why have we, the taxpayers, been forced to waste money on this costly and farcical campaign? First of all, because our government, like many others, fell for militant gay propaganda ..." (Leslie, 1989 cited in Beharrell, 1998:218-9).

These publications consistently put forward the editorial view that the government's message was a lie, supporting the notion that AIDS was an exclusively gay disease (Beharrell, 1998:222). Having huge readerships, they played a significant role in promoting strong skepticism about the cause of AIDS among political conservatives and anti-gay groups. In some circles, the suspicion was so widespread that many disbelieved a 1990 government announcement of increased heterosexual HIV infections (Beharrell, 1998:222). In many ways, this period laid an important and favourable foundation for Peter Duesberg's theories that were to hit the British media two years later.

Between April 26 and May 31 1992, more than twenty articles or opinion pieces on the causation controversy were published in the pages of the *Times*, the *Sunday Times*, the *Independent*, the *Daily Telegraph* and *Reuters* (Epstein, 1996:150). The *Sunday Times*, one of the national Sunday newspapers with top readerships, spearheaded the furor. When Neville Hodgkinson became the *Sunday Times's* science correspondent in 1991, the publication had already serialised *The Myth of Heterosexual AIDS*, a book by an AIDS dissident and *Los Angeles Times* journalist, Michael Fumento. The book echoed Lord

Kilbracken's argument that AIDS was a gay disease, with heterosexuals only being at risk if they were drug users or black (Alford, 1997). This decision, largely the doing of editor Andrew Neil, provoked an outrage. American bookstores had boycotted Fumento's book, *Nature* had published a scathing review, the *Sunday Times'* letters editor had been inundated with complaints. Yet, Neil decided to publish it. The editor of the *Sunday Times* was such a strong supporter of Fumento's notions that he even allowed journalists to interview him. In *Continuum*, a magazine for long-term survivors of HIV and AIDS, he spoke of how, at the end of the 1980s, he began to feel that "there was a kind of conspiracy beginning to develop – almost an unholy alliance among the government, militant gay lobby and a sort of Christian moral majority right" (Neil, 1989, cited in Jacob, 1995:14). Now Neil had fresh ammunition with which to defend his beliefs: Duesberg's theories.

Neville Hodgkinson and his editor's convictions were virtually the same. In April 1992, he wrote his first Duesberg article for the *Sunday Times*, headed a *Startling Challenge to AIDS Orthodoxy*, mounted by "two of the world's experts on viruses" (Hodgkinson, 1992a). Hodgkinson was referring to an alternative AIDS conference that would be held in Amsterdam and be attended by Peter Duesberg and Luc Montagnier. Both scientists, he reported, "are to challenge the orthodox view that HIV is the exclusive cause of AIDS" (Hodgkinson, 1992a). Montagnier had publicly admitted that the cause of AIDS might be far more complex than originally thought and could possibly involve co-factors. He, however, never agreed with Duesberg's theories. Yet, Hodgkinson's *Sunday Times* article made it sound as if Montagnier and Duesberg were a solid team on its way to convince delegates of a theory they had agreed on (Epstein, 1996:150).

The *Sunday Times* was soon to be challenged on its claims by other publications. A few days later, the *Independent*, a daily newspaper, weighed in with a report from Steve Connor, a science correspondent who had co-authored a well-known book on AIDS. Connor quoted Montagnier as commenting that Duesberg was wrong "because he doesn't take all the data into account, whether deliberately or not" (Connor, 1992:25). In the same article, Montagnier corrected Hodgkinson, pointing out that he would be attending the

conference to publicly oppose Duesberg and not to support him (Connor, 1992:25). Connor argued that the *Sunday Times'* misrepresentation of Montagnier was typical of an article that devoted two pages to Duesberg but largely ignored the wealth of evidence against his claim (Connor, 1992:25). Many other media publications were soon to challenge the *Sunday Times* as well. Malcolm Dean, writing in the News & Comment Section of the British medical journal *Lancet* accused the *Times* of a "deep conservative bias which the editor desperately tries to conceal by anti-establishment campaigns" (Dean 1992:1286). Dean argued "of course skeptics should be given space, but iconoclasts should be pushed as hard as establishment figures to justify their assertions"(Dean, 1992:1286).

Meanwhile, *Nature* editor John Maddox had not forgotten about Peter Duesberg. His journal being based in London, as the *Sunday Times* was, Maddox was outraged at the *Times'* promotion of Duesberg, accusing it of concealing the facts and misleading its readers about AIDS: "For more than two years the most profitable newspaper in Britain has supported the view that HIV is irrelevant to the causation of AIDS. This opinion can be traced to the journalistically proper reporting of Dr Peter Duesberg's well-known dissent from the general opinion that AIDS follows HIV infection; but the *Sunday Times* has since made the cause its own" (Maddox, 1993 cited in Jacob, 1995:15). In Maddox's opinion, the *Times* had an orchestrated and dangerous campaign against the AIDS orthodoxy that no one had been able to stop: "The public interest requires that the *Sunday Times* should not follow its perverse line of the causation of AIDS; but that would entail censorship, for which there is no mechanism and which is a greater evil ... So how, in an open society, is a newspaper to be discouraged from following a line that is seriously mistaken and probably disastrous as well?" (Jacob, 1995:15)

Maddox was so upset by the *Times'* coverage that he decided to take it upon himself to change it. Each week, the *Sunday Times'* AIDS coverage was analyzed in *Nature*: it was reported as if it was news, and in enough detail to let readers judge whether the newspaper's line on HIV and AIDS showed signs of change. Referring to the *Times'* 'campaign' as the "*Sunday Times* aberrations" (Maddox, 1993 cited in Jacobs, 1995:16) in

an editorial *Don't Read Sunday Times*, Maddox charged the publication with not considering the damage done by displaying "the discomforts of 'safe sex' to be tiresome encumbrances" (Maddox, 1993 cited in Jacob, 1995:16). Many doctors and researchers actively participated in *Nature's* efforts by complaining of difficulties in getting their refutations published as letters in the *Sunday Times*. The *Sunday Times* claimed it did not print these letters because many were in an 'abusive tone' (*Sunday Times*, 1993 cited in Jacob, 1995). In protest, *Nature* assured distressed *Sunday Times* readers that it would weekly publish letters of complaint intended for the *Sunday Times*.

But the *Sunday Times* was ready for a media war, viewing *Nature's* campaign as an arrogant attempt to claim the AIDS debate for itself. Reprinting Maddox's editorial on December 12, 1993, the *Times* commented: "Despite distortions and inaccuracies, this editorial deserves a wider audience than *Nature's*, both in the interest of open debate and because of the insight it gives into the mind of the journal's editor. So we reprint in full below, with Maddox permission, though he requested 200 pounds for the privilege" (*Sunday Times*, 1993 cited in Jacobs, 1995:16). Maddox's piece was accompanied by one of Neville Hodgkinson's articles *AIDS: Why We Won't be Silenced*. It argued that *Nature's* summaries of *Sunday Times* reports at least gave Maddox's readers the opportunity "to become exposed for the first time to facts and arguments which *Nature* should long ago have reported and debated in detail" (Hodgkinson, 1993).

It was however, the *Independent*, and not *Nature*, that eventually put an "unceremonious end" (Jacob, 1995:17) to the *Sunday Times's* Duesberg campaign. Steven Connor tracked down Angelo d'Agostino, a doctor working in Tanzania, who was quoted by the *Sunday Times* as saying that AIDS was not nearly as bad in Africa as portrayed. Doubting Hodgkinson's citations, Connor showed the article to d'Agostino who complained that his comments were severely distorted in order to fit in with the *Times's* "myth theories" (Jacob, 1995:17). The *Independent* ran an entire article devoted to this situation, contending that "one cannot help but wonder at the motivation for such irresponsible journalism, and more so, decry the terrible effects on the unsuspecting public who are given a false sense of security and run the very real risk of contracting an incurable

disease as a consequence" (Connor, 1994 cited in Jacob, 1995). This caused a great upheaval in the offices of Rupert Murdoch, the media magnate to which the *Sunday Times* belonged, and resulted in the resignations of both Neil and Hodgkinson in May 1994.

Jacob (1995:17) has argued that the *Sunday Times'* campaign had a visible effect on the voluntary sector in Britain, with funders reading the newspaper developing doubts about the cause of AIDS. In Jacob's opinion, this resulted in a significant decrease in funding for 1994, leaving many volunteer organizations without enough money to continue with their AIDS work. The same author has put forward that the reports created "an air of complacency" (Jacob, 1995:17) in the general public. Many started believing that they were immune to AIDS, asking: "Where is the epidemic you have predicted? We are still immune to AIDS and we engage in unprotected sex."

Books

By the end of 1994, media reports on AIDS dissident theories had virtually disappeared. Dissidents no longer came up with new theories and for most publications, the subject had simply lost its news value. Individual journalists supporting dissident theories, however, did not disappear. With news publications' lack of interest in their stories, many started publishing books, either at their own cost or backed by alternative publishing companies. However, these books received mostly scathing reviews ... if reviewed at all in mainstream publications.

Towards the end of 1993, John Lauritsen (*New York Native*) published *The AIDS War: Propaganda, Profiteering and Genocide from the Medical-Industrial Complex* (Lauritsen, 1994), presenting his previously published AIDS reports in chronological order with a few new chapters interspersed. In highly technical language, he argued that AIDS did not exist. Mike Chappelle criticized the publication in *The Bloomsbury Review* as reinforcing "the notion that issues of medical science are inaccessible technical matters best left to the elite scientific community" (Chappelle, 1994).

Two years after his resignation, Neville Hodgkinson published *AIDS: The Failure of Contemporary Science* (Hodgkinson, 1996), restating the opinion that HIV was not the cause of AIDS. In a mocking book review in *The Guardian*, John Maddox described the book as "an heroic account of a prejudice that went sour – mercifully quickly in this case" (Maddox, 1996). In the same year, Peter Duesberg also published a book *Inventing the AIDS Virus* (Duesberg, 1996), with the *New York Times* dubbing it "destructive of personal morale, prevention efforts and public understanding of both HIV/AIDS and of biomedical science in general" (Osborn, 1996). The *Washington Times* (Goode, 1996) was more sympathetic, noting "the controversy has left Duesberg a scientific persona non grata with few graduate students, all of whom are about to finish their work with him with no funding" (Goode, 1996).

One of the only books not taking sides in the debate, but analyzing both mainstream and dissenting views in the same way, was also published that year. Steven Epstein's *Impure Science: AIDS, Activism and the Politics of Knowledge* (Epstein, 1996) "differed from the usual approach which tends to accept a mainstream world view as true, and then tries to 'explain' other opinions as various kinds of errors" (James, 1996), leaving readers with the task of coming to their own conclusions.

Conclusion

In explaining why most publications eventually accepted the orthodox position and not his, Duesberg told the *California Monthly*: "Science is really now a popularity contest made by newspapers. You hype something in the press, and people take it from there" (Duesberg, 1990 cited in Epstein, 1996:176). Duesberg was being critical but he had obviously played the same game in order to advance his claims in the causation controversy.

Some publications fell prey to this, publishing and often advancing his views. Yet, most of these reports were published as a result of a journalists' or editors' personal view. They

were, in effect, dissidents themselves who happened to be working in the media, with all having different reasons for supporting Duesberg's theories. Some did so out of frustration with the US government and scientists like Robert Gallo; others because they believed Duesberg had the right to be heard. In some cases, Duesberg-stories simply provided a fresh angle on which to report on AIDS, with editors often complaining that reports on the epidemic repeated the same 'death angle' over and over again. Reporting on Duesberg's arguments was, however, dangerous, as they had the potential to create the impression among readers, viewers and listeners that it was safe to engage in unsafe sex or that AIDS medicines were ineffective. Many publications, such as *The New York Times*, were cautious of this and downplayed Duesberg's reports by placing him on 'less read' pages of the newspaper.

In both the US and Britain, reports on the Berkeley professor could be controlled to at least some extent, resulting in only temporary damage. For one, the 'Duesberg-period' passed after eight years in the US and half that time in England. Also, only a few mainstream publications approached his stories uncritically, with alternative publications, read by only small parts of the population, being more sympathetic. But in South Africa, the situation would prove to be entirely different: here, people would not be asked to support a Californian scientist, but the country's President. Thabo Mbeki's dissident views would be reported in every single newspaper, on every radio and television station. With the country's literacy levels far below that of the developed world, people would be significantly more vulnerable to accepting their President's views as the truth than Americans were in Peter Duesberg's case. Another major difference would be that the entire country's AIDS policies would be influenced by Mbeki's views - something that was never on the cards in either the US or Britain. What was to come would result in permanent damage.

CHAPTER THREE

I AM NOT ARGUING WITH YOU, I'M TELLING YOU

Conflicts, like living organisms, had a natural lifespan. The trick was to know when to let them die.

Ian McEwan, 1948.

(Cited in: Ratcliff and Rappaport, 2001:17)

Introduction

By the mid-nineties, by which time AIDS dissidents in the first world had lost their voices, AIDS had reached epidemic proportions in South Africa. By the turn of the century, the epidemic "increased 30-fold since 1990" (Abdool-Karim cited in Nicodemus, 1999a), and by the year 2000, UNAIDS officially dubbed South Africa as the country with the fastest growing epidemic in the world (Report on the global HIV/AIDS epidemic, 2000).

With a former apartheid government giving little attention to HIV/AIDS, the ANC government elected in 1994 appeared to have taken the issue seriously: even prior to it coming into power, ANC doctors, health and social workers had meeting after meeting under the banner of the National AIDS Convention of South Africa (NACOSA), with gatherings often addressed by officials ranking as high as Nelson Mandela. The result was the new cabinet's adoption of a national AIDS plan within six months after being elected – a plan "which stressed the need to formulate a strong, shared vision of mobilisation to focus all of the country's resources on fighting the disease" (Nicodemus, 1999a).

AIDS activists, non-governmental organisations and people living with AIDS had high hopes that South Africa would show the rest of the continent how to combat the disease effectively. But instead, the country's AIDS vision became rapidly clouded by infighting,

to the point that many perceived the government's response to the epidemic as a "dismal failure ... its organization disjointed and its policies largely ineffective" (Nicodemus, 1999a). It was framed as such by one of South Africa's leading AIDS physicians, Dr Ashraf Grimwood: we "shot our allies, knifed our neighbours and instead of attacking the enemy, attacked each other" (Grimwood cited in Bisseker, 1999). This situation, combined with the country's Deputy President at the time (and President to be), Thabo Mbeki's receptiveness to HIV/AIDS views other than those coming from a first world establishment he was often suspicious of, made South Africa a fertile ground for AIDS dissident views.

Disasters setting the context

Thabo Mbeki's support for discredited HIV/AIDS theories started long before he was elected President in 1999. In 1997, he unleashed a political storm when he appeared to have played a prominent role in attempts to fast track the registration of a widely condemned "cure for AIDS" – Virodene P058. Virodene contained a highly toxic industrial solvent called diethylformamide (Sidley, 1997), that a team of Pretoria University researchers claimed could kill HIV viruses (Sidley, 1998a). Their research was brought to the public eye when they presented preliminary data in parliament in an effort to secure government funding, and in the process "bypassed all the conventional funding and controlling bodies who would normally be expected to use a high level of scientific scrutiny to judge applications for financial support" (Huisman cited in Sidley, 1997). While a highly sceptical medical and scientific community looked on, the team received a standing ovation and promises of research funding from cabinet (Sidley, 1998a). It soon emerged that the person behind the researchers' government support was the then minister of health, Dr Nkosazana Zuma, "who had represented the now discredited results to the cabinet" (Sidley, 1997), and convinced it to consider funding the Virodene proposals. Developments thereafter would point to Zuma receiving extraordinarily strong backing from Deputy President Thabo Mbeki.

Following extensive media reports, the team's findings were subjected to scientific scrutiny, with a committee of inquiry pronouncing that "preclinical trial research and experiments were so 'sloppy' that the results of the clinical trials could not be determined with any degree of certainty" (Sidley, 1997). Sidley (1997) remarked that the researchers also proceeded with clinical trials without the required permission of the Medicines Control Council or Ethics Research Protocol Committee of the University of Pretoria. Other matters for concern included the "lack of a proper control group, the way patients were selected for the trial, and the secretive, non-transparent nature of the investigation" (Sidley, 1997).

Notwithstanding this, both Mbeki and Zuma took up a high profile stance in favour of placing Virodene on the market as quickly as possible. Mbeki backed Zuma in making a controversial change to the law to control the functioning of South Africa's Medicines Control Council (MCC), after several attempts to register the drug in question had failed (Sidley, 1998a). The law allowed her to "overrule decisions taken by the council" (Sidley, 1998b), and as a result, the Virodene team would be permitted to set up new protocols to re-apply to the MCC for registration.

However, the researchers fell out with one another and a court battle ensued. Sidley (1998a) noted that court documents pointed to Thabo Mbeki's personal involvement in ensuring the drug's continued development by having several pre-breakfast meetings with the warring factions in order to settle the issue. Added to that, an opposition party alleged that it had found evidence in court documents indicating that Zuma and Mbeki were to gain financially from Virodene's development (Sidley, 1998a). After the MCC had rejected several new protocols from the Pretoria research team, arguing that there was "disturbing evidence that Virodene may in fact exaggerate the effects of AIDS instead of diminishing them" (Sidley, 1998a), Mbeki was quoted in newspapers as saying that the MCC "has some other agenda for holding up the development of Virodene" (Sidley, 1998a).

Soon thereafter, a review team appointed by the Health Minister to investigate the "breakdown in communication" (Sidley, 1998b) between the MCC and herself concluded that the "best solution was to close the Medicines Control Council and start again" (Sidley, 1998b). The MCC was disbanded shortly after the report and replaced by a new council with members seemingly "less aggressive on issues such as AIDS treatments" (Sidley, 1998c) than their predecessors. Zuma's national AIDS advisory council, which openly voiced its opposition to Virodene, was equally quickly dismissed (Nicodemus, 1999) and replaced by a National AIDS Council with limited powers. Many interpreted these moves as Mbeki and Zuma politicising "a stale scientific debate" (Bisseker, 1999): "The medicines regulatory authority in any country should be fiercely independent. Mbeki has crossed that line... He did it by supporting Virodene and accusing former MCC chairman Professor Peter Folb, who refused to bow to political pressure to license the industrial solvent, of professional dishonesty. Former Health minister Nkosazana Zuma forever blurred the line when she pioneered legislation restructuring the MCC and replacing certain members with her own officials" (Bisseker, 1999).

Ironically, the new MCC never approved Virodene for testing on humans, stating – like its predecessor – that protocols were inadequate and the substance too toxic to be tested on people. But the government's ardent support for Virodene seemed to continue long thereafter: in September 2001, the health department confirmed a visit by Zuma's successor, Dr Manto Tshabalala-Msimang, to a Virodene research clinic in Tanzania. The Pretoria team was reported to be "secretly testing ... [the] discredited anti-AIDS drug on human guinea pigs" (Arenstein & John, 2002:19), thus being on the verge of deportation. The Health Department, however, insisted "that the visit was part of an official tour of Tanzania and the link with Virodene purely coincidental" (Arenstein & John, 2002:19).

Sarafina II

The Virodene debacle was preceded by a scandal of equally disastrous proportions – Sarafina II. Zuma's department spent R14 million on an AIDS musical, that "threw the national AIDS directorate into disarray" (Adler cited in Nicodemus, 1999a) by using

European Union funding set aside for AIDS prevention – without the EU having authorized it (Powell, 1996). Moreover, the contract for the play was given to a well-known playwright "without consultation or proper tendering" (Makanya, 1996), with many being of the opinion that the show contained almost no relevant AIDS prevention messages (Ramklown, 1996:3).

Although Mbeki did not seem to be directly involved, Sarafina II was a major contributor to the erosion of the credibility of his government's AIDS directorate. By 1999, the directorate had its third director in three years (Nicodemus, 1999a), and according to many AIDS authorities, a "demise of shared vision for AIDS" (Adler cited in Nicodemus, 1999). The state's reaction to Zuma's critics drastically fuelled these perceptions, with it either refusing to respond, or branding criticism as 'racist' or 'unpatriotic' (Lengane, 1996). Gary Adler, executive director of South Africa's AIDS Foundation, was convinced that a radical cut in government funding for AIDS NGOs from R19 million in 1996 to R2 million in 1998, was a "punishment for those who dared to demand accountability of the department" (Adler cited in Nicodemus, 1999a).

Zuma and AZT

In late 1998, Zuma announced that she was to cancel all projects providing the anti-aids drug AZT to HIV-positive women pregnant women. She insisted that the government could not afford to finance programmes (Lurie et al., 1999) and that the efficacy of the drug had not been proved (Nicodemus, 1999a). Her decision made South Africa "the target of international criticism, both in academic journals and the popular press" (Lurie et al., 1999), as there was unequivocal evidence that AZT reduced the "risk of a mother passing HIV to her infant child by between 35% and 50%" (Thom, 1999). The World Health Organization regarded the drug as so effective, that "it added AZT for the prevention of vertical transmission to its Essential Drugs List" (UNAIDS Prevention of HIV transmission from mother-to-child, 1998 cited in Lurie et al., 1999). It was also well-established that the cost of treating HIV-positive children far exceeded that of the dosages of AZT that could prevent them from coming HIV-positive (MPs break ranks to

protest against Zuma's decision on AZT, 1999). At least thirty five thousand HIV-positive babies were born in South Africa every year (Lurie et al., 1999), with many estimated the number to be double that (Capraro, 1999:11).

A factor that worsened matters was Zuma's blunt dismissal of the results of a study – to which South Africa was a key contributor – that demonstrated that short (and invariably cheaper) courses of various anti-aids drugs, including AZT, were viable options for the reduction of mother-to-child-transmission (MTCT) of HIV in Africa: at the 6th Conference of Retroviruses and Opportunistic Infections in Chicago in February 1999, the PETRA trial, "to which South Africa contributed ... 52% of the patients, showed that various shorter anti-retroviral regimens reduce ... [mother-to-child-transmission] ... by 37-50% compared with a placebo" (Saba, 1999 cited in Lurie et al., 1999). Prompted on whether the Health Minister would reconsider the suspension of MTCT projects in the light of the PETRA study results, as well as a "75% price cut for 5 years" from drug manufacturer Glaxo Wellcome (Lurie et al., 1999), a health department spokesperson responded: "Our position has not changed. It has not been influenced by the research findings coming from Chicago or anywhere else" (Eveleth cited in Lurie et al., 1999).

Mbeki's announcement

On October 28 1999 – a year after Zuma shelved the country's AZT projects – President Thabo Mbeki addressed parliament's second chamber, the National Council of Provinces, and made a statement precariously close to Peter Duesberg's views on AZT: "there exists a large volume of scientific literature alleging that, among other things, the toxicity of this drug is such that it is in fact a danger to health ... these are matters of great concern to the government as it would be irresponsible for us not to heed the dire warnings which medical researchers have been making" (Swarns, 1999). Mbeki told the council that he had asked the (new) Health Minister, Dr Manto Tshabalala-Msimang, to "look into the claim in certain scientific literature that AZT [which had been registered for the prevention of mother-to-child transmission in South Africa for 10 years (Nicodemus, 1999b)] is dangerous" (Bisseker, 1999).

The president's comments did not only have a far greater impact than those of his former Health Minister; they took the debate an unsound step further, implying that AZT was dangerous. As with Duesberg's statements, there was the risk that AIDS patients using the drug could stop with a potentially lifesaving treatment. This evidently happened, given Mbeki's influence, with obviously far more disastrous consequences than in Duesberg's case. One of the country's biggest AIDS benefit programmes, Aid for AIDS, was suddenly being "inundated with calls from fearful patients who ... [thought] ... new evidence must have emerged about the drug's toxicity" (Bisseker, 1999). Aid For AIDS supported 3000 HIV-positive members of whom more than half was taking AZT – now fearful of their medication. In Cape Town, many patients stopped taking AZT, with drastic increases in their viral loads. Yet, they maintained they no longer had the disease (Bisseker, 1999).

Mbeki's speech caused a furor among doctors and researchers working with AIDS, especially when Tshabalala-Msimang echoed Mbeki and Zuma's views, announcing that there was no substantial data that AZT stopped the transmission of HIV from mother to child. She argued that conflicting data prevented her from changing Zuma's policies, and that, until she was "convinced that the drug AZT ... [was] ... safe" (Nicodemus, 1999b), she would not move in that direction. South African doctors were outraged, categorizing the President and his Health Minister's remarks as people "believing the earth was flat" (Nicodemus, 1999b). Many, such as the head of Groote Schuur Hospital's HIV/AIDS Unit, Prof. Gary Maartens, argued that AZT was being singled out from the class of anti-aids drugs to which it belonged, "because the government ... [was] ... trying to defend its decision not to provide it for mother-to-child transmission" (Maartens, 1999 cited in Bisseker, 1999).

Dissident connections

Many loudly wondered where Mbeki was getting his information. Responding to the queries from a Sunday newspaper, his media liaison officer, Tasneem Carrim, explained:

"Mbeki has a 'thick set of documents' about the dangers of AZT from Internet ... the president goes into the Net all the time" (Carrim, 1999 cited in South Africa president got information on AZT dangers from Internet, 1999). But some scientists, such as University of Natal and MRC AIDS researcher professor Salim Abdool-Karim, knew better: Mbeki had already had a range of meetings with two South African AIDS dissidents, Anita Allen and Anthony Brink (Abdool-Karim, personal communication, 28 May, 2001).

Brink was a Pietermaritzburg-based attorney who had written a "two volume report on the dangers of AZT" (Abdool-Karim, personal communication, 28 May, 2001) and doubtful links between HIV and AIDS that had been submitted to the President. According to Abdool-Karim (2001), Mbeki was "somehow convinced by these arguments" and handed Brink's documents to a group of scientists to review. The President refuted the review committee's response that disagreed with Brink's, countering it with his own arguments. A month later, he announced that AZT was a toxic drug.

Before doing media work for AIDS dissident groups, Anita Allen was a Johannesburg journalist working for *The Star* newspaper. It was known that she was well connected to the Presidency, and was to all likelihood "the person through which Brink submitted his volumes to the President" (Abdool-Karim, 1999). To many scientists, it had become glaringly obvious that Thabo Mbeki had well-oiled links with dissidents, and in particular, with a close ally of Peter Duesberg, David Rasnick. Those who remained unconvinced were to be persuaded by the events of the months to follow.

Mbeki's AIDS panel

In February 2000, the Health Minister announced one of Mbeki's most controversial decisions up to date: to convene an international AIDS panel that was to "reappraise the scientific evidence that HIV caused AIDS" (Expert panel will look at AIDS with fresh eyes, 2000). The world was stunned – never before had a state leader taken it upon himself to "reinvent the wheel" (Moore, 2000 cited in Sulcas, 2000) by wanting to

globally re-debate scientific matters that were "non-issues for all practical purposes" (Moore, 2000 cited in Sulcas, 2000). Dr John Moore of the Aaron Diamond AIDS research centre in New York, phrased it pertinently: "Everybody in AIDS research who ever logs onto e-mail ... [was] ... talking about this... and [we were] deeply concerned".

Concern was appropriate: this time around Mbeki did not only question the safety of anti-aids drugs – he questioned whether the epidemic in fact existed. Dr Mamphela Ramphele, at the time a medical doctor and former University of Cape Town vice chancellor, warned that "if the government gives credence to this voodoo science, there's a real danger that people might say 'I don't have to worry about condoms' " (Ramphele, 2000 cited in Susman, 2000). Dr Ashraf Grimwood, chairperson of the National AIDS Convention of South Africa (NACOSA), considered it "the most retrograde step anybody could make" (Move to reinvestigate HIV link with AIDS shocks doctors, 2000) and Leslie London, associate professor at the University of Cape Town's Department of Public Health, "a travesty that the public money will be spent reinvestigating that issue" (Move to reinvestigate HIV link with AIDS shocks doctors, 2000).

Shortly after Mbeki's announcement, David Rasnick published a full transcript of questions on the Internet that he claimed Mbeki's office had faxed him in January, as well as details of a phone call the President allegedly made to him on January 21 2000. The questions referred to the validity of HIV tests, definitions of AIDS, AIDS treatments and AIDS statistics. In his response, Rasnick advised Mbeki that most of these issues were not to be taken seriously at all: that "HIV antibody tests do not measure at all", that diseases that Africans had been suffering from for decades had "arbitrarily ... [been] redefined as AIDS" and that "the only blessing of poverty was that it may protect poor Africans from the highly toxic HIV drugs that have already killed thousands, perhaps tens of thousands of Americans" (Rasnick, 2000). Rasnick also claimed that he and fellow dissident Dr Charles Gesheker from the California State University in Chico had met with Tshabalala-Msimang and MCC registrar Precious Matsoso in December 1999 in a "frank, open and very cordial" (Rasnick, 2000) meeting: "the minister herself suggested that it seemed time to assemble a distinguished group of South African and international

experts from the fields of medicine, virology, biology, chemistry, epidemiology and public health to engage in a formal, face-to-face exchange of opinion and viewpoints about all aspects of HIV, AIDS, AZT and related topics".

Prof. Malegapuru Makgoba, the MRC Chair and close friend of Mbeki's, described it as a national scandal, calling the President's questions "trivial" and "mind-blowing" and "political rather than scientific" (Makgoba, 2000 cited in Sulcas, 2000): "if politicians are seeking consensus among scientists, that's the wrong approach" (Makgoba, 2000 cited in Sulcas, 2000).

Mbeki's office refused to confirm or deny Rasnick's claims but were nonetheless outraged by the criticism he received. His spokesperson, Parks Mankahlana, released a statement in which he accused the "powerful and the rich" of expropriating knowledge, "issue[ing] patents to themselves and mak[ing] laws and regulations to protect and defend their interests (Mankahlana, 2000a). "Many philosophers and historians have gone as far as questioning the existence of God and the legacy of Jesus Christ", he said. "Then why should questions that are asked by the South African government about HIV/AIDS reverse the gains that have been made over the past thirteen years?" (Mankahlana, 2000a).

Letter to World Leaders

Thabo Mbeki was not deterred; through his actions he appeared to be more convinced than ever: he sent a five page hand-addressed letter to several First World state leaders, including the then President Bill Clinton, describing the AIDS epidemic as a "uniquely African catastrophe" (Fox, 2000). Asserting the South African government's right to doubt whether HIV caused AIDS and to question whether AZT is unfit for human consumption or not, he stated that he resisted the "superimposition of Western experience on African reality" (Fox, 2000): "we will not ourselves, condemn our own people to death by giving up the search for specific and targeted responses to the specifically African incidence of HIV–AIDS (Mbeki, 2000a). He characterized "some elements of

this orchestrated campaign of condemnation" (Mbeki 2000a) as worrying him "very deeply" (Mbeki 2000a), as the world suggested, in his opinion, "that there are some scientists who are 'dangerous and discredited' with whom nobody, including ourselves, should communicate or interact" (Mbeki 2000a). Mbeki saw these actions as similar as the former regime's treatment of anti-apartheid activists: "not so long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and public because the established authority believed that their views were dangerous and discredited. We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority against which dissent is prohibited" (Mbeki, 2000a).

Composition of the panel

Questioned on whether dissidents would be included on Mbeki's panel, Tshabalala-Msimang said: "my personal view is that those with more extreme views are unlikely to participate, because we are looking for a consensus view" (Tshabalala-Msimang, 2000). But she was soon to be overruled by her president – to such an extent that her personal advisor, Dr Ian Roberts, resigned, stating that "he felt he was not being effective in the ministry in the battle against HIV/AIDS in Africa" (James, 2000b). Shortly after Roberts' departure, the panel was changed to include "AIDS dissidents without clear qualifications in therapeutics" (James, 2000b). It comprised of 33 scientists from 14 countries, containing dissidents such as Peter Duesberg and David Rasnick of the United States and South African professor Sam Mhlango" (Mbeki opens controversial AIDS panel, 2000) of the Medical University of South Africa, MEDUNSA. Orthodox scientists included HIV co-discoverer Luc Montagnier and Helen Gayle from the Centres for Disease Control (CDC) in the USA and MRC president Malegapuru Makgoba. The composition was considered "skewed" by many, such as AIDS researcher Dr John Moore of Weill Cornell Medical College in New York City, considering that most scientists held an orthodox view: "the panel has pretty well everyone on it who believes that HIV is not the cause of AIDS, and about 0.0001 per cent of those who hold an opposite view" (Moore,

2000 cited in Cherry, 2000). "It gives them a platform to espouse theories that are absolutely unsupportable," said Thomas Coates, director of the AIDS Research Institute at the University of California in San Francisco, "and they don't get many platforms, because they are considered to be on the lunatic fringe" (Coates, 2000 cited in Freedberg, 2000).

There were also obvious omissions on the orthodox side, with several prominent South African AIDS researchers, all who had been outspoken in their criticism of the dissident movement, not included. Profs. Hoosen Coovadia of Natal University, James McIntyre and Glenda Gray of the University of Witwatersrand, immunologist Johnny Sachs, Gary Maartens of the University of Cape Town and epidemiologist Bryan Williams of the Council for Scientific and Industrial Research, were all considered to be trouble makers (Cherry, 2000). Jerry Coovadia stated: "our data is published in the best international medical journals and we compete for research funding with the world leaders in science. The government's approach to us is baffling" (Coovadia, 2000, cited in Munusamy, 2000a).

As a result, leading international scientists threatened to boycott a bi-annual international AIDS conference that was to take place in July 2000 in Durban, in protest at South Africa's contacts with renegade "experts" (Conner, 2000). It was the first time that the conference was to take place on African soil, but many authorities believed South Africa had become an unsuitable host for an international AIDS conference. Moreover, conference organisers and key delegates became concerned that "Mbeki's flirtation with unorthodox views could cast a shadow over the proceedings" (Thurman, 2000 cited in Freedberg, 2000).

Denial

Responding to criticism of the President spreading confusion about AIDS among South Africans, Mbeki's office denied that he had ever questioned the link between HIV and AIDS: "neither his private correspondence nor a reconstruction of all the discussions with

either his minister or any other authority on the question of HIV and AIDS could produce any evidence of this. So the president has never said that HIV does not cause AIDS" (Mankahlana, 2000b).

Opening of the panel/first meeting

On May 6 2000, Thabo Mbeki opened his AIDS panel's first meeting in Pretoria, declaring that the search for solutions could not be based on what some considered to be "biblical absolute truth(s)" (Mbeki opens controversial AIDS panel, 2000). He maintained that he had been surprised by the uproar about his quest to have the causes of AIDS reviewed, adding that criticism by renowned scientists had at times made it difficult for him to think he was not a fool: "but I'm not longer so sure about that, given that so many eminent people responded to the invitation of a fool to come to the important meeting" (Mbeki, 2000b).

The "important meeting" was to cost the Arts, Culture, Science and Technology Department R2 million in hotel and travel costs (More about South African AIDS panel, 2000), a questionable sum of money with the Health Department claiming it could not afford anti-AIDS drugs for HIV-positive women. The panel met for two days that weekend in Pretoria, and conversed in a "closed internet debate" (More about South African AIDS panel, 2000) on AIDS before returning to South Africa in early July for a final four-day discussion.

However, after its first meeting, Mbeki's international AIDS experts remained deeply divided about the cause of AIDS: chief facilitator Stephen Owen remarked that "it would be overstating the situation grossly to say there were major areas of difference that have been significantly narrowed" (Owen cited in AIDS experts remain divided but agree to experiment, 2000).

Durban Declaration

A week before the opening of the Durban AIDS conference, more than 5 000 leading scientists, doctors and medical experts released a document, called the Durban Declaration, to "set the record straight on the cause of the disease" (Munusamy, 2000b). The scientific journal *Nature* published the declaration on July 6, stating that "the evidence that AIDS is caused by HIV-1 or HIV-2 is clear-cut, exhaustive and unambiguous" (Reany, 2000) and that it was "unfortunate that a few vocal people continue to deny the evidence" (Reany, 2000). The South African government slammed the Durban Declaration as intolerant and "smacking of elitism" (Tshabalala-Msimang 2000, cited in Sithole, 2000), with Mankahlana warning that "the debate appeared to be descending into Mbeki bashing" (Mankahlana, 2000 cited in Sithole, 2000), and that it "should be consigned to the dustbin" (Presidency disowns 'dustbin' comment, 2000).

Second meeting

By the second meeting on July 4, the panel's composition had received so much criticism that the government decided to include some of the orthodox scientists omitted originally, increasing the number of panel members to 44 (Sithole, 2000b). Well-known South African researchers such as Glenda Gray and James McIntyre now took part in discussions (Presidential AIDS advisory panel meetings participants and programme, 2000). The meeting agreed to carry out further studies on, among others, "the reliability of the globally-used ELISA HIV test" (Sithole, 2000b).

However, National Research Foundation president, Khotso Mokhele, "hyped the planned studies, which he said he expected to be completed by the end of the year, as so rigorous a test of the hypothesis that HIV causes AIDS that afterwards one side might 'shut up once and for all' " (Shoofs, 2000). It soon emerged that Mokhele – the person assigned to communicate proceedings to the media – had a complete misunderstanding of the studies to be done, a pertinent indication of how confusing and inconclusive the conference turned out to be. None of the experiments were ever done – the only tangible piece of

information was a 134 page interim report released in March 2001. But even that did not contain any conclusions: each chapter merely summarised the unchanged, incompatible viewpoints of the two respective groups (Interim AIDS panel report, 2000).

Durban AIDS conference

In what many would label Mbeki's most important speech – his opening address at the 13th International AIDS Conference in Durban – in the years to come, the President pointed to poverty, and not HIV, as the "root cause of the growing AIDS epidemic in sub-Saharan Africa" (Collins, 2000): "the world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty ... as I listened and heard the whole story about our own country, it seemed to me we could not blame everything on a single virus" (Mbeki, 2000 cited in Collins, 2000). As Mbeki spoke, hundreds of delegates walked out, dismayed at his remarks (Collins, 2000). Many thought he would use the opportunity to "end a damaging debate over the causes of the disease" (Mbeki courts more AIDS controversy, 2000) and "quell some of the disquiet around government's position on HIV-AIDS" (Coovadia, 2000 cited in Mbeki courts more AIDS controversy, 2000).

In response, Judge Edwin Cameron, one of South Africa's most respected AIDS activists and an acting judge in the Constitutional Court at the time, accused the state of mismanaging the epidemic "almost at every conceivable turn" (Cameron, 2000 cited in Altenroxel, 2000) and declared his disappointment in Mbeki's opening speech during a keynote lecture at the conference: "the speech, in which Mbeki insisted that his government was committed to the fight against HIV, did not do enough to counter government blunders" (Cameron, 2000 cited in Altenroxel, 2000). Dr Helen Gayle, head of HIV programmes at the US Centres for Disease Control and Prevention (CDC), and one of Mbeki's orthodox panel members, knew Mbeki well by this time: "he is not going to come out and say, 'I was wrong'," she told Reuters (Gayle, 2000 cited in Mbeki courts more AIDS controversy, 2000).

Nevirapine

At the same conference, groundbreaking results on Nevirapine, a drug which combats mother-to-child transmission at a much cheaper rate than AZT, were announced: for R25 per baby, more than half born to HIV-positive mothers could be saved, by preventing them from contracting the virus from their mothers at birth (Ray of hope for AIDS sufferers, 2000). Even more encouraging was that most of the study was done by South African researchers at the Chris Hani Baragwanath Hospital in Soweto. But, once again, findings flew in the face of the government statements expressing concern that anti-Aids drugs such as Nevirapine could be toxic, and unaffordable: "to think we can just wake up in the morning and give Nevirapine is just not possible" (Ntsaluba, 2000 cited Cullinan, 2000). Nevirapine manufacturer, Boehringer Ingelheim, offered the South African government a free, five-year supply of Nevirapine for all HIV-positive pregnant women who could not afford it. But, yet again, the South African government rejected an offer that would reduce the price of a lifesaving anti-aids drug.

The state's refusal to accept free Nevirapine was followed by presidential spokesperson Parks Mankahlana being quoted in the American journal *Science* on the reasons "why the government was dragging its feet in giving pregnant women HIV medication ... that mother is going to die and that HIV-negative child will be an orphan. That child must be brought up. Who's going to bring the child up? It's the state. That's resources, you see" (Mankahlana, 2000 cited in a quote from *Science* cited in Parks v Science: It's all on tape, 2000). The statement caused an obvious uproar among conference delegates, with Mankahlana denying that he had ever spoken so *Science*. *Science* correspondent, Jon Cohen, however, had the interview on tape, and offered to play it "to any journalist who wants to hear it, or Parks himself" (Cohen, 2000 cited in Parks v Science: It's all on tape, 2000).

The AIDS conference closed with a significant statement from former South African President Nelson Mandela, the aim of which appeared to be to put pressure on Thabo Mbeki: "the dispute about the primacy of politics or science... [must be]... put on the backburner and ... [we must]... proceed to address the concerns of those suffering and

dying" (James, 2000c). While paying tribute to Mbeki as "a very intelligent man and a man of science" (Mandela, 2000 cited in Matisonn and SAPA, 2000), Mandela called – in direct contrast with Mbeki – for greater access to treatment and testing, particularly treatment for mother-to-child transmission. The next day, he repeated his plea at the ANC's national general council meeting in Port Elizabeth, which Mbeki attended (Matisonn and SAPA, 2000). For many, this was confirmation of a split between the two leaders on the issue of HIV/AIDS: Mbeki, the dissident, and Mandela, the advocate for treatment.

On the Sunday following the conference, July 16, the government published an edited version of Mbeki's opening speech in Sunday newspapers, ending with a comment from Manto Tshabalala-Msimang: "we have in addition to all the transformational work that we have been doing, been working extremely hard to make the epidemic in every way we can, carefully following WHO and UNAIDS guidelines. We are proud of what we have achieved so far and we are fully committed to continue the struggle in every way that we can. This I can promise you" (Tshabalala-Msimang, 2000, cited in Message of South Africa, 2000).

Illuminati document

But, in stark contrast with her published statement, Tshabalala-Msimang continued to refuse HIV-positive pregnant women and their unborn babies treatment, and instead started distributing discredited AIDS materials to her provincial health ministers: in early September 2000, she circulated a chapter from an AIDS conspiracy book, *Beyond the pale horse* by William Cooper, that claimed AIDS was a conspiracy designed to wipe out Africa (Transcript of John Robbie interview, 2000). The document was leaked to the media by one of her ministers, resulting in a radio interview between the minister and 702 presenter John Robbie. When Robbie asked whether she believed HIV caused AIDS and whether she considered it to be responsible to circulate "loony tune" documents, the Minister furiously responded that she had "absolute confidence in the MEC's ... [to] ... decipher nonsense from the truth" (Transcript of John Robbie interview, 2000), and

warned Robbie "not to put words into my mouth" (John Robbie interview, 2000). She eventually slammed the phone down halfway through the interview.

Parks Mankahlana's death

Denying the AIDS epidemic did not take its consequences away. In late October 2000, Mbeki's presidential spokesperson, Parks Mankahlana, died at the age of 36. Several sources close to him said the cause of death was an AIDS related disease, but his widow angrily denied it, claiming that he had died of heart failure following anemia. The media, however, were full of reports that he'd succumbed to AIDS – given Mankahlana's controversial pronouncements on the epidemic. The government passed it off as "in shockingly bad taste" and in "total disrespect for the deceased and his family" (Pahad, 2000).

Mbeki doubts an MRC report

But not even the death of his spokesperson, it seemed, could sway Thabo Mbeki from his beliefs. In early September 2001, he dismissed the results of a MRC report that found HIV/AIDS to be the single biggest cause of death in South Africa (Fine, 2001), as "not credible" (ANC Trashes AIDS deaths report, 2001). The report followed Mbeki's asking Tshabalala-Msimang to re-examine the government's policy based on outdated 1995 World Health Organisation statistics that listed AIDS as the twelfth most common cause of death in the country (ANC Trashes AIDS deaths report, 2001). In a letter dated August 6, Mbeki instructed the Health Minister to present the data to cabinet ministers, and to determine whether the allocation of resources in the health department correlated with his profile of the incidence of death. Fine (2001) remarked that Mbeki's letter was sent days after he "made the point in a BBC television interview with Tim Sebastian that AIDS was not the primary cause of death in South Africa".

Questioning the scientific methodology and demographic modeling of the report, and responding to allegations that it tried to delay its release, Mbeki's office insisted that "the

MRC report is not a government report" and that it could not "release a report that it does not own" (Statement on mortality statistics, 2001). On October 16, Tshabalala-Msimang told the parliamentary health committee that, although it was difficult to obtain results on AIDS deaths, she was convinced that South Africa's AIDS pandemic was stabilizing due to remarkable progress with government prevention strategies (Lackay, 2001).

The findings of the MRC report correlated with those of other international studies such as the joint United Nation's Programme on AIDS, UNAIDS's annual report and AIDS research models of the USA's census bureau (Lackey, 2001). MRC president Malegapuru Makgoba contended that his institution's research "could be pivotal in lifting the country out of its 'state of denial' on HIV/AIDS" (Makgoba, 2001 cited in Sidley, 2001), if translated into "major commitment to policy and action" (Makgoba, 2001, cited in Sidley, 2001). But instead, the reality was, once again, contradicted by the president: "my own analysis after having been back in this country for the past six years," Makgoba said, "is that the country is in complete denial. We need to lift the veil of denial" (Makgoba, 2001 cited in Sidley, 2001).

Nevirapine court cases

In December 2001, AIDS activists' frustration with the government's response to the epidemic translated into court action. The Treatment Action Campaign (TAC), the country's strongest AIDS lobby group, asked the Pretoria High Court to "force the government to make Nevirapine available to HIV-positive pregnant women where medically indicated" and also to compel it to "implement an effective national programme to reduce transmission of HIV from mother to child" (Beresford, 2001:11). The state argued that it already had 18 pilot sites and that a lack of resources meant the programme could not be expanded. It also – once again – questioned the efficacy and safety of Nevirapine.

The court ruled in favour of the TAC, ordering government to make Nevirapine available to all HIV-positive pregnant women at public health facilities and to have a proper

programme in place by March the following year (James, 2001). After several appeals by the State, the case eventually ended up in the Constitutional Court which had to rule whether the judiciary had the right to determine the contents of government policy. The court case played out at a time when KwaZulu-Natal, the province with the highest incidence of AIDS, was threatening to distribute Nevirapine against national policy. The national government opposed this move strongly, pressuring the ANC-affiliated health MEC, Dr Zweli Mkhize, to oppose his IFP premier, Lionel Mtshali, in his plan to roll-out the drug (Liebenberg, 2002:2). Clear tensions within the ANC itself also emerged with Gauteng premier Mbhazima Shilowa (ANC) announcing that he would ensure that all hospitals in the province would provide the drug (Grobler, 2002).

Shilowa later retracted his promise, but apprehensiveness within the party continued: Nelson Mandela and former Cape Town archbishop Desmond Tutu openly contradicted Mbeki on more than one occasion. Tutu publicly dubbed the State AIDS policy as "preposterous without direction" (Lackay & Brümmer, 2002) and called on government "to stop plodding around" (Lackey & Brümmer, 2002:1). At the ANC's 90th birthday in January 2002, Nelson Mandela asked Mbeki to "take note and give consideration to ... points of criticism as they are raised in the national interest and deserve to be taken seriously" (Mamaila:1, 2002). A month later he repeated himself at the Nelson Mandela Award for Health and Human Rights in Cape Town: "some fundamental debates around HIV/AIDS continue to rage in a manner that detracts attention from what should be core concerns about the biggest threat facing our future ... I think the government ... understands that this is a real war because it is killing more people than those killed in all the past wars..." (Mamaila, 2002:1).

On July 5 2002, the Constitutional Court ordered the state to make Nevirapine available at state facilities with immediate effect (Plaatjies, 2002). The ruling was made exactly two years after the Durban AIDS conference, during the 14th International AIDS Conference in Barcelona. Asked by *Newsday* health correspondent Laurie Garrett for her opinion on the ruling, Tshabalala-Msimang said: "the High Court has decided the constitution says I must give my people a drug that isn't approved by the FDA (Food and

Drug Administration in the United States). I must poison my people" (Garrett, 2002). Two months thereafter, the TAC expressed "deep concern about the inaction by provinces in implementing programmes" (Deane, 2002:3).

At the same conference, the Health Minister refused to allow KwaZulu-Natal province to accept a \$72 million grant from the Global Fund for AIDS, TB and Malaria to enable it to distribute anti-AIDS drugs (Controversial KZN AIDS Fund, 2002).

Conclusion

When a state leader supports an idea, no matter how irrational, its impact is far-reaching. In the case of HIV/AIDS, the consequences for South Africa have been disastrous, with thousands of babies contracting HIV from their mothers while drugs weren't available. It took legal action to push the South African government that far, and it will take more court cases to get it further.

Many have argued that Thabo Mbeki should have refrained from taking part in the AIDS debate and left it to scientists. But Mbeki finds this argument absurd, asking why state leaders aren't asked to do the same when it comes to the economy and education (Shenton, 2000). One of his closest friends, but also one of his fiercest critics in the world of science, MRC president Malegapuru Makgoba, has come to the conclusion that Mbeki is not playing a political game, but is genuinely confused about the link between HIV and AIDS (All the president's scientists: Diary of a round-earther, 2000). Being science, it's almost impossible for a layman to understand all the details of such an explanation, which makes people without scientific qualifications particularly vulnerable to well-organised dissidents trying to disprove well-established AIDS theories.

Mbeki may have been a victim of that, but his Health Ministers – qualified medical doctors – surely weren't. Prior to Mbeki's dissident beliefs, Tshabalala-Msimang and Zuma were the two main protagonists behind NACOSA, pushing the government to take a stronger stand on AIDS. What has thrown many scientists, is that "they could sit in

cabinet meetings and allow the president to say HIV does not cause AIDS and not say anything about it " (Abdool-Karim, personal discussion, May 28th, 2001). "That that happened in cabinet," University of Natal's AIDS researcher Prof. Salim Abdool-Karim says, "is something very striking – why didn't they stand up and say something?" (Abdool-Karim, personal discussion, May 28th, 2001). Politics have clearly played a role: with Zuma being one of the most senior ranking women within the ANC, and Tshabalala-Msimang being married to the party's treasurer-general, Mendi Msimang, pressure to agree with whatever the President says is surely at a premium.

By the time the dissident debate reached South Africa, the AIDS world was already highly politicized – also in South Africa. AIDS figures among Africans were far higher than those among other race groups, but most AIDS organizations were headed by white people. To the government, it was important to find an African solution to the country's AIDS pandemic, and that solution did not necessarily lie with wealthy drug companies pricing their drugs in such a way as to be out of reach for the poor. Given the political history of the pandemic, there was plenty of room for speculation about the motives of these companies and the way they treated the poor ... leaving ample opportunity for dissidents to step in with conspiracy theories.

In Mbeki's case there was even more at stake: for him, the dissident debate seems to be – at least partly – about freedom of speech, something he'd fought for most of his life. With a former apartheid government suppressing the voices of people like himself, he seems to have become obsessed with making the voiceless heard. Sadly, the president's own journey has translated into the loss of lives of many of his people – in his country and on his continent.

COVERING THE PLAGUE: THABO MBEKI'S DISSIDENCE

Introduction

Prior to 1994, most AIDS stories in the South African media were confined to fringe reports referring to "a gay plague ... black deaths and malicious infectors" (Gevisser, 1995:7). And the few reports that were indeed published were highly politicized. Among the largely white-owned media, AIDS was seen as a gay, but increasingly black disease. Conservative political magazines, such as the *Patriot*, warned of the spread of HIV through racial integration, recklessly claiming that the AIDS virus "retains full infectivity in water for a week" (*Patriot*, 1990 cited in Van Niftrik, 1990-91) and that white areas could be kept free of AIDS if integration was avoided. The black press, on the other hand, alleged that AIDS had been developed specifically to wipe out black people. Referring to the matter in its February 1991 edition, *Drum* magazine reasoned: "All of a sudden, here comes this raging virus that seems to have a propensity for black people ... at the very least, you have to be suspicious" (*Drum* [name of article not stated], 1991, cited in Crewe, 1995).

But overall, mainstream media reports rarely did more than to document press releases, or to focus on the deaths of international celebrities that had died or suffered of AIDS, such as actor Rock Hudson, American basketball star Magic Johnson and pop star Freddie Mercury. The AIDS deaths of two gay South African celebrities – film director William Faure and Afrikaans author Koos Prinsloo – were reported as well ... but the local media was far more cautious in writing about the causes of their deaths than it had been in reporting the deaths of their international counterparts. And the AIDS dissident debate that was widely published in the American and British media eluded the South African press. AIDS was simply not considered a big enough issue, let alone the merits of debating its science. Besides, the South African media had virtually no science reporters. There were a few health reporters, but they were concerned with public health matters considered more pressing, not the latest *Nature* or *Science* editorials debating the cause of

HIV/AIDS. AIDS stories were therefore mostly written by general, often 'cub', reporters, or they were simply taken from international wire services.

It was only in the mid-nineties, with breaking news about debacles such as Sarafina II and Virodene, that the AIDS epidemic became a widely publicized issue in South Africa. Reporting, however, focused on the accountability of government officials, the squandering of public money (Bulger, 1996) and misappropriation of research protocols, rarely touching on scientific matters. By 1999, the South African National Editors Forum declared HIV/AIDS as "one of the most serious issues facing this country" (*Journalists think HIV-AIDS is one of the most serious issues*, 1999) ... yet not a single editor had suggested AIDS science as a subject in which journalists required urgent training (Mazibuko, personal communication, 10 December 2002). Thus, when Thabo Mbeki announced his controversial AIDS panel in February 2000, most South African journalists had never heard of AIDS dissidents; some had not even heard of the HI-virus. The science of HIV/AIDS was completely unknown territory.

Setting the context – reporting on Sarafina II and Virodene

Fomenting the already racially divided perception of HIV/AIDS in South Africa, the government labeled critical media reports on Sarafina II and Virodene as racist or unpatriotic. With stories from the largely white-owned media, it was easy to blame matters on race, and Zuma's spokesperson, Vincent Hlongwane, commented that "the uproar over the show's [Sarafina II's] funding stems from the fact that [the playwright Mbongeni] Ngema is black" (Hlongwane, 1996 cited in Lengane, 1996). Hlongwane claimed that if Ngema had been white, there would have been no opposition. In the case of black newspapers, however, the situation was slightly more complex. Sarafina II hit the media less than two years after the ANC government had come to power. Many black journalists had fought in the anti-apartheid struggle along with now high ranking government officials, including Dr Zuma and Thabo Mbeki. Public criticism from their 'former comrades' was considered absolutely disloyal. When the black newspaper *City Press* enquired as to the whereabouts of Sarafina II's "missing money" (Lengane, 1996),

Hlongwane said that it was "a pity that mainstream black newspapers are climbing on the white media bandwagon to criticise the project" (Hlongwane, 1996 cited in Lengane, 1996).

With Virodene, matters were no different. Media organizations – as well as doctors and scientists – denouncing the health minister's and president's support for the unauthorized drug, were passed off as anti-government and prejudiced against an indigenous cure for AIDS. In an open letter to the South African media, Mbeki wrote "an indignant defense" (Epstein, 2001:202): "How alien these goings-on seem to be to the noble pursuits of medical research! In our strange world, those who seek the good for all humanity have become the villains of our time" (Mbeki, 1998 cited in Epstein, 2001:202). The influential daily newspaper *Business Day* referred to the Virodene issue as "Parafina 2", hinting that the matter had drawn "fire from the media" (Sidley, 1997). What baffled many was that almost all Virodene's researchers were white and were associated with a traditionally Afrikaans university.

Reporting on Virodene, however, demanded a skill the Sarafina II issue didn't necessarily require: a basic understanding of the science of HIV/AIDS. Without that, there was a danger that journalists could report on Virodene as a potential cure for AIDS. With virtually no reporters having scientific backgrounds, many initially became victim to this trap. *The Star* reporter Lynne Altenroxel, today an authoritative AIDS reporter, but at the time overwhelmed by the 'science' of AIDS, has recalled it as a "complete fiasco" (Altenroxel, personal communication, 5 December 2002): "Journalists actually believed the Virodene researchers could have a cure for AIDS. And that was so appalling. If I look at it now, and at how many AIDS cures daily come to my desk, and how I tell people sending me these to go to hell, then you start to see just how bad you were with the Virodene thing. I was a 'cub' reporter when the Virodene saga started, and had never reported on medical stuff in my life before."

In many respects, the racially divided milieu that reporting on Sarafina II and Virodene fostered, as well as the government's reaction to it, set the context for reporting on

Mbeki's dissident debate. The government would regard critical reports as 'anti-African', intolerant of dialogue, and as a "vile and vicious campaign against the head of state" (Kelly & Parker, 2001).

Initial reporting on the dissident debate

When Thabo Mbeki made his October 28, 1999 announcement in parliament – that AZT was a dangerous drug – it was amidst already critical media reports on the government's refusal to provide the drug to reduce mother-to-child-transmission of HIV and to prevent rape survivors from contracting the virus from their potentially HIV-positive attackers. The president's speech was widely quoted in newspapers for the following week, with AZT manufacturer Glaxo Wellcome referring to him as being "gravely misinformed" (Taitz, 1999) and local scientists condemning Mbeki's statement (*Mbeki stokes row over anti-AIDS drug*, 1999). The AIDS directorate refused to comment, with its head, Dr Nono Simelela, claiming that the health department had not been briefed on the issue by the president's office (Taitz, 1999).

Two journalists, *Business Day* health and welfare editor Pat Sidley and freelancer Charlene Smith, had good reason to expect Mbeki's announcement. Sidley became aware of his doubts in April that year, when her news editor asked her to follow-up on a wire report stating the president's intention to call a conference (the conference eventually ended up to be Mbeki's AIDS panel) to resolve the issue of the cause of AIDS. Sidley was a well-established journalist who had fought in the anti-apartheid struggle along with many senior health department officials; many therefore trusted her with off the record statements. When she received a phone call from a health department lawyer asking her "how to go about literally smashing AZT" (Sidley, personal communication, 12 December 2002) and a few officials confirmed the president's intentions, she realised the report was true. Sidley filed a short report on the president's plans, without mentioning her 'off the record' phone call.

In the same month that Sidley succeeded in getting Mbeki's objectives confirmed, Smith was raped at her Greenside home in Johannesburg on April 1 1999. Being a regular contributor to the *Mail & Guardian*, she published an account of her ordeal in the following week's edition (Smith, 1999:16). Among other things, she focused on the difficulties she encountered to access antiretroviral drugs, including AZT. Describing the district surgeon's office she had to report to, Smith wrote: "There is no AZT there, how could I forget, Minister Nkosazana Zuma, a woman too, won't allow the government to give AZT to rape victims and pregnant women to reduce transmission of the disease to their babies. The rapist bestows a death sentence and the state, by refusing to give cheap medication that could save many women, becomes executioner. I thought the death sentence was outlawed?" (Smith, 1999:24-25). Soon thereafter, Dr Zuma issued a press release accusing Smith of "being paid by pharmaceutical companies to go on about post exposure prophylaxis" (Smith, personal communication, 5 December 2002). The journalist promptly issued a counter press release stating that "not only was I not being paid, but I had battled to afford these drugs, and several leading people had helped me pay for them" (Smith, personal communication, 5 December 2002).

Experiences like those of Sidley and Smith were, however, not common. Most journalists – even those who had been reporting on AIDS for a few months – were baffled. *Star* reporter Lynne Altenroxel has recalled: "I had never heard of dissidents in my life before – I never thought that anyone could ever question that HIV caused AIDS, or simply pass a widely used and internationally acceptable drug off as useless. When Mbeki started questioning it, it sounded absolutely absurd" (Altenroxel, personal communication, 5 December 2002). Even Sidley has recollected how scientifically unprepared she felt with "the whole thing coming down on me so suddenly. I had no scientific basis other than Matric science" (Sidley, personal communication, 12 December 2002). Many political journalists reporting on Mbeki's announcement from parliament had never heard of AZT.

AIDS dissidents did not allow grass to grow under their feet; they soon started to respond to articles condemning Mbeki's assertions. In the November 26 1999 edition of South Africa's *Financial Mail*, Anita Allen, the former journalist who allegedly introduced

Mbeki to dissident arguments, responded to a *FM* article by Claire Bisseker, which highlighted the confusion that the president's announcement had resulted in: "Your cover story on AIDS and AZT (*Current Affairs*, November 19) ... should include the reference of its statement 'AIDS-related deaths halved in the US from 1996 to 1997 because of the use of antiretroviral therapies', as well as the studies providing 'beneficial combination therapies' referred to..." (Allen, 1999:11) implying that there was no conclusive proof that AZT worked. On the letter's page of an influential magazine such comments could have potentially dangerous consequences if read by people who were not familiar with the science of antiretroviral drugs. Allen also took Bisseker on for referring to Peter Duesberg as a discredited scientist: "Actually he is a standing member of the US National Academy of Science. Or did the *FM* mean to 'discredit' that too?" (Allen, 1999:11).

Bisseker's *FM* story was preceded by an 'invitation' article by the managing editor of the current affairs magazine *Noseweek*, Marten du Plessis. In the November 10 issue of *Financial Mail*, he argued that Mbeki was correct, as "AZT is a highly toxic chemotherapy drug that lays waste to the immune system and produces the symptoms of AIDS" (Du Plessis, 1999). Du Plessis extensively referred to the Gallo–Montagnier debacle, pointing to Gallo's misappropriation of HIV, the 1990 US federal investigation which found him guilty of "fostering conditions that gave rise to ... falsified reports" (Du Plessis, 1999) and the US government's arrogance at the time: "So what's that got to do with today? Well, say the critics, Gallo's dodgy science remains the basis on which billion of dollars have been spent on HIV research" (Du Plessis, 1999). Although Du Plessis' article was clearly written from a dissident point of view, it was hard not to see some truth in his referrals to the AIDS establishment's treatment of alternative views (given how Montagnier was treated): "The AIDS establishment is outraged by any suggestion of debate. The current tactic is to compare those who question the HIV hypothesis to those who deny there was a holocaust" (Du Plessis, 1990). The article was followed up by a four part series in *Noseweek*, documenting AIDS dissident views in detail.

Another media outlet that gave space to dissident views was the pay channel M-Net's current affairs slot, *Carte Blanche*. On November 7 (*The AZT Debate: Peter Duesberg interview, 1999*) it broadcast a programme examining AZT's efficacy and safety, including an interview with professor Peter Duesberg in which he claimed that AZT did not reduce the chances of HIV positive mothers of transmitting the virus to their babies. The programme also featured an interview with David Patient, an HIV-positive South African who believed AZT had almost killed him. Although the insert also incorporated the views of Charlene Smith, it upset many AIDS researchers such as the University of KwaZulu-Natal's professor Salim Abdool-Karim, who believed it could discourage people with AIDS from seeking treatment: "I think it becomes destructive when they start undermining public health messages ... I don't mind when they keep it as an academic debate and they stick to facts. But the *Carte Blanche* programme has bordered on not being the case" (Abdool-Karim, personal communication, 28 May, 2001). Following the *Carte Blanche* programme was an article in the African current affairs magazine, *New Africa*, which quoted one of British AIDS dissident journalist Neville Hodgkinson's books that referred to a widely contested trial in which AIDS patients had died from AZT (Banda, 1999).

The difficulty with journalists without specialized backgrounds reporting on dissident views was that "dissident arguments are quite convincing ... until you really go into them ... only when you understand the science of AIDS can you really start asking questions and would you be able to understand just exactly how wrong they are" (Altenroxel, personal communication, 5 December 2002). Journalists such as Pat Sidley, Charlene Smith, Claire Bisseker, Lynne Altenroxel and one or two Cape Town based reporters, in their own respective ways, became fairly familiar with the science of the epidemic. In fact, many were to become some of Mbeki's and his AIDS dissidents' fiercest critics. But in the next few years they were to face sustained pressure; either directly from government, or from government-aligned editors. They would also have little control over the letters pages of their newspapers, which would be inundated with responses from AIDS dissidents.

Reporting on Mbeki's AIDS panel

By the time that Mbeki's AIDS panel convened for its first meeting in May 2000, the international and local media was full of reports condemning the idea. The *Sunday Times* in South Africa pointed out that "this would not have been so contentious a statement [the health minister's announcement of the AIDS panel in February 2000] had it not followed the October pronouncement by President Thabo Mbeki that the drug AZT is toxic, and that it would be irresponsible of the government to use it for the prevention of mother-to-child transmission of the virus" (Taitz, 2000). The New York based newspaper, *Village Voice*, remarked that "South Africa's President may become the first world leader to believe that HIV is not the cause of AIDS" (*Village Voice*, 2000 [title of article not stated] cited in Taitz, 2000), and several American newspapers began to wonder whether the President and his health minister had taken leave of their senses (Epstein, 2001:189). Mbeki's April 3 letter to president Bill Clinton made world headlines and was republished in several local newspapers, with the *Mail & Guardian* referring to it as "deeply disturbing" and demonstrative of "a capacity for justifying the most unreasonable of positions by a brew of implausible appeals to populist sentiments and prejudices" (Berger, 2000:32). *Nature* considered the matter serious enough to publish an open letter to Mbeki in its April 27 edition, justifying why dissidents could not be taken seriously (An open letter to the president of South Africa, 2000).

Such reports were promptly followed up by government reaction in the form of letters to newspapers, opinion pieces or press releases. In an op-ed piece in the March 28 issue of *The Citizen*, presidential spokesperson Parks Mankahlana denied that the president had ever said that HIV didn't cause AIDS, and accused the media of intolerance to different viewpoints as well as of siding with the drug companies: "He [the president] will intensify the fight to end discrimination against and exploitation of people with HIV/AIDS, including by medical schemes and pharmaceutical giants who are the beneficiaries in the defense of AZT by the media. They buy advertising space and are a strong ally of publishing and broadcasting houses, to the detriment of the millions that live with HIV/AIDS" (Mankahlana, 2000a). A shortened version of the piece was

repeated in the April 3 Internet edition of the *Daily Mail & Guardian* (Mankahlana, 2000c).

After having refused several requests for interviews from local media organizations on the HIV/AIDS controversy, Mbeki granted an interview to a well-known British AIDS dissident journalist, Joan Shenton, in April 2000. Shenton worked for a London-based company, Meditel, that had sold the interview to M-Net's *Carte Blanche*. The programme was broadcast on April 16, with Mbeki labeling orthodox AIDS scientists as narrow-minded: "I'm not surprised at all to find among the overwhelming majority of scientists, are people who would hold one particular view [that HIV causes AIDS] because that's all they've been exposed to. This other point of view [that AIDS is not caused by HIV], which is quite frightening, this alternative view in a sense has been blacked out" (Mbeki, 2000 cited in Shenton, 2000). He added that he wanted to raise the matter with political leaders around the world to "at least get them to understand the truth about this issue [the cause of AIDS], not what they might see on television or read in newspapers" (Mbeki, 2000 cited in Shenton, 2000).

Concerned about what it regarded as 'misinformation' by the president and his allies, the country's biggest AIDS lobby group, Treatment Action Campaign, launched a media campaign to supply it "with accurate information" (Heywood, personal communication, 13 December 2002). TAC general secretary, Mark Heywood, has explained: "Our strategy was that when the president of a country with an exceptionally high HIV prevalence is in denial of that epidemic, and starts publicly questioning whether HIV causes AIDS, it is bound to cause a lot of confusion and do a lot of damage. Therefore our approach was to use the media as widely as possible to communicate the fact that this was wrong and irresponsible, because the media was as much a potential victim of the confusion as anybody else" (Heywood, personal communication, 13 December 2002). Every time that a government official, including the president, made a perplexing statement, the TAC publicly countered it with press conferences or protest marches. According to Heywood that meant "obviously coming into conflict with the presidency – most people were scared to openly oppose Mbeki – but it's put us at the forefront in the

media of opposing the kind of stuff that was going on" (Heywood, personal communication, 13 December 2002). The TAC's protest marches provided media outlets with 'instant' stories, often making front page headlines with pictures of placard slogans such as "One dissident, one bullet" (Altenroxel, Ngubane & Leeman, 2000).

By this time, journalists such as Lynne Altenroxel (*The Star*), Pat Sidley (*Business Day*) and Charlene Smith had developed their own opinions about AIDS dissidents, which strongly influenced their reporting on Mbeki's statements. Altenroxel (2002) has remarked that she came to the conclusion "that you had to take sides. There was no way that you could ethically report on the HIV epidemic and not take sides in this debate, specifically because the government's policies on mother-to-child transmission bordered on genocide. And you've got to take sides in a genocide" (Altenroxel, personal communication, 5 December 2002). At the end of the AIDS panel's rounds of meetings, Altenroxel wrote: "After spending R2 million to organise two meetings between AIDS dissident scientists and orthodoxy, only one conclusion has been reached – to spend more money. And the South Africa taxpayers are likely to foot the bill, Health Minister Manto Tshabalala-Msimang confirmed yesterday" (Altenroxel, 2000b:2). She was referring to the panel's decision to research the accuracy of the Elisa test, used in South Africa to diagnose HIV infection.

Sidley viewed the debate as political, rather than scientific, in "which the president was ill-informed ... I never gave the dissidents any credibility by lending weight to what they said – I rather reported their statements in the context of the fact that it was developing into a political row". In one of many reports, Sidley quoted an opposition party member as saying that "Mbeki seemed to be so 'defensive of the subject of AIDS that he is placing at risk sound judgment and rational thinking ... the consequences for our international reputation can only be negative'" (Ellis, 2000 cited in Hartley & Sidley, 2000). Along the same line of thinking, Sidley also filed news reports for the *British Medical Journal*, which the president must have read: Essop Pahad, the minister in the president's office made several crude statements at press conferences specifically aimed at Sidley, and the

president started consistently using Sidley's term for describing his statements in the *BMJ*, namely "eccentric views" (Sidley, personal communication, 12 December 2002).

Smith, again, saw her role as one of advocacy – to campaign for access to AZT. Several journalists supported her; a reporter interviewed for a report of the Centre for AIDS Development, Research and Evaluation (CADRE), *What's news: Perspectives on HIV/AIDS in the South African Media*, argued: "We are the fourth estate. Without a doubt, government is sensitive to pressure. So it will respond. I mean, if something is in the press then action on that will be taken much quicker than anything else" (CADRE, 2002:9). Having done that, Smith was bombarded with emails from dissidents like Charles Gesheker and David Rasnick, resulting in her having to "put a block on their email addresses on my computer" (Smith, personal communication, 5 December 2002). This, however, was only the beginning of personal attacks on her; at the International AIDS Conference that was to be held in Durban in July, she would be publicly criticised by the president himself.

The country's largest, and overwhelmingly black, daily newspaper, the *Sowetan*, on the other hand, had a completely different approach. The *Sowetan* formed an in-house journalist committee to establish whether Mbeki had indeed said that HIV did not cause AIDS. The panel could not find any such statements in the president's speeches, concluding that "the president's speeches had been deliberately misinterpreted" (Mazibuko, personal communication, 10 December 2002). Lucky Mazibuko, an HIV-positive journalist who writes weekly AIDS columns for the *Sowetan* as well as the *Sowetan Sunday World*, has pointed out that there was "a visible racial divide in terms of support for the president: If you were listening to a 702 talk show on the subject, where the majority of callers were white, you would find people slating the president, whereas an Ukhozi FM talk show, with mostly black callers, would have a completely different take on the debate" (Mazibuko, personal communication, 10 December 2002). In his widely read columns (*Sowetan's Lucky is a positive influence*, 2000:38), Mazibuko defended the president's panel: "I am mindful that government enters the debate as the underdog, having unforgivably blundered in the Virodene saga and the Sarafina II

debacle. But on this one I think the president has hit the nail on the head ... he has a constitutional right to highlight discrepancies in science that affect my health and treatment, not least because the scientists themselves can't agree" (Mazibuko, 2000:22). While newspapers such as *Business Day* slammed Mbeki's panel for "disproportionate representation" (A way out on AIDS, 2000) [Mbeki suggested that the panel should consist of an equal number of the dissidents and orthodox scientists, while in the broader scientific context orthodox scientists outnumbered dissidents by far], Mazibuko believed that "the fact that the dissidents are a minority does not in itself suggest that the majority is right" (Mazibuko, 2000:22). Referring to the Durban declaration, announced shortly after the panel's last meeting, a *Sowetan* editorial suggested that it was worrying "that the scientists have gone to such great lengths ... only to silence someone asking a few questions" (Where is the cure, 2000).

Being an HIV-positive journalist, the international media often interviewed Mazibuko on the issue, with him arguing for the president's right "to put things in the open" (Plagued By Doubt, 2000). Mazibuko has claimed that his opinions were often treated with impatience: "I found a great intolerance for an opposing opinion from the general one that the president was wrong and was wasting time. I remember doing an interview with a British radio station, when, as soon as I had said the president never said that HIV did not cause AIDS, I was cut off" (Mazibuko, personal communication, 10 December 2002). But, in time, even Mazibuko doubted the president's motives: "I believed that the president had the right to raise his doubts, but when he refused to make anti-AIDS drugs available to HIV-positive mothers and their unborn babies, it seemed as if he was actually using the fact of poverty as an excuse not to provide treatment. In my mind there was a problem with him pushing ahead with poverty alleviation, but not providing treatment. I believed the two had to be done simultaneously" (Mazibuko, personal communication, 10 December 2000).

Another journalist who had clearly developed his own views on the debate, was *The Citizen's* executive editor, Martin Williams. In his weekly columns he addressed the dissident issue consistently, proudly declaring that his newspaper's pages had "been

devoted to Anthony Brink's [the Pietermaritzburg lawyer whose writings had introduced Mbeki to the toxicity of AZT] opus on the topic [AZT]" (Williams, 2000a), as well as to several essays from AIDS dissident Charles Gesheker. In one column, he cynically commented on a widely acclaimed AIDS book by Alan Whiteside and Clem Sunter, *AIDS: The challenge for South Africa* (Whiteside & Sunter, 2000), and UNAIDS's new statistics, both published in that year: "I gave my copy to one of Mbeki's panelists, Professor Charles Gesheker from California, who spent a few days in our home [during the meetings of the AIDS panel]. Even as an interested expert, he struggled to cope with all the clichés ... But for unintelligible statistics, it's hard to beat the UNAIDS report. These figures are bandied about as facts when they are obviously flawed" (Williams, 2000b).

A day after the panel's second and last meeting, on July 5, award-winning *Village Voice* journalist, Mark Shoofs, filed a report *Inside the South African Government's Controversial AIDS Panel* (Shoofs, 2000). Shoofs was the only reporter allowed to sit in on the panel; no local journalists had access, resulting in few being able to report on more than mere press conferences. From his report it was clear that the panel's discussions had been brutish, achieving little more than a loose exchange of opinions. Shoofs described a fight between Peter Duesberg, Harvard Bialy (the former editor of *Bio/Technology* that invited Duesberg in 1987 to submit a summary of his *Cancer Research* article) and Dr Helen Gayle, head of the CDC's AIDS research Unit, over a study on HIV-positive babies at Chris Hani Baragwanath Hospital in Soweto: "And so, holding the CDC data in his hand, Duesberg asked Gayle whether the babies with HIV had received AZT. Gayle started to answer, but Bialy cut in, saying yes, the babies had received the drug. Duesberg then shouted that AZT was what probably killed the babies, and, as Gayle kept trying to answer his original question, Duesberg stormed out of the room ... Eventually, Gayle explained that some of the babies had received the drug while others hadn't, and that the CDC was preparing a breakdown for the dissidents to analyze" (Shoofs, 2000). Shoofs ended his report by speculating what Mbeki would be saying in his opening address at the Durban AIDS conference, that was to commence that Sunday: "What will he say? Will he endorse the recommendations of those who deny that an epidemic even exists? Almost

certainly not. But will he throw his full weight behind what the overwhelming body of scientific evidence shows? Will he face reality?" (Shoofs, 2000).

Later that year, on September 8, the *Mail & Guardian* published a diary kept by an orthodox member of the advisory AIDS panel, *All the president's scientists: Diary of a round-earther* (All the president's scientist's: Diary of a round-earther, 2000), quoting David Rasnick as saying that "AIDS would disappear in South Africa if we outlawed tests of HIV" (Rasnick, 2000 in All the president's scientists: Diary of a round earther). Upon the insistence of Anita Allen, the "Appeal Panel of South Africa" (Allen, 2000) later found the report to be in breach of its code of conduct, noting that "material omissions are evident in the account" (Allen, 2000:12), after the press ombudsman had earlier exonerated the *M & G* from any wrongdoing. In the same month, the *New African* published an account of dissidents' experiences during panel meetings (Christie, 2000).

Mbeki's attack on Charlene Smith

On Sunday July 9, the day on which the Durban AIDS Conference opened, the *Sunday Times* (South Africa) carried a front page story consisting of correspondence on HIV/AIDS between Thabo Mbeki and opposition party leader Tony Leon. Mbeki was outraged about a *Washington Post* article by South African journalist Charlene Smith on June 4, in which she conceded that culture and religion played major roles in the incidence of rape and AIDS in South Africa. The president was particularly upset about the following quote: "Here [in South Africa], it [HIV] is spread primarily by heterosexual sex – spurred by men's attitudes toward women. We won't end this epidemic until we understand the role of tradition and religion – and of a culture in which rape is endemic and has become a prime means of transmitting the disease, to young women as well as children" (Smith, 2000c). Mbeki accused Smith of being either "sufficiently brave, or blinded by racist rage, to publicly make the deeply offensive statement that rape is an endemic feature of African society" (Mbeki, 2000 cited in Mbeki versus Leon, 2000). He added that he considered it "contemptuous of our people [South Africans], our country and its laws that, as you [Tony Leon] and Charlene Smith say, Glaxo Wellcome should promote the sales of AZT by selling 'cut price' AZT in our country for use by rape

victims, knowing very well that this is in violation of the law and that no scientific evidence exists proving the efficacy of this drug in cases of rape" (Mbeki, 2000 cited in Mbeki versus Leon, 2000).

Accusing Smith of racism did not go down well with either Smith or Leon; Smith had a long history in the anti-apartheid struggle, knowing Mbeki personally after having spent a few years with him in Lusaka during the late eighties. She responded publicly in *The Citizen* and *Mail & Guardian* later that week, maintaining that Mbeki's denial of the AIDS epidemic "smacks of genocidal arrogance" (Smith, 2000a:12), that he was involved in "a massive and inexplicable attempt to distract himself and others from the devastation of HIV/AIDS in South Africa" (Smith, 2000b:30) and, consequently, that his problems were far more "serious than the criticisms of one small blonde [referring to herself]" (Smith, 2000b:30). Leon himself accused Mbeki of being obsessed with conspiracy theories: "You seem to believe that the request by my Party, Charlene Smith and others for the government to provide AZT to rape victims, and the offer by Glaxo Wellcome to provide it at greatly reduced prices, is all part of a giant conspiracy. You imply that this conspiracy is the result of some unholy alliance between a civil society motivated by racism and an international pharmaceutical industry driven by greed ... To top off this giant-racial-capitalist-conspiracy, you accuse Charlene Smith and I of being 'marketing agents' of the pharmaceutical companies" (Leon, 2000 cited in Mbeki versus Leon, 2000).

The personal accusations that Mbeki had made in his by now widely published letter, along with the controversy surrounding his presidential AIDS panel and the contents of his opening speech that night, set the tone for media coverage of the Durban conference to become – in the government's own words – a "Mbeki-bashing bazaar" (Mbeki's man in AIDS plea, 2000:1), instead of a documentation of the latest advances in HIV/AIDS research.

Reporting on the Durban AIDS Conference

With the already loaded atmosphere that Sunday, and many journalists confused about what exactly Thabo Mbeki's views on HIV/AIDS were, the media anxiously awaited the president's opening address. Many delegates, particularly the South African conference organisers, had hoped that the president would clear up the perplexities and state that he believed that HIV was the cause of AIDS. But, to the disappointment of "many of the world's scientists" (Collins, 2000), the president pointed to poverty, and not HIV, as being the root cause of AIDS in Africa. As a result, news reports about the South African president's views "cloud[ing] the international gathering of scientists" (Vergani, 2000) quickly spread. The *Sunday Times* in London called it an "increasingly embarrassing public dispute" (Beeston, 2000); locally, its South African equivalent noted how the president had "disappointed many of those gathered in Durban by ... [not] focusing his speech on ... practical ways of engaging and combating the spread of the virus (AIDS: The way forward, 2000:20). Two days into the conference, a *Sowetan* editorial remarked: "The 13th International AIDS Conference in Durban is at serious risk. Its critical first two days have been dominated by a useless obsession with scoring political points. Much of the discourse so far has focused rather unproductively on disagreements and apparent differences, which in reality may not even exist" (AIDS summit kicks off at a tangent, 2000).

Almost every plenary speaker either attacked Mbeki, or begged him to change his mind. One of the most frequently reported opinions was that of South African HIV-positive judge Edwin Cameron accusing the state of doing nothing to curb the epidemic. In response, the Health Minister, Dr Manto Tshabalala-Msimang, charged Cameron with failing to "acknowledge that the apartheid government had put few structures in place to fight AIDS and the ANC had to establish such infrastructure from scratch" (Miffed Manto hits back, 2000). Referring to Mbeki's speech she remarked: "The president of the country has never denied either the existence of AIDS, nor this causal connection between HIV and AIDS. Why should he deny something he has not said? The media should turn around and report it correctly ... It is precisely those who had decided to

make this allegation and then cynically expect the president to respond to distortions of their own making who should reflect on their consciences" (Tshabalala-Msimang, 2000 cited in HIV can't be seen as only cause of scourge & Miffed Manto hits back, 2000).

Tshabalala-Msimang's response was not received well, particularly not when it emerged that the president had walked out while a famous HIV-positive South African boy, Nkosi Johnson, publicly asked the government to make anti-AIDS drugs available for HIV-positive pregnant women and their unborn babies. Johnson addressed the AIDS conference directly after Mbeki's opening speech. The president's address also followed dangerously close on the heels of the cancellation of a press conference on the Durban Declaration, the document that 5 000 scientists had signed to declare that they believed HIV was the cause of AIDS. No official reason was given for the "last-minute cancellation, which happened 10 minutes before the conference was to begin, but rumours ... [were] ... rife that government pressure was behind the ... drama" (Altenroxel, Ngubane & Leeman, 2000).

Mankahlana's comments in *Science* on July 14 that the state could not provide treatment to infected pregnant women because of the resources it would take to raise the surviving AIDS orphans, made the situation even worse. Mankahlana's view quickly reached the front pages of almost all South African newspapers. He himself branded the article "a complete fabrication" (Mankahlana, 2000 cited in Parks v Science: It's all on tape, 2000:1), but did not come across as very convincing when *Science's* news editor, Colin Norman, told the media that the interview was conducted on March 24 in Mankahlana's office and offered to play the tape-recorded version to journalists. Mankahlana threatened the South African newspaper that broke the story, *The Citizen*, with legal action, accusing its editor, Tim du Plessis, of not making "an effort to develop ... objectivity and accuracy" (Mankahlana, 2000 cited in Parks v Science: It's all on tape, 2000). Du Plessis responded decisively, pronouncing "that the paper stood by its original story" (Du Plessis, 2000 cited in Parks v Science: It's all on tape, 2000:1).

When Nelson Mandela closed the Durban conference asking for drugs to be made available to prevent mother-to-child transmission, a *Sunday Times* leader cynically proclaimed: "To suggest, as is the fashion when anyone argues for medical intervention, that Mandela is somehow in cahoots with pharmaceutical monopolies, is laughable. Thankfully, no such suggestion has yet been made, and Mandela's message may well finally change the way government is seeing this solution. Above all, the conference needs to produce among all South Africans a sense of urgency about the country's largest social crisis" (AIDS: The way forward, 2000). It was a crisis that would tragically end the life of the president's own spokesperson.

Reporting on Parks Mankahlana's death

On October 26, the presidency announced the death of Parks Mankahlana (Barrell, 2000:3). Mankahlana had been sick for months, even at the time of his controversial announcements at the Durban AIDS conference, and all indications were that he had died of AIDS. The cause of his death was stated as "heart failure brought on by chronic anaemia" (Hills, 2000:1); anaemia being a well-known AIDS-related illness (Seftel, 2000 cited in Hills, 2000:1). In political circles it was considered common knowledge that Parks Mankahlana had been HIV-positive. Mankahlana was also "no saint" (Jones, 2000 cited in Kelly & Parker, 2001), and known to be promiscuous, having had two child maintenance cases for illegitimate children filed against him (Parks en vigs, 2000:12). He died at the early age of 36, characteristic of an AIDS death.

On the Friday following the announcement, the *Mail & Guardian* published an obituary for the former presidential spokesperson, including a statement from an anonymous senior ANC official that confirmed that "Mankahlana had indeed died of an illness induced by HIV/AIDS" (Barrell, 2000:3). Barrell (2000:3) argued that the public had the right to know whether Mankahlana had died of AIDS, as "the involvement of ... [him] ... and President Thabo Mbeki in polemics over HIV/AIDS has made the cause of ... [his] death a public domain issue". The presidency was outraged and refused to confirm the *M & G's* allegations, stating that "the question of his illness is something that the family

should deal with" (Presidential spokesperson, 2000 cited in Barrell, 2000:3). In the following week's *M & G*, Deputy Foreign Affairs Minister, Aziz Pahad, launched a scathing attack on Barrell, accusing him of stirring rumours and violating others' right to privacy (Pahad, 2000:32). Pahad compared Barrell to the likes of Hitler and Goebbels that "believe[d] that if you manufacture stories and repeat them ad nauseam, they somehow become the truth" (Pahad, 2000:32). *M & G* editor, Philip van Niekerk, replied directly beneath the letter: "It is a well-accepted principle in the media and in the law that an individual's involvement in public life and public debates curtails, in relevant areas, his or her rights to privacy ... Finally we would ask the deputy minister ... how much witblits do you need to consume before you can compare Howard Barrell to Hitler or Groebels (sic)?" (Van Niekerk, 2000 cited in Pahad, 2000:32). Along with other incidents, the *M & G*'s biting response opened up a lengthy debate on how Mankahlana's death should have been covered.

The media differed on how to treat the issue, yet most outlets had linked Mankahlana's death to AIDS in one way or another. Several newspapers used it to call for more openness on the topic. In a front page editorial, the *Sunday Independent* noted that regardless of whether Mankahlana's death was related to AIDS, he was a victim of it: "We all have a choice in how we remember Mankahlana. We have the choice of using his memory to break the chains of silence and end the cycle of denial" (*Sunday Independent* [name of article not stated], 2000 cited in Sidley, 2000). The *Sunday Times* (South Africa) carried a column by a well known gay writer, which said: "However Mankahlana died, all of us who knew him or worked with him, or perhaps just glimpsed him on TV, owe it to his legacy, to his democratic vision of a new South Africa, to stop the deadly cycle of silence, denial and stigma that accompanies AIDS" (*Sunday Times* [name of article not stated], 2000 cited in Sidley, 2000). In a leader titled *Parks and AIDS* (2000), the Johannesburg daily *Beeld* took the debate a step further, arguing that Parks' death had "in all probability confirmed the link between HIV and AIDS". The state-owned South African Broadcasting Corporation (SABC), however, known for its close relationship to the President, toed the line, whereas the independent television channel, e.tv, reported the

AIDS rumours; an ironic move, as Mankahlana's widow, e.tv journalist Ntabiseng Mankahlana, had strongly denied the speculation.

An editorial in the *M & G* argued finally: "The death of Parks Mankahlana is central to the HIV/AIDS controversy, because it brings home not only the human side of the tragedy but, we would suggest, the character of the betrayal. It is the nature of the post of the spokesman to the president that the incumbent is intensely loyal to the head of state, which raises the obvious question whether Parks had the benefit of anti-retrovirals, or died out of loyalty to his master's recent and controversial views" (A prayer for the living, 2000:30). A knowing member of the public, quoted in Barrell's (Barrel, 2000:3) article, furthered this view by conceding that Mankahlana's death was "so sad, because he was made to play the clown for the king" (Member of the public, 2000 cited in Barrell, 2000:3). In *Business Day* and *British Medical Journal* journalist Pat Sidley wrote: "The real tragedy was that the President had killed Parks, and no one said it" (Sidley, personal communication, 12 December 2002).

These speculations elicited harsh criticism from various sectors. At Mankahlana's memorial service, the media were accused of wanting to belittle him and by implication criticise the presidency (Mokaba, 2000 cited in Lackay, 2000:4). ANC Youth League president, Malusi Gigaba, appealed to the press to "mimic humanity" (Gigaba, 2000 cited in Radebe, 2000:5) by showing compassion to Mankahlana's wife and family: "There are times where even an insensitive, inhuman and incompassionate media must try to regain its humanity or at least try to ape humans" (Gigaba, 2000 cited in Radebe, 2000:5). Also at the service was *The Star* deputy editor and South African National Editor's Forum (SANEF) chair, Mathatha Tsedu, who expressed dismay at the media's reporting on the issue, maintaining that he was embarrassed to be part of "an institution that showed vulturous tendencies and no respect for the living or dead" (Tsedu, 2000 cited in Lackay, 2000:4).

The debate caused tension in a "number of newsrooms, sometimes along racial lines with some white journalists arguing for the rumours to be published in the public interest

while some black journalists argued that this was disrespectful to the dead" (Kelly & Parker, 2001). The Gauteng branch of SANEF and the Freedom of Expression Institute felt the need to convene a meeting on ethical issues raised by Mankahlana's death on November 9 (Kelly & Parker, 1991). *The Star's* Lizeka Mda, a panelist, "appealed for journalists to respect the dead, and chastised them for not asking Mankahlana about his HIV status while alive" (Mda, 2000 stated in Kelly & Parker, 2001). *Business Day* editor, Jim Jones, however, said he believed Mankahlana had died of AIDS and that it should be reported: "The man died of AIDS-related causes – he was not a saint, he was not an icon, and he was promiscuous" (Jones, 2000 cited in Kelly & Parker, 2001). This discussion had raised a number of issues, as stated in Kelly & Parker (2001):

- **Attitudes towards death:** Is the African approach to death different from that of other cultures? If so, do cultural concerns make it inappropriate to speculate over such cases?
- **Public interest:** Does the fact that Mankahlana spoke out in the HIV/AIDS controversy mean that his cause of death is relevant?
- **Racism in the media:** Why haven't the deaths of prominent whites been probed in the same intensive way? Do we polarise opinion along racial lines by writing too simplistically?
- **Stigma:** Are we taking a judgmental stance (i.e. he was promiscuous) to justify our stories about him? Are the media contributing to stigmatising HIV/AIDS or reflecting society's views?

Shortly after its broadcast, e.tv's report was taken to the Broadcasting Complaints Commission of South Africa (BCCSA). The complaint was lodged by a member of the public, who was also a senior government official (Kelly & Parker, 2001), and alleged that Mankahlana's right to privacy had been violated. However, the BCCSA dismissed the complaint, ruling that a "dead person had no legal right to privacy or dignity ... and that while many might find the broadcast 'in questionable taste', Mankahlana's involvement in the AIDS debate as a public official justified the report" (Kelly & Parker, 2001).

Regardless of the BCCSA ruling, journalists attending the SANEF meeting concluded that there were no clear answers to the issues raised; almost everyone attending had different opinions. What the meeting did however succeed in doing was driving home the idea that reporting on HIV/AIDS was complicated and often controversial. *The Star's* Lynne Altenroxel has framed it succinctly: "I've reported on almost every conceivable subject – taxi violence, murders, you name it – but I've never experienced such ethical dilemmas as I've had on HIV/AIDS. Never." (Altenroxel, personal communication, 5 December 2002).

Pressure mounts on journalists

For a short while, Parks Mankahlana's death interrupted the president's debate about the cause of AIDS, that had climaxed during the AIDS conference. For the media, however, it was far from over. The press wanted answers and clarity. Besides, the government's responses increasingly complemented critical stories about the state's lack of good AIDS policies. A journalist interviewed for CADRE's report, *What's News – Perspectives on HIV/AIDS in the South African Media*, described it as follows: "You know ... [that] ... if you ask the minister of health or the President, 'Does HIV cause AIDS?' [that] they are going to fall over their tongues. So it's become a game" (CADRE, 2001:14). The game was certainly on when, on September 5 2000, 702 presenter John Robbie interviewed the Health Minister and repeatedly asked her whether HIV caused AIDS. She refused to answer him (Transcript of John Robbie interview, 2000). A frustrated Robbie told her "to go away ... I can't take this rubbish any longer" (Robbie, 2000 cited in Transcript of John Robbie interview, 2000), with an outraged Tshabalala-Msimang slamming down the phone halfway through the interview.

The ruling ANC party did not take kindly to this, and at once intervened by demanding a public apology from Robbie and his station, as well as his resignation. In a press release, the ANC's spokesperson, Smuts Ngonyama, explained that his party was of the opinion that "as soon as journalists used their positions to rudely belittle others, they lose the right

to be reporters and are obliged to resign immediately" (Ngonyama, 2000 cited in John Robbie weier om te bedank na relletjie met minister, 2000:2). If 702 refused to comply, no government minister or senior ANC official would grant an interview to the station again (Ngonyama, 2000 cited in Eybers, 2000:5). The ANC was strongly criticised for this threat and although Robbie and 702 initially refused to adhere to the ANC's requests, the pressure became too much: On September 13, Primedia, 702's owner, issued a written apology to Tshabalala-Msimang (I'm sorry for my rudeness, 2000:1). Robbie publicly apologised for his "rudeness" (Robbie, 2000 cited in I'm sorry for my rudeness, 2000:1) at the beginning of his popular drive-time show; only then did the ANC withdraw its threats. This incident, however, was certainly not the only one illustrative of the kind of pressure and censorship the government was prepared to exercise to get the kind of publicity it thought it deserved.

On November 8 2001, Charlene Smith wrote an article for *You* magazine (Smith, 2001:22), claiming that at least 20% of parliamentarians were HIV-positive and that many were seeking the 'toxic' treatment their president did not want to make available. She quoted Anglican Archbishop Njongonkulu Ndungane, who described Mbeki as an insecure and dominating man with "those ... hav[ing] to implement Mbeki's policies often find[ing] themselves in tricky situations" (Ndugane, 2000 cited in Smith, 2001:23). Smith also referred to Mbeki's dismissal of the MRC report that found AIDS to be the single biggest cause of mortality in South Africa, stating that "the government has also threatened three times to withdraw the MRC's funding if it doesn't toe the ANC line on AIDS" (Smith, 2001:24). The article caused an uproar in the president's office; shortly after its publication, a frantic Ndungane called Smith saying that he had been requested to issue a press release denying that she had ever interviewed him (Smith, personal communication, 5 December 2002). On the same day, MRC president Malegapuru Makgoba phoned to say that he had received a similar request: to deny that the government had threatened to withdraw MRC funding (Smith, personal communication, 5 December 2002). In a two week period following the publication of the article, Smith has claimed unknown parties broke into her house on four occasions and vehicles tried to force her off the road during three separate incidents: "In none of the burglaries were

valuable articles taken, and one of the cars trying to force me off the road were off duty police officers. I got the feeling someone was telling me: 'don't mess with us'... It might have been co-incidental, but I don't think so" (Smith, personal communication, 5 December 2002).

Where Smith's experiences have been open to speculation, *The Star's* Lynne Altenroxel has been the subject of direct government attacks. In March 2002 she filed a story *Witchhunt for AIDS whistleblower* (Altenroxel, 2002b:1) on the same MRC report Smith referred to in her *You* magazine article. Altenroxel had a letter that Tshabalala-Msimang had written to the MRC in her possession, in which the minister demanded that the "anti-dissident" (Tshabalala-Msimang, 2000 cited in Altenroxel, personal conversation, 5 December 2002) that had leaked the report to the media be found and dealt with (the government had put a hold on the report's release date because it doubted its findings, but someone leaked it to the media, raising the health minister's and president's fury and resulting in their denial of the results). Altenroxel wrote that "since mid-February, an investigator has been tracking down, interrogating – and even suggesting lie-detector tests on – a host of people who might have had access to the controversial document" (Altenroxel, 2000b:1).

The afternoon before the article was to be published, she contacted Tshabalala-Msimang's spokesperson, Sibani Mngadi, for comment but refused to reveal her sources or the contents of the letter. Mngadi claimed that it was impossible to get hold of the minister in time for Altenroxel's deadline, and was so outraged by Altenroxel's report appearing on *The Star's* front page the next day that he launched a scathing attack on her in a letter published in the newspaper on March 26. Mngadi asserted that Altenroxel was racist and that her report implied that a black minister could not be competent: "It was all said and done. How can an African woman hold such a tough portfolio without resorting to some irregular tactics to remain in charge of the health sector?" (Mngadi, 2002:15). The day after Altenroxel's report was published, the health department scheduled a press conference to deny the allegations made in her article. Altenroxel was told that she wasn't welcome at the press conference, with Mngadi sending her an SMS reading: "Hope you

have the courtesy to apologise about the MRC report" (Mngadi, 2002 cited in, Altenroxel, personal communication, 5 December 2002). Essop Pahad, the minister in the president's office, has openly attacked *The Star* for Altenroxel's reporting during meetings between editors and the government, and many of Altenroxel's reports critical of government have remained unpublished.

Whilst still working for *Business Day*, Pat Sidley had to cope with blatant censorship from her editor, Peter Bruce: "I never had to face the kind of editorial censorship I was facing with Peter before. He was openly susceptible to dissident views, and very vocal about the fact that the president had phoned him personally several times to discuss *Business Day's* AIDS coverage. Until Peter arrived (he replaced Jim Jones as editor at the beginning of 2001), I was writing most of *Business Day's* AIDS stories, as well as almost all the leaders on the subject. But with Peter, I was often taken off stories, with him arguing that the political staff had to cover AIDS stories with a political angle, which were of course most of the stories. He also stopped me from attending morning conference meetings to give my input to coverage ... During a significant evening at the Nelson Mandela Health Award in Cape Town, I decided to finally quit my job because of the situation. Peter asked me silly questions such as 'did I know that they've never photographed the AIDS virus' and why I had not reported on the fact that one could only be certain that a baby is HIV-positive at 18 months'. He ended our conversation by telling me that I should be listening more to what the president had to say on AIDS and reflect it in my reporting" (Sidley, personal communication, 12 December 2002). Sidley resigned in mid-2002, and is now working in the medical schemes industry: "I would still have liked to write on AIDS, but could not do it under the circumstances at *Business Day* any longer. Even the current AIDS reporter faces difficulties, having been told she was not allowed to file any critical AIDS stories in the two months preceding the ANC's national conference [in December]" (Sidley, personal communication, 12 December 2002).

Another development in *The Star*, *Business Day* and *The Citizen* was the contradiction of viewpoints in reports published in the same newspaper, most likely brought on by editors and reporters holding diverse opinions. While Altenroxel, Sidley and *Citizen* editor Tim

du Plessis were filing 'anti-dissident' reports, the letters and op-ed pages, as well as various columns in their newspapers, were often filled with directly opposing views. *The Citizen's* editorials criticized Mbeki, while executive editor Martin Williams's columns – often in the same edition as critical leaders – supported dissident views. In Williams's July 11 column, Mbeki was praised for doing more than "anyone to promote open, informed debate on AIDS" (Williams, 2000c); an editorial in the same issue accused him of miring South Africa's fight against AIDS in controversy (Still mired in controversy, 2000). Op-ed pieces by AIDS dissident Anita Allen were repeatedly published, in many months at least once a week. Referring to Mankahlana's 'dustbin statement', *The Star's* leader of July 10 described the president's office as being "more interested in saving face than in saving lives" (Saving face or lives?, 2000). Four days later an opinion piece by *Star* journalist Jovial Rantao however, asked whether "some AIDS activists who have mounted sustained pressure on the government to do more to combat the AIDS pandemic have other motives" (Rantao, 2000). Both *The Star* and *Business Day* gave prominent space to the letters of dissidents such as David Rasnick (eg. Rasnick, 2001a & b), Val Turner (eg. Turner, 2002) and Anita Allen (eg. Allen, 2001a & b). This resulted in harsh criticism from AIDS activists, such as the AIDS lobby group, Treatment Action Campaign's Mark Heywood: "You can have responsible news stories, but when you continue to give space to other forms of reporting supporting dissident views, the damage prevails. And that points to the fact that the media, overall, has not really reflected on what its responsibility is" (Heywood, personal communication, 13 December 2002).

Conclusion

Some believe that the South African media, in the long term, has benefited from Thabo Mbeki's statements: the situation has forced journalists to study the science of AIDS, something that was seriously lacking prior to the dissident debate (Kelly & Parker, 2001). It has also significantly increased the frequency and prominence of AIDS reports, with a far broader range of journalists and health correspondents reporting on it today. But many are of the opinion that it has been a totally negative experience, such as the Treatment Action Campaign's Mark Heywood: "I don't think there was anything positive in the

dissident episode at all; it cost a lot of lives and wasted a lot of time. We're still living with the consequences of it, and we're still not convinced that there are not people who still harbour these views at high levels within government" (Heywood, personal communication, 13 December 2002). Heywood has however admitted that the media's reporting on AIDS improved during the dissident period, and that it prepared the press to play some kind of public health role during the Nevirapine court cases: "The media played an important part in this series of court cases, in the sense that it made the prevention of mother-to-child transmission at the time a national issue in that it reported extensively on the court proceedings. In that sense the press communicated information to people on their rights to access to medicine that could reduce their unborn children's risk of contracting HIV. I can see the proof of the media's effect in the high percentage – eighty percent – of HIV positive mothers who accept Nevirapine treatment at pilot sites. If you compare it to a country like Botswana, where there's a very low take-up, because there is widespread misunderstanding about the drug and almost no constructive media coverage on the subject, I think you can tell what the value of South Africa's reporting on the subject has been" (Heywood, personal communication, 13 December 2002).

Where England (*Sunday Times*) and the US (*New York Native*) had newspapers that exclusively published dissident views, it was not the case in South Africa. Dissident views were mostly reported in columns, letters and op-ed pages, with news reports often contradicting them. Even in the *Sowetan*, which was far more lenient towards the president, news reports never supported dissident standpoints, they merely backed Mbeki's right to ask questions. It was therefore not necessary for scientific publications to intervene, like *Nature* had done in the case of the *Sunday Times*. Activist groups such as the *Treatment Action Campaign*, however, seemed to have an important influence on the kind of reporting that was done: every time the president made a 'dissident' statement, it countered it, ensuring that orthodox viewpoints received consistent coverage.

Although significantly decreased in prominence and frequency, dissident views continue to be published in the mainstream media: Martin Williams still writes about them in his weekly columns and he makes sure that other columns in his newspaper don't often counter him: after Tim du Plessis left *The Citizen* as editor in mid-2001, Williams informed Charlene Smith that her "services were no longer needed" (Smith,

personal communication, 5 December 2002) for a weekly column in which she often addressed AIDS issues. According to Pat Sidley, critical reports about Mbeki's opinions on HIV/AIDS continue to be suppressed in *Business Day* (Sidley, personal communication, 12 December 2002), and *The Star* still frequently publishes dissident letters. But, over all, most news reports have continued to be critical of the government's AIDS policies, pressurising it to change. In Charlene Smith's words: "I think, for the moment, we've conquered the dissidents. But journalists' role now is to go and check up on whether the state has implemented the Constitutional Court rulings: are hospitals handing out Nevirapine for HIV-positive pregnant women, and do rape survivors really have access to anti-retroviral drugs? And I'm not yet seeing that happen often enough" (Smith, personal communication, 5 December 2002).

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