POLITICS AND HIV AND AIDS IN SOUTH AFRICA: AN ANALYSIS OF THE MEDIA REPORTING DURING THE PRESIDENCY OF THABO MBEKI (1999-2008)

by
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Thesis presented in fulfilment of the requirements for the degree of Master of Arts (Journalism) in the Faculty of Arts and Philosophy at Stellenbosch University

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March 2013

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SUMMARY

When South African President Thabo Mbeki began doubting that HIV was the cause of AIDS in the late 1990s, failed to provide AIDS medication and stalled its introduction, openly supported HIV pseudoscientists and doubted HIV statistics, one of the most widely reported debates in the country's history emerged.

When two independent 2008 studies found that the death of approximately 330 000 South Africans could have been prevented between 1999 and 2007 if President Mbeki's HIV policy made provision for AIDS medication, the AIDS debate was re-introduced, and it was these findings that provided the motivation for this study. The purpose of this study was to provide a historical perspective on HIV reporting in the media during Mbeki's presidency in order to answer how the media reflected and reported on his HIV policy, and also to provide possible reasons for the way the media reported on the matter.

Research has shown that the government (particularly President Mbeki and his health ministers) and AIDS social movement organisations (particularly the Treatment Action Campaign [TAC]) were the main actors framing the AIDS epidemic in South Africa. Thus, this study examined the media's HIV trail in reporting on these actors' responses and counter-responses by means of content analysis. Qualitative analysis, in the form of questionnaires sent to health journalists who reported on HIV during this period, was completed in order to provide the possible reasons for the media's reporting style.

During the content analysis it was found that the media reporting was mostly positive towards the TAC and mostly critical towards Mbeki and his government, and the results of the questionnaires verified this, but also provided reasons why the media were mostly critical of Mbeki and his government. One principal reason was that the government's policies on HIV were so blatantly contrary to scientific evidence and medically unethical that it was the media's duty to fulfil their watchdog and surveillance role.

OPSOMMING

Toe die Suid-Afrikaanse president, Thabo Mbeki, in die laat jare negentig begin het om die oorsaak van VIGS in twyfel te trek, daarin misluk het om VIGS-medikasie te verskaf en produksie daarvan vertraag het, en openlik MIV-pseudowetenskaplikes ondersteun het en MIV-statistiek bevraagteken het, het ’n debat met moontlik van dié wydste nuusdekking in die geskiedenis van die land posgevat.

Die VIGS-debat het weer op die voorgrond beland nadat twee onafhanklike studies in 2008 bevind het sowat 330 000 Suid-Afrikaners se dood kon tussen 1999 en 2007 vermy gewees het indien president Mbeki se MIV-beleid voorsiening gemaak het vir die verskaffing van VIGS-medikasie. Hierdie bevindinge het die motivering vir die studie verskaf. Die doel van hierdie studie was om ’n historiese perspektief van die mediadekking van MIV tydens Mbeki se presidentskap te verskaf om sodoende vas te stel hoe die media die debat oor Mbeki se MIV-beleid weerspieël het, maar ook om die redes te bepaal vir die manier waarop die media oor die kwessie berig het.

Navorsing het getoon die regering (spesifiek president Mbeki en sy gesondheids-ministers) en aktivistegroepe (spesifiek die Treatment Action Campaign [TAC]) was die hoofkarakters betrokke by die fokussering van die VIGS-epidemie in Suid-Afrika. Dus het hierdie studie probeer om die media se MIV-spore met betrekking tot beriggewing oor hierdie akteurs se stellings en reaksies deur middel van inhoudanalise te bestudeer. Kwalitatiewe analise in die vorm van vraelyste wat aan gesondheidsjoernaliste gestuur is wat in hierdie tydperk beriggewing oor MIV gedoen het, is gebruik om moontlike redes te verskaf vir die manier van beriggewing.

Tydens die inhoudanalise is bevind dat mediadekking meestal positief teenoor die TAC was en meestal negatief teenoor Mbeki en sy regering. Die resultate van die vraelyste het dít bevestig, en redes verskaf waarom die media meestal krities was teenoor Mbeki en sy regering. Een van die vernaamste redes was dat die regering se beleidsrigtings met betrekking tot MIV so blatant teen wetenskaplike bewyse gekant was en boonop medies oneties was, dat dit juis die media se plig was om die rol van waghond te speel.

LIST OF ORGANISATIONS, ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
AZT	Azidothymidine (type of antiretroviral drug)
FDA	Food and Drug Administration in the United States
HAART	Highly active antiretroviral treatment
MDDA	Media Development and Diversity Agency
MTCT	Mother-to-child transmission
MRC	Medical Research Council
NEDLAC	National Economic Development and Labour Council
PEP	Post-exposure prophylaxis
SANAC	South African National AIDS Council
TAC	Treatment Action Campaign
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

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Politics and HIV and AIDS in South Africa: an analysis of media reporting during the presidency of Thabo Mbeki (1999-2008)

1 Introduction

1.1 The motivation for this study

The deadly delusions of the President and his Minister of Health infected a country and paralysed its response to the worst health epidemic of our time (Geffen, 2010: 2).

In South Africa, over two and a half million people have already died of HIV, most of them during the time of Thabo Mbeki's Presidency (Geffen, 2010: 1). During this time, the United Nations released the following statistics:

> Africa remains the global epicentre of the AIDS pandemic. South Africa's AIDS epidemic – one of the worst in the world – shows no evidence of a decline. Based on its extensive antenatal clinic surveillance system, as well as national surveys with HIV testing and mortality data from its civil registration system, an estimated 5,5 million people were living with HIV in 2005. An estimated 18,8% of adults (15-49 years) were living with HIV in 2005. Almost one in three pregnant women attending public antenatal clinics were living with HIV in 2004 and trends over time show a gradual increase in HIV prevalence (UNAIDS, 2006: 8-9).

Although South Africa was labelled the "global epicentre of the AIDS pandemic", Mbeki and his Health Minister, Manto Tshabalala-Msimang, were accused of the following: obstructing policies aimed at providing life-saving medicines to people with HIV or at risk of contracting it, promoting confusion and doubt about the prevention and treatment of HIV, and protecting and promoting people who marketed untested remedies (Geffen,

2010: 1). Mbeki gave an interview to *Time* magazine in 2000 and, when the journalist asked him, "Are you prepared to acknowledge that there is a link between HIV and AIDS?", he answered:

> No, I am saying that you cannot attribute immune deficiency solely and exclusively to a virus. There may very well be a virus. But TB, for example, destroys the immune system and at a certain point if you have TB you will test HIV positive because the immune system is fighting the TB which is destroying it. Then you will go further to say TB is an opportunistic disease of Aids whereas in fact TB is the thing that destroyed the immune system in the first place. But if you come to the conclusion that the only thing that destroys immune systems is HIV then your only response is to give them antiretroviral drugs. There's no point in attending to this TB business because that's just an opportunistic disease. If the scientists ... say this virus is part of the variety of things from which people acquire immune deficiency, I have no problem with that (The road ahead: an interview with South African President Thabo Mbeki, 2000).

In 2007, Nathan Geffen, director of research and communication for the Treatment Action Campaign (TAC), stated that perhaps "hundreds of thousands of lives" were lost because of Mbeki and his Health Minister Manto Tshabalala-Msimang's sympathy for AIDS denialism (Geffen, 2007: 4). In 2008, two independent studies calculated the number of lives lost as a result of the South African government acting as a major obstacle to the provision of medication to patients with AIDS (Chigwedere *et al*., 2008: 410; Nattrass, 2008). Both these studies found that, between 1999 and 2007, approximately 340 000 deaths could have been prevented through the provision of AIDS medication.

However, it could have been different. Geffen (2010: 2) points out that, as far as public record shows, Mbeki "was not always a denialist". Mbeki, then deputy president of South Africa, said the following on behalf of President Mandela in October 1998:

> HIV/AIDS is among us. It is real. It is spreading. We can only win against HIV/AIDS if we join hands to save our nation. For too long we have closed our eyes as a nation, hoping the truth was not real. For many years, we have allowed the H-I-Virus to spread, and at a rate in our country which is one of the fastest in the world. Every single day a further 1 500 people in South Africa get infected. To date, more than three million people have been infected (Geffen, 2010: 2).

The main motivation for this study, therefore, stems from findings that Mbeki and his government's HIV policy caused the death of thousands of people. How the media reported on this international health and human rights matter is thus investigated.

1.2 The aim of this study

The observation outlined above determines that the primary aim of this study is to assess the South African media's reportage on HIV during Mbeki's Presidency (1999 to 2008), as well as to follow the government's trail of dissidence during this period.

The purpose of this research is to study media content to obtain a historical perspective on how, in the words of the individual reporters interviewed here, some of the media experienced and reported on the subject of HIV in order to discover how the media felt about and reported on Mbeki's HIV policy.

1.3 An indication of how the research idea evolved from preliminary reading

Galloway's research followed HIV and AIDS journalism in South Africa in 1999 and 2000 (Galloway, 2001). Malan's research followed HIV and AIDS journalism up until 2002 (Malan, 2003). Both of these researchers focused on controversial events or incidents surrounding HIV and AIDS during Mbeki's Presidency and how the media reported on them. Galloway found that there was much room for improvement for

journalists and made suggestions on how to bridge the gap between the current practice and a more ideal approach (Galloway, 2001). Malan's thesis examined the politics surrounding the science of AIDS and how the news media covered the process (Malan, 2003).

These research findings encouraged the researcher to follow the further trail of HIV journalism up until 2008, when Mbeki stepped down from the Presidency, and also to research how the media reflected the controversy and felt about Mbeki's HIV policy.

1.4 Introducing the research design for the study

1.4.1 The overarching paradigm of this research

The dominant perspective expressed in this study is that the media have a surveillance function upon which the public relies to expose violations of the moral and social order. According to Fourie (2001: 276), the media have a surveillance role to act as a watchdog, especially in developing countries (like South Africa), and this causes the media to be unpopular with the government.

The South African media and the functions of the press are dealt with in the next chapter. It therefore is sufficient to mention at this point that although research shows (Fourie, 2003; Bolognesi, 2006) that the South African AIDS context demands a socially responsible role to be played by journalists, it also provides unique challenges for health reporters to offer a fair yet socially responsible window on the Mbeki government's HIV policies.

1.4.2 Overview of the methodology

The research method employed in this study was an analysis of media content in order to answer the question: How did the media report on Mbeki's HIV policy? Furthermore, what were the main characteristics of their reporting during the period under review?

The primary method of data collection was content analysis: a structured study of media reports on HIV and AIDS from 1999 to 2008, clustering around certain events and incidents. Parker, Dalrymple and Durden (1998) state that articles on HIV and AIDS usually focus on events, statistics, legal aspects, funding and treatment. The researcher therefore chose key events or incidents that sparked a lot of media reporting during that time. These "key events" will be dealt with in Chapter 2, where the researcher will draw a chronology of Mbeki and his government's dissidence and discuss their lack of providing a proper AIDS treatment programme during Mbeki's Presidency.

After completion of the content analysis, a qualitative analysis in the form of questionnaires sent to health journalists who reported on HIV and AIDS during this period was undertaken.

1.5 Overview of the remainder of the thesis

The following chapter consists of a detailed literature review of the issues pertinent to this research. The review further contextualises the research problem and provides a theoretical framework.

A brief chronology of all the events indicating the HIV dissidence of President Mbeki and his government provides a useful foundation for understanding the government's responses to the epidemic, as well as the media coverage during this period.

An overview of South African AIDS statistics, as well as a closer look at the two independent studies that were a motivation for this study, is then given.

A definition of basic media theories and the identification of gatekeeping and framing also provide a framework for the content analysis of the media coverage during Mbeki's Presidency.

Chapter 3 examines the understanding of HIV and AIDS by the South African public by looking at the various factors influencing this understanding.

Chapter 4 investigates the South African government's courtship of pseudoscience by looking at how Health Minister Manto Tshabalala-Msimang and Mbeki supported pseudoscience, such as in the Virodene affair, and pseudoscientists like Matthias Rath and Tine van der Maas. The chapter investigates the consequences of this support and the direct consequences of state support for pseudoscience.

In Chapter 5 the media coverage of the AIDS crisis from 1999 to 2008 is investigated, and conclusions are drawn. This is followed by a discussion of the qualitative questionnaire sent out to health journalists who reported on the pandemic during the period under discussion.

2 Literature review

2.1 Following the trail of dissidence and government HIV policy

"Access to appropriate public health practice is often determined by a small number of political leaders. In the case of South Africa, many lives were lost because of a failure to accept the use of available ARVs to prevent and treat HIV/AIDS in a timely manner" (Chigwedere *et al*., 2008: 414).

This study is based on the premise that the Mbeki government did not do everything in its power to address the AIDS crisis, as stated by Chigwedere *et al*. (2008). According to a study from 2004, three events especially show that Mbeki's position on AIDS influenced the course of the AIDS policy process:

1. By saying that ARVs were toxic, the policy implementation was delayed until 2001, when the High Court ordered the provision of treatment only at pilot sites.

2. Mbeki questioned the cause of AIDS and argued that if poverty was the main problem, ARV medication was not the answer.

3. Mbeki questioned whether HIV was the reason for the most deaths in South Africa (Salcedo, 2004: 37-38).

The researcher feels it necessary to present a brief chronology of all the events indicating the HIV and AIDS dissidence of Mbeki and the South African government and their lack of providing a proper AIDS treatment programme (or delay thereof) during his Presidency. This could be useful in understanding the government's responses to the epidemic.

1997: When Mbeki was still deputy president, he promoted "research" on the use of the toxic "drug" Virodene that "contained an industrial solvent which caused severe liver damage'' before any scientific peer review of the drug was undertaken (Jacobs & Johnson, 2007: 7; Palitza *et al*., 2010: xii). Mbeki unleashed a political storm when he played a prominent role in attempts to fast-track the registration of this widely

condemned “cure for AIDS” that was “found” by a team of Pretoria University researchers (Malan, 2003: 63).

1998: In late 1998, then Health Minister Dr Nkosazana Dlamini-Zuma announced that all projects providing AZT, a type of antiretroviral drug, to HIV-positive pregnant women would be discontinued and that she and the nine provincial health MECs would instead be concentrating on prevention, firstly insisting that the government could not afford to finance programmes (Nattrass, 2007: 45) and, secondly dismissing a study “that demonstrated that short courses of various anti-aids drugs, including AZT, were viable options for the reduction of MTCT” (Malan, 2003: 67).

On 1 December the Treatment Action Campaign (TAC) was formed, in response to Dlamini-Zuma’s decision to end MTCTP pilot projects, which “was the final straw for many AIDS activists” (Nattrass, 2007: 45). According to Nattrass (2007: 45), the TAC was formed to “campaign for greater access to treatment for all South Africans, by raising public awareness and understanding about issues surrounding the availability, affordability and use of HIV treatments”.

1999: Mbeki became president of South Africa in May 1999 (Jacobs & Johnson, 2007: 7). He then appointed Manto Tshabalala-Msimang as minister of health, replacing Nkosazana Dlamini-Zuma, which meant that “government started to take an even stronger stance against ARVs (Palitza *et al*., 2010: xiii). Mbeki withdrew government support from Gauteng clinics that had begun using “zidovudine (ZDV or AZT)” for the prevention of mother-to-child transmission (PMTCT) (Chigwedere & Essex, 2010: 1). In October he addressed the National Council of Provinces about the high incidence of rape. When the TAC called for AZT to be made available to pregnant women he vetoed the idea, saying “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” (Geffen, 2010: 40).

2000: This was an eventful year in terms of dissident activities. In January there were reports that Mbeki was in contact with David Rasnick, a chemist and AIDS dissident who claimed that HIV was not infectious. Rasnick said that the president personally telephoned him to tell him that he was planning a "public airing of issues such as whether AIDS is sexually transmitted and whether HIV causes AIDS" (Schoofs, 2000, as cited by Bolognesi, 2006: 25). In February, Tshabalala-Msimang revealed that she had rejected two reports by the Medical Control Council (MCC) that concluded that the benefits of AZT outweighed the risks (Nattrass, 2007: 187). In March Mbeki publicly questioned whether or not HIV causes AIDS (Bolognesi, 2006: 25) and, as a result, he convened a Presidential AIDS Advisory Panel to "shed light on the causes of AIDS" (Jacobs & Johnson, 2007: 7). The panel "comprised scientists who believed in the causal link between HIV and AIDS as well as the so-called 'dissidents' who did not" (Jacobs & Johnson, 2007: 7). In April, Mbeki sent a five-page hand-addressed letter to several First World state leaders describing the AIDS epidemic as a "uniquely African catastrophe" (Fox, 2000, as cited by Malan, 2003: 71).

Mbeki (2000) stated:

> Whereas in the West HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually. Accordingly, as Africans, we have to deal with this uniquely African catastrophe. It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV-AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical.

On 30 March the Health Minister announced that Nevirapine would not be offered in public hospitals until she had seen further research (Nattrass, 2007: 188). On 3 April, Mbeki wrote a letter to world leaders (Kofi Annan, Bill Clinton and Tony Blair) asking them "to revisit the issue of AIDS in Africa and defending the AIDS denialists" (Nattrass, 2007: 188).

In July 2000, Tshabalala-Msimang rejected an offer from Boehringer Ingelheim to provide Nevirapine free of charge for government's MTCTP programmes for a period of five years (Nattrass, 2007: 188). On 9 July, during the 13th International AIDS Conference in Durban, Mbeki referred in his opening address to poverty, and not to HIV, "as the root cause of the growing AIDS epidemic in sub-Saharan Africa" (Collins, 2000, as cited by Malan, 2003: 76). During the same conference, ground-breaking results were announced for studies on Nevirapine, a drug that combats MTCT transmission at a much cheaper rate than AZT, and the manufacturer – Boehringer and Ingelheim – offered a free five-year supply. Once again the government rejected anti-AIDS drugs (Malan, 2003: 77). In September, Dr Manto Tshabalala-Msimang circulated a chapter from a conspiracy book, *Beyond the pale horse*, by William Cooper, who claimed that AIDS was a conspiracy designed to kill Africans (transcript of John Robbie on Talk Radio 702, as cited by Malan, 2003: 77).

On 21 September, Mbeki told parliament that government policy was based on the thesis that HIV causes AIDS, but he also said that "a virus cannot cause a syndrome" and warned members of parliament about taking ARVs (Nattrass, 2007: 189).

2001: On 24 April, Mbeki said on television that he would not have an HIV test because then he would be confirming a particular paradigm (Nattrass, 2007: 190). In August he sparked off a debate over AIDS death statistics when he used 1995 World Health Organization (WHO) statistics to claim that, because only 2,2% of recorded deaths are listed as caused by AIDS, social and health policy priorities should be re-evaluated (Nattrass, 2007: 190). In September Mbeki dismissed the results of a Medical Research Council (MRC) report that found HIV to be the single biggest cause of death in South Africa (Fine, 2001, as cited by Malan, 2003: 79). The TAC took court action to force the government to provide Nevirapine to HIV-positive pregnant women, but the state argued that it already had 18 pilot sites and – once again – questioned the safety of the drug (Malan, 2003: 80).

2002: In July the Constitutional Court ordered the state to make Nevirapine available, and when the announcement was made at the 14th International AIDS conference, Tshabalala-Msimang said to a health correspondent "... the High Court has decided the constitution says I must give my people a drug that isn't approved by the Food and Drug Administration in the United States (FDA). I must poison my people" (Garret, 2002, as cited by Malan, 2003: 82).

At the same conference Mbeki obstructed grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria for AIDS treatment (Chigwedere & Essex, 2010: 237). In October the Cabinet announced its plan to implement MTCTP, but despite the statement the delay of MTCTP continued (Nattrass, 2004: 55, as cited by Salcedo, 2004: 35). In November, AIDS denialist Roberto Giraldo addressed the Department of Health on nutrition as a solution to AIDS (Nattrass, 2007: 191).

2003: In January, Tshabalala-Msimang invited Giraldo to address a meeting of Southern African Development Community Health Ministers (Nattrass, 2007: 191). On 14 February Mbeki mentioned AIDS only once in his State of the Nation Address, after he identified tuberculosis as the biggest killer in South Africa (Mbeki sê min oor vigs, Zim, 2003: 1). The government delayed a proper AIDS treatment programme and, also in February, Tshabalala-Msimang refused to sign the agreement on AIDS treatment negotiated by the National Economic Development and Labour Council (NEDLAC) (Salcedo, 2004: 36). The consequence of public pressure was a statement from government in August that they support ARV treatment, but instead of immediate provision they asked the Department of Health to develop a programme (Nattrass, 2004: 55, as cited by Salcedo, 2004: 35). The national PMTCT programme started late in comparison to Botswana, where it had already started in 1999 (Chigwedere *et al*., 2008: 2).

On 18 March the Health Minister praised Giraldo and advocated nutritional interventions for people with AIDS at a briefing to the parliamentary Health Portfolio Committee (Nattrass, 2007: 192). On 8 April Tshabalala-Msimang launched a racial attack on TAC

leader Mark Heywood at a welcome meeting for Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Nattrass, 2007: 192). On 25 September Mbeki told the *Washington Post*: "Personally, I don't know anyone who has died of AIDS. I really honestly don't" (Mbeki's AIDS comments defended, 2003).

2004: In Mbeki's State of the Nation Address he mentioned AIDS only once and said nothing of the rollout of antiretroviral drugs (Hartley, 2004: 9). The national ARV programme started in South Africa late in comparison to that launched by President Mogae of Botswana on 1 December 2001, which meant that there was already 85% ARV coverage by 2005 (Chigwedere *et al*., 2008: 2). Treatment guidelines were only issued in September (Palitza *et al*., 2010: xiii).

2005: In his State of the Nation Address, Mbeki mentioned South Africa's "comprehensive" AIDS programmes and the "greater vigour" with which the government was fighting AIDS, without acknowledging that ARV treatment targets had not been met (SA 'stepping up' AIDS fight, 2005). The national ARV programme was still progressing slowly and was only rolled out in March (Palitza *et al*., 2010: xiii). On 5 May, then Minister of Health Tshabalala-Msimang stated that it did not work just to "dish out" ARVs because they were available, but that raw garlic and the skin of a lemon would not only give you a beautiful face and skin – it would also protect you from disease (CNN, 2005, as cited by Bolognesi, 2006: 30).

In September, two AIDS denialists (Sam Mhlongo and David Rasnick) were invited to address the National Health Council to present the results of their unofficial clinical "trial" (Nattrass, 2007: 194).

2006: Tshabalala-Msimang promoted vitamins as an alternative to ARV at the International AIDS conference in Toronto (Chigwedere *et al*., 2008: 2). Geffen, who also attended the conference on behalf of the TAC, stated that the South African government's stand "featured garlic, lemons and African potatoes – the minister's idea for treatment for AIDS", without any sign of ARVs (Geffen, 2010: 72). In late 2006, Tshabalala-Msimang

was hospitalised for a liver transplant and her deputy, Nozizwe Madlala-Routledge, together with Deputy President Phumzile Mlambo-Ngcuka, took on the government's HIV policy and made a major attempt to bring the South African National AIDS Council (SANAC) back to life (Palitza *et al*., 2010: xiii).

From 2006 the AIDS policy started to change, as Nattrass (2008: 157) stated recently: "AIDS policy improved after the Deputy President was given responsibility for coordinating AIDS policy in 2006". In November Madlala-Routledge broke official orders and spoke to an international publication, blaming AIDS policy failures on "denialism at the highest level" (Bevan, 2006).

2007: In March the government launched its progressive HIV and AIDS and STI Strategic Plan for South Africa, "indicating an important shift in its health policy" (Palitza *et al*., 2010: xiv).

2008: The new era of HIV policy did not last long because Madlala-Routledge was fired and Tshabalala-Msimang was reinstated. However, Tshabalala-Msimang lost her post to Barbara Hogan when Kgalema Motlanthe was appointed to finish Mbeki's presidential term (Palitza *et al*., 2010: xiv).

The above overview gives an idea of how a head of state turned his back on science and turned to dissident views, even though it caused an international public outcry.

2.2 South African HIV statistics

According to estimates released by the United Nations in 2006, "Africa remains the global epicentre of the AIDS pandemic", and South Africa's AIDS epidemic, "one of the worst in the world", was not showing any evidence of decline (UNAIDS, 2006: 6). In 2005, 5,5 million people were living with HIV in South Africa. A total of 18,8% of adults between the ages of 15 and 49 and almost one in three pregnant women attending antenatal clinics had the virus (UNAIDS, 2006: 7).

In February 2005, Statistics South Africa released the report, *Mortality and Causes of Death in South Africa from 1997 to 2003*. The results of the report were based on a certain number of death certificates (Bolognesi, 2006: 12). An analysis of the report by the MRC showed that the greatest increases in deaths were in the age groups 0 to 4 and 25 to 49 years (Bolognesi, 2006: 13). According to the MRC, "HIV caused the deaths of 53 185 men aged 15 to 59 years, 59 445 women aged 15-59 years and 40 727 children under 5 years old in the year 2000-2001" (Noble *et al*., 2005, as cited by Bolognesi, 2006: 13). This means that 74% of deaths among children under five during this period were AIDS related (Medical News Today, 2005, as cited by Bolognesi, 2006: 13).

According to the United Nations' 2008 report, sub-Saharan Africa still remains most heavily affected by HIV, "accounting for 67% of all people living with HIV and for 72% of AIDS deaths in 2007", even though HIV prevalence has stabilised (UNAIDS, 2008: 7). According to the report, the number of children younger than 15 years living with HIV increased from 1,6 million in 2001 to 2,0 million in 2007. Ninety percent of these children live in sub-Saharan Africa. The rate of annual AIDS deaths among children has also begun to fall, however, due to treatment scale-up and PMTCT.

According to UNAIDS and WHO only 38% of those in need of ART were on treatment (National Communication Survey, 2009). According to the 2009 National Communication Survey, an estimated 50% of those in need of ART were being treated at the end of 2009.

A statistical report released by Statistics South Africa in 2011 showed that 5,26 million people were living with HIV in 2010, and the number increased to 5,38 million people in 2011 (Statistics South Africa, 2011: 5). The report also showed that the number of new HIV infections among the population aged 15 years and older was estimated at 316 900 for 2011, while new HIV infections among children (aged 0 to 14 years) was estimated at 63 600 (Statistics South Africa, 2011: 2). In 2010, 263 368 (44,4 %) AIDS deaths were calculated in South Africa, while there were 257 910 (43,6%) AIDS deaths in 2011 (Statistics South Africa, 2011: 7).

In 2009, 839 519 adults and 87 439 children were receiving ART, while research in 2010 showed that 1058 399 adults and 105 123 children were receiving ART (Statistics South Africa, 2011: 4).

The results from these various reports clearly indicate that:

- The death of children is slowly decreasing due to the rollout of PMTCT since 2003.
- ART treatment is increasing.
- Although Mbeki dismissed the results, HIV is the single biggest cause of death in South Africa.

2.3 Lives lost

Two independent studies calculated the South African lives lost due to the delayed rollout of highly active antiretroviral therapy (HAART) and PMTCT. Although the studies used different methods, the estimation of lives lost due to the lack of treatment are very similar.

2.3.1 Harvard School of Public Health Study

By using UNAIDS estimates of deaths to determine the number of people who were eligible but did not receive treatment, Chigwedere and colleagues from the Harvard School of Public Health determined that more than 330 000 lives, or approximately 2,2 million person-years, had been lost because of the delayed rollout of ARV treatment (Chigwedere *et al*., 2008: 410). By not implementing PMTCT, 35 000 babies were born with HIV, resulting in 1,6 million person-years lost. As a result, the total lost benefits of ARVs are at least 3,8 million person-years (Chigwedere *et al*., 2008: 410).

2.3.2 University of Cape Town Study

Nicoli Nattrass, founder of the AIDS and Society Research Unit at the University of Cape Town, analysed what would have happened if PMTCT had been rolled out in 1998 instead of in 2001, and if HAART had been rolled out throughout South Africa at the same rate as in the Western Cape Province (from 10% in 2000 to 65% in 2007). The Western Cape rollout was in defiance of national policy on ARVs (Nattrass, 2008: 157; Geffen, 2010). Nattrass found that about 171 000 HIV infections and 343 000 deaths could have been prevented between 1999 and 2007 (Nattrass, 2008: 157).

2.3.3 Implications

Chigwedere and Essex of the Harvard School of Public Health did another study recently and found the following key implications of the relationship between AIDS denialism and public health practice, as in the case of South Africa:

1. Mbeki and his government's denialism infiltrated South Africa's public health practice with tragic consequences: "Mbeki withdrew support from clinics that started using ARVs, restricted use of donated ARVs, obstructed Global Fund to Fight AIDS, Tuberculosis and Malaria grants, and generally delayed implementing a national ARV programme" (Chigwedere & Essex, 2010: 243).

2. Mbeki's denialism and policies led to more than 330 000 deaths and this certainly demands accountability.

3. AIDS denialists are dangerous to the general population because citizens are persuaded to follow risky behaviour and use ineffective alternative remedies (Chigwedere & Essex, 2010: 243).

Since these lives lost are no longer just an estimation, there has been an international public outcry and calls for Mbeki to be held accountable. Seth Kalichman of the University of Connecticut compared AIDS denialists to Holocaust deniers, and Edwin Cameron states in his book, *Witness to AIDS*, that letting AIDS patients die without medication is equivalent to those who kept quiet about the evils of Nazi Germany and

apartheid South Africa (Cameron, 2005, as cited by Chigwedere & Essex, 2010: 243; Kalichman, 2009, as cited by Chigwedere & Essex, 2010: 243). Zackie Achmat, leader of the TAC, has called for Mbeki to be summoned before a judicial enquiry like the Truth and Reconciliation Commission (Plaut, 2008).

Defiant medical practitioners are disciplined by medical societies and deregistered by states, but accountability seems absent in public and global health (Chigwedere & Essex, 2010: 244). Thus, AIDS denialism in South Africa has exposed the deficiencies of public health, and the need for accountability and public health reform (Chigwedere & Essex, 2010: 244).

2.4 Mbeki and his government's communication on HIV: South African research

The researcher examined a range of local research that was done on the political communication from the Mbeki government regarding HIV.

A study (*Telling the story of the century – How are journalists coping with reporting on HIV/AIDS in South Africa?*) published by Galloway in 2001 presents a bird's eye view of the state of South African journalism on the AIDS epidemic. Although the focus of the study was how the journalist portrayed the message, the author also found the following "mixed messages" from the government:

> At the height of the events, health care providers were reporting that some patients were returning to high-risk behaviours, including breastfeeding and unsafe sex, because they were confused by the government's message on whether AIDS was infectious or not (Galloway, 2001: 58).

Galloway also believes that the biggest HIV story of 2000 was probably the Mbeki/dissidents controversy, because:

> When a president of a country facing an AIDS crisis of unprecedented proportions appears to side with a controversial minority scientific viewpoint that has been discredited and ignored by the majority scientific community for years, the press will have a field day (Galloway: 2001: 56).

In a study published in 2003, Fourie focused on HIV journalism in South Africa and urged South African journalists to be more "sensitive" and to try to inform but also empower readers. Fourie mentioned that, at that time, the government was "still debating whether HIV causes AIDS" and wondered what to do or waited for the court to tell them what to do regarding HIV and AIDS (Fourie, 2003: 46).

In another study in 2003, Malan looked at the scientific politics of HIV and AIDS from a media perspective – from the discovery of HIV up until Mbeki's controversial contentions (Malan, 2003). Malan found that the South African media were completely unprepared for the dissident debate and that the government often branded criticism as racist and unpatriotic, with journalists suffering regular intimidation by government.

A 2006 thesis, *The media management of Nevirapine: content, causes and consequences*, briefly looked at a chronological overview of Mbeki's AIDS dissidence and found "how a lack of appropriate leadership in the midst of a national health crisis has opened the stage to many players who pontificate on the drug for political gain. These players, among them AIDS dissidents, are intent on setting their own agendas and operate from a poor scientific knowledge base, creating confusion amongst the community…" (Bolognesi, 2006: 24).

In 2004 the Wits University Journalism Programme and the Perinatal HIV Research Unit undertook a joint study on the factors influencing the shaping of the representation of conflict around HIV policy in the South African media. Focusing on the media, the study found that "there is an absence of a broad analytical role played by the press" and that it has failed as a "pro-active, interlocutor in the conflict" (Finlay, 2004: 29). The study also

found that government's communication patterns are frequently out of step with the information needs of journalists.

A 2007 study titled "*Media, social movements and the state: competing images of HIV/AIDS in South Africa*" found that the media focused primarily on the conflicts surrounding HIV and AIDS and did not reflect the urgency of the crisis. It was also found that Mbeki's framing of the AIDS crisis had a censoring effect on the media (Jacobs & Johnson, 2007: 1).

2.5 The media

2.5.1 The power of the media

De Beer (2003: 128) explains the important role that mass media play in modern day societies:

> Mass media plays a vital role in modernist societies and in the surrounding global culture, which makes it a backbone of persuasive cultural environment – the media has influence. The influence is greater than before, because 'media reality' has to a large extent taken over from 'conceptual reality'.

According to Bolognesi (2006: 31), the media have a lot of influence and are very important within the context of the management of issues "which relate to basic human rights in developing countries such as South Africa". Bolognesi further argues "that nothing should stand in the way of the most basic of all human rights, the right to good health", and therefore the South African media carry a particular responsibility in this regard. Lynn Dalrymple, HIV and AIDS communication researcher (cited by Galloway, 2000: 30), states:

> The general population in South Africa has grown up under a system that ensured that they would be poorly educated, particularly in scientific matters ... Many people do not have the skills to distinguish between sensationalist reporting and the factual matter ... so that everything that is read is taken as fact.

McQuail's functionalist theory on media and society states that "the more an audience is reliant on the mass media for information and the more a society is in a state of crisis or instability, then the more power the media are more likely to have (or be credited with)" (2000: 79). The lack of public knowledge of HIV, the lack of adequate science education at school and the enormity of the AIDS epidemic at the time of Mbeki's Presidency increase both the responsibility of the media in reporting on HIV and the reliance of the public on this reporting. However, the responsibility does not lie solely with the media, but also with the government and how it communicated about HIV during this time.

Having established the big influence of the mass media, a brief overview of the various theories of the press, the roles of the media and the news values they create is useful in providing a theoretical framework for a content analysis of the media as reflected in their reporting on HIV.

2.5.2 The function of the media: press theories and the roles of the media

According to Fourie (2001: 265), the bottom line of functionalism is that the media in society form a powerful socialisation instrument that should function towards integration, harmony and cohesion, whether it is through the information, education and/or entertainment they provide. However, Fourie (2001: 265) argues that many functionalist models are simplistic and do not provide for other manifestations of the media, especially when it comes to the political functions of the media.

Some of the main objections to functionalism are that it often:

- Tends to overlook the fact that the media do not necessarily have the same functions for the same people or groups in society.

- Fails to adequately account for social change and transformation. This means that these media functions might be dysfunctional in societies that are in a process of change, development and transformation, which is applicable in South Africa's case.

- Tends not to acknowledge the importance of the social, political and cultural context (O'Sullivan *et al.*, 1994: 95-96).

Nevertheless, McQuail (2000: 79-80) argues that functionalist models provide us with "basic ideas" about the role of the media in society. According to Fourie (2001: 269), recently revised theories of the press place media tasks in two categories: the normative and sociological category which deal with the subjective viewpoints of elite players (such as cabinet ministers and government officials) and the objective category within society respectively. Fourie urges that we should distinguish between the "ideal" role of the media in society (openly normative theories), and the "real" role of the media (sociological) in society.

Fourie (2001: 270-275) draws from Roelofse (1996) and McQuail (1987) to provide an overview of the normative theories (ideal role):

- The authoritarian theory assumes that the media should do nothing to undermine vested power and interests; they should be subordinate to vested power and authority. This means that censorship is justified and that editorial attacks on government should be regarded as criminal offences.
- The libertarian theory claims that people are rational beings capable of distinguishing between truth and falsehood, and between good and evil. The media should be free from external censorship, publication and distribution should be accessible to any individual or group, editorial attacks on government should not be punishable and there should be no coercion to publish anything.
- The social responsibility theory is based on the assumption that the media have an important function in society, especially with regard to supporting democratic political principals. This entails that the media are under obligation to fulfil their social functions and should meet certain standards.

- The Soviet communist press theory has no profit motive. The media should act in the interests of and be controlled by the working class and should not be under private control.
- The development theory is based on developing countries that advocate the positive use of the media to promote national development.
- The democratic-participant theory is primarily a reaction to the trends towards commercialisation and monopoly formation in privately controlled mass media and towards centralisation and bureaucratisation in public broadcasting. This means that the media and the content of messages should not be influenced by political or bureaucratic control. In general, social needs are neglected.

According to Fourie (2001: 275-276) the above normative theories were revised and it is proposed that, instead of formalising specific theories to classify the role of the media system, one should rather classify the kind of arguments about media roles or functions within the framework of a specific paradigm:

- The liberal-individualist paradigm, where the role of the media is to contribute to and uphold democracy. This means the government should have a minimal role in the media.

- The social responsibility paradigm, where the role of the media is to contribute to the upliftment of society and its citizens.

- The critical paradigm, where the media should question prevailing and oppressive ideologies.

- The administrative paradigm, where the emphasis is on the efficient transmission of reliable information to all sectors of the public.

- The cultural negotiation paradigm, where the emphasis is on the rights of subcultures and a real sense of community.

Fourie (2001: 276) states that these paradigms lay the foundation for the roles the media can play:

- Collaborative: a role the media play when a nation-state is young and insecure. In other words, the media collaborate in the development of ideals, nation building and national interest. This is the role the SA government wanted the media to play.

- Surveillance: the media play an adverse role, act as a watchdog and agenda-setter. The media expose violations of the moral and social order. This is usually the role played by the media in developed countries and often the reason for its unpopularity with governments. This also was the role played by the majority of media when reporting on HIV during Mbeki's Presidency.

- Facilitative: the media seek to create and sustain public debate. This is the essence of the public or civic journalism movement.

- Critical/dialectical: journalists examine in a truly radical way the assumptions and premises of a community. The media's role is to constitute public debate about, not within, the prevailing political order.

2.5.3 Gatekeeping and framing

According to Bolognesi (2006: 36) news values are determined by the players in the production of news. These players include media owners, editors, journalists and sources (in this case Bolognesi proposes the government, especially President Mbeki and his Health Ministers, as players). Driven by their news values the players will select (gatekeep) news items and frame the item in a particular way and thus set the agenda for the public. Gatekeeping can be defined as "... the process through which certain information passes a series of checkpoints (gates) before being finally accepted as news material ... As a result, readers, viewers and listeners are presented with only part of daily reality" (Bolognesi, 2006: 36).

Oosthuizen (2001: 205) states that the reason why journalists focus on the elite as both objects and sources of news is because "some sources are also more powerful than others

or they have more bargaining power because of their status, market dominance or intrinsic value". According to McQuail (cited by Oosthuizen, 2001: 205), the danger then is that news "is often what prominent people say about events rather than reports of the events themselves". Oosthuizen (2001: 204) points out that this is how an authoritative source of news like a political leader often acts as a gatekeeper of news.

Therefore the researcher assumes that President Mbeki and especially his Health Minister, Manto Tshabalala-Msimang, often were gatekeepers of news, and as a result journalists were rather reporting on what they said than reporting on the AIDS epidemic. In addition to sources, media owners may define broad guidelines that determine the style of journalism used by journalists, but they seldom exercise direct control over specific news stories (Oosthuizen, 2001: 197).

2.5.4 The media in South Africa

South Africa has an eclectic mix of media models. The South African Broadcasting Corporation (SABC), the state-owned public broadcaster, follows the developmental journalism model with its focus on nation building (Froneman, 2004, as cited by Swanepoel, 2005: 12). According to Fourie (2001: 274), the developmental model implies that the media must promote national development, autonomy and cultural identity. The most important principles are that the ideals of economic development should be emphasised and that certain liberties of the media should be made subordinate to the achievement of these ideals. At the same time, common objectives are given priority over individual freedom. According to Hachten (1992: 35), a development concept holds that:

- All the instruments of mass communication must be mobilised by the central government to aid in the great task of nation building.
- Authority should be supported, not challenged, therefore there is no place for dissent or criticism, which means that freedom of the press is restricted to the development needs of society.

- Information is the property of the state and the flow of power between the governors and the governed works from the top down, as in traditional authoritarianism.
- Individual rights of expression are somewhat irrelevant in the face of problems like poverty, disease, etc.
- In international news, each nation has a sovereign right to control both foreign journalists and the flow of news back and forth.

According to Bolognesi (2006: 43), "the collaborative role of the press must become a more substantial element of South African media policy if citizens are to become empowered enough to build up their spirits and their nation".

However, Fourie (2001: 269) argues that the "power that governments claim for themselves usually conflicts with the democratic right of freedom of speech, a right which is important to newspapers as it enables them to perform their functions properly".

The SABC's reporting was in flux during Mbeki's reign. A journalist for the SABC during the period from 1999 to 2002 stated that she filed "critical after critical report about both Manto and Mbeki", which meant that a surveillance role was being followed, although she had to bypass management and liaise closely with her editor to ensure her critical reports were broadcast (Journalist A, Personal communication, 31 July 2012). The journalist felt pressure from management to follow a development role when she tried to file a critical report for the TV evening news bulletin, including comments from AIDS activists, when Mbeki did not turn up for a World AIDS Day event. She suspected that someone from government phoned Snuki Zikalala, head of news, which led to Zikalala entering the studio and forcing the journalist to remove the activists' comments.

On the other hand, newspapers like *Die Son* and *Daily Sun* function within a libertine model, which means that all forms of governance are rejected and freedom of the press

is of the utmost importance (Froneman, 2004, as cited by Swanepoel, 2005: 13). Some of the English media operate from the social responsibility paradigm, which endorses self-regulating principles. In the social responsibility model, the media also have certain responsibilities towards society, which are met through high professional standards, truth, accuracy, objectivity and balance by means of self-regulation, and not through government intervention as in the development model (McQuail, 1987: 117). According to McQuail (2000: 150), the social responsibility model is best suited for HIV reporting because of the focus on self-regulation, high professional standards and accountability.

The *Mail & Guardian* took on a surveillance role in the social responsibility paradigm by constantly acting as a watchdog in exposing violations of the moral and social order. An example was the newspaper's reporting on the debate that the government's rollout of ARVs was too slow. On 12 July 2004, the TAC's report on the status of the ARV rollout was published in the *Mail & Guardian* under the headline, "Slow road to drugs rollout" (Hassan, 2004).

Drawing on Fourie's roles that the media can play (2001: 276), the researcher found that *The Sowetan* fulfilled a collaborative role in relation to the government's ideals when reporting on HIV. While most South African media took a critical stance towards Mbeki and his government's dissident views, the newspaper formed an in-house journalist committee to establish whether Mbeki had indeed said that HIV did not cause AIDS (Malan, 2003: 94). By doing this the publication chose to support the government and its ideals. *The Citizen* also played a collaborative role when AIDS dissident editor Martin Williams wrote an editorial supporting President Mbeki's HIV dissidence views and published various HIV dissident opinions (Williams, 2000).

2.5.5 Mbeki and his government's view on reporting

A new media policy, which would operate from a socially responsible paradigm, was encouraged during the time of Mbeki's Presidency. On 29 November 2000, Dr Essop Pahad, Minister in the Presidency from 1999 to 2008, introduced the Media Development

and Diversity Agency (MDDA) during a conference for government communicators (Swanepoel, 2005: 12). According to Pahad, the participatory approach is part of the character of the MDDA and the agency was established on the recommendation of Comtask, the government's communications task group, "to act as a catalyst for further development and diversification of the entire media industry of this country" (Swanepoel, 2005: 12).

Khanyi Mkoza (2004: 116), chairperson of the MDDA, explained participatory communication as follows:

> It takes into consideration the views and input of the receiver of information. It initiates an inquiry process leading to sharpened consciousness of social, human and political developments. This type of inquiry encourages people to want to be part of the development and transformation process. Participation is the key element to awakening people's desire to assess their problems critically, to ask why these problems occur and how to overcome them using their own wisdom, experience and knowledge.

According to McQuail (1987: 120), participatory communication is at the heart of the development journalism model, which explains why the MDDA was formed. Bolognesi (2006: 40) says that, in spite of development journalism's nation-building attributes, it must be approached "with caution and implemented with balance in order to avoid the risk of sunshine journalism". Bolognesi (2006: 41) also warns that government control within the model of developmental journalism would compromise the "conscience of our society and threaten the very ideal of democracy".

Fourie (2001: 274) defines development theory as the right of government "to intervene by restricting and censoring the media. State subsidies and direct control are therefore justifiable".

Such government control would certainly threaten "the very ideal of democracy". Within this theoretical context, and within the context of this study, the South African government therefore would enjoy free political exploitation of HIV and AIDS. According to Charlene Smith, a South African freelance journalist who was raped in 1999 and announced it publicly herself, President Mbeki tried to restrict and publicly criticised her after she campaigned that ARVs should be given to rape victims for free. She wrote a number of articles in the local and international media on the subject (Smith, personal communication, 20 May 2011). Smith (2011) also said that Mbeki claimed that she "was leading the media conspiracy against him". Smith wrote in her book, *Proud of me: speaking out against sexual violence and HIV*:

> The virus (HIV), and its spread, is a lot more than just another disease. Its eradication does not depend only on the development of a vaccine. It is a disease that will come under control only when social relationships are reformed. But those who say as much publicly in South Africa have experienced direct attacks from President Thabo Mbeki (Smith 2001: 268).

Smith was publicly attacked by Mbeki and Dlamini-Zuma on various occasions. She was first attacked by Dlamini-Zuma in May 1999 (a month after she was raped) in a press release in which the minister stated that Smith was in the pay of pharmaceutical companies because she was the first person to call for post-exposure prophylaxis (PEP) after rape (Smith, personal communication, 20 May 2011). In December 1999, Mbeki said in parliament that Smith's call for ARVs was wrong and that ARVs are toxic (Smith, 2011). In July 2000, Mbeki publicly criticised Smith at the International AIDS Conference in Durban (Malan, 2003: 94). Just before the conference, Mbeki corresponded with then opposition party leader Tony Leon because he was outraged about a *Washington Post* article written by Smith. Mbeki accused her of being "sufficiently brave or blinded by racist rage" (Malan, 2003: 97). Mbeki's rage against Smith resulted in the following:

> 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, instead of a documentation of the latest advances in HIV and AIDS research' (Mbeki's man in AIDS plea, 2000: 1, as cited by Malan, 2003: 98).

Smith was not the only journalist who experienced criticism and even restriction by government after she filed a story on the same MRC report (that found AIDS to be the single biggest cause of mortality in South Africa) referred to by Smith in her *You* magazine article (Malan, 2003: 107). A reporter of *The Star*, Lynne Altenroxel, wrote in an article 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" (the government had put a hold on the controversial MRC report's release date because they doubted the findings, but someone leaked it to the media, raising the fury of the Health Minister and the President and resulting in their denial of the results) (Altenroxel, 2000: 1, as cited by Malan, 2003: 107).

Malan, a journalist for the SABC from 1999 to 2002, indirectly experienced restriction by government when she wanted to report on Mbeki not turning up at a World AIDS Day gathering, with HIV activists' comments on this (Malan, personal communication, 31 July 2012). According to Malan, after she had done a radio report and wanted to file a report for the evening TV news bulletin, Snuki Zikalala, head of news, came into the studio and forced her to remove the comments by activists, stating: "It's unfair to criticise the president while he's not in the country". She suspects Zikalala had probably received a call from someone in government.

Roelofse (1996, cited by Fourie 2001), explains this relationship between government and the media as follows: "... since government generally have the power to restrict newspapers' criticism of government, and since the press usually assumes a surveillance

role on behalf of society, tensions and conflicts between these two institutions are natural to be expected".

2.6 Overview of the main findings in the literature review

A summary of the main findings drawn from the literature review is essential to highlight the main issues in order to provide a framework for the content analysis of media reports during Mbeki's Presidency. These are the following:

- Two recent studies have shown that Mbeki's denialism and HIV policy led to more than 330 000 deaths.
- According to media studies, media reporting from 1999 to 2008 focused on conflicts surrounding HIV and AIDS, and Mbeki's framing of the crisis had a censoring effect on the media.
- These findings are alarming if you consider the big influence the mass media have in a state of crisis and instability, like that created by the AIDS epidemic, and in a society that is generally poorly educated.

3 Public understanding of HIV and AIDS in South Africa

3.1 Public understanding of science

In 1985 an ad hoc group set up by the British Royal Society, the oldest national scientific society in the world, stated in its report entitled *The public understanding of science* that "our national prosperity depends on science understanding" and that the improvement of science understanding is not a luxury but "an investment in future" (Broks, 1996, as cited by Gething, 2001: 40). Public science literacy is increasingly being recognised as an important component of long-term social and economic growth, of effective citizenship and of being better equipped for life in an advanced society (Evans and Durant, 1989, as cited by Pouris, 1991; National Science Board, 1989, as cited by Pouris, 1991).

A proposed definition of science literacy includes four elements: (a) knowledge of basic textbook facts of science; (b) an understanding of methods, such as probability reasoning and experimental design; (c) an appreciation of the positive outcomes of science and technology for society; (d) the rejection of "superstition" (Miller, 1983, 1992, as cited by Bauer, 2008: 115).

According to Bauer (2008: 115), scientific literacy is necessary because of the following factors:

1. Science education is part of basic literacy in reading, writing and numeracy.

2. Science literacy is a necessary part of civic competence.

Bauer explains that, in a democracy, people take part in the political decisions, but these decisions are only effective if "he or she is familiar with the political process" (Althaus, 1998, as cited by Bauer, 2008: 115). According to Bauer, the same concept applies to scientific literacy: "The assumption is that scientific as well as political ignorance breeds alienation and extremism, hence the quest for 'civic scientific literacy'" (Miller, 1998, as cited by Bauer, 2008: 115).

The British Council Global Education Darwin Survey (2009) surveyed over ten thousand adults from ten countries (Argentina, China, Egypt, India, Mexico, Russia, South Africa, Spain, Great Britain and the USA). These adults were questioned on their views on the statement, "enough scientific evidence exists to support Charles Darwin's theory of evolution". The results show that the majority of adults in these countries had heard of Charles Darwin and knew at least a little bit of his theory of evolution, with the highest levels of knowledge being found in Great Britain, the USA, Mexico, Argentina, China and Russia. In contrast, 73% of adults surveyed in South Africa had never heard of Charles Darwin or of his theory of evolution.

The first study on public science literacy in South Africa was undertaken in 1991 (Pouris, 1991: 358-359). This survey, conducted among 1 300 people, found that 32% of the respondents indicated that astrology was very scientific, while 31% indicated that it was "sort of scientific". Seventy-two percent believed that science makes our lives comfortable, and 66% believed that because of science the world is a better place. However, 71% of the respondents said that "we depend too much on science and not enough on faith".

In a recent South African study (Claassen, 2011), the statement "the South African public is gullible about much science news, easily believing in miracle cures or solutions to difficult problems" was given to 360 journalists and 740 scientists to determine their agreement or disagreement. Thirty-seven percent of the journalists and 31% of the scientists strongly agreed, whereas 52% of the journalists and 51% of the scientists somewhat agreed. As part of the same study, Claassen sent a set of questions to South African journalists, and the answers "show in some sense the ignorance of journalists about evidence-based science" (Claassen, 2011: 358). In this survey, 65% of the journalists believed that science had established that cold fusion is possible, 49% did not know or have an opinion on whether lead causes mental impairment, 11% did not know that cholesterol causes heart attacks, and as many as 9% of journalists did not know that HIV causes AIDS.

Bucchi (2004) highlights the importance of better communication between journalists and scientists, and that scientists communicating their findings through the media is an important aspect of the public's understanding of science. Claassen (2011: 353) explains that it is only a "sound relationship" between scientists and the media that can better the public understanding of science. The following findings by Claassen (2011) on the media and scientists in South Africa are highlighted (Sections 3.1.1. and 3.1.2 below).

3.1.1 Media in South Africa

In South Africa the media do report on science, but not in a structured media environment. Only one publication, the daily newspaper *Business Day*, has a structured science desk, managed by a science editor with a team of trained science journalists (2011: 352). The status of science reporting in South Africa needs urgent attention because science journalists are untrained and are mostly scientifically illiterate (2011: 363).

3.1.2 Scientists in South Africa

The survey results, from the scientists as well as the journalists, showed that scientists are significantly unwilling to communicate with journalists (2011: 362). More than 12% of scientists (one in eight of 740 scientists) were "not at all willing" to "take a course that would help you communicate better with journalists and the public", and nearly 13% were "not at all willing" to "have a continuing series of visits and conversations with a member of the news media" (2011: 362). When journalists were asked "How accessible do you generally find scientists, engineers and members of allied professions?", only 13% regarded them as "very" accessible (2011: 362).

Bucchi (2004: 108-109) defines this attitude among scientists as the "diffusionist conception":

> ... indubitably simplistic and idealized, which holds that scientific facts need only be transported from a specialist context to a popular one, is rooted in the professional ideologies of two of the categories of actors involved. On the one

> hand, it legitimates the social and professional role of the 'mediators' – popularizers, and scientific journalists in particular – who undoubtedly comprise the most visible and the most closely studied component of the mediation. On the other hand, it authorizes scientists to proclaim themselves extraneous to the process of public communication so that they may be free to criticize errors and excesses – especially in terms of distortion and sensationalism. There has thus arisen a view of the media as a 'dirty mirror' held up to science, an opaque lens unable adequately to reflect and filter scientific facts.

3.2 The problem with textbook science versus frontier science

Claassen refers to Bauer's definition of the difference between textbook science and frontier science (Bauer, 1992: 37, as cited by Claassen, 2011: 355) as:

> Textbook science is the settled scientific knowledge on which (in natural sciences) one can build one's own work. In contrast, frontier science is science as it is actually being conducted. Its results have just been obtained, they are uncertain and unconfirmed.

According to Claassen (2011: 355), journalists often fail to make a distinction between textbook science and frontier science "when complex research findings are reduced to misleading headlines and reports that deductions which are either exaggerated or blatantly wrong". Malan (2003: 86) states that some journalists reported on Virodene, which was claimed to be a "cure" for AIDS in 1997 but turned out to contain a highly toxic industrial solvent, as a potential cure for AIDS because "virtually no reporters" had a scientific background at that stage.

Claassen (2011: 355) provides another example why journalists often fail to make a distinction between textbook science and frontier science and states why this confuses the public:

> In the medical field, the media quite often report on medical research findings published in scientific magazines in a sensational way, as if the final word has been spoken about, for example, the causes of cardiovascular disease or cancer. Frontier science is thus presented by the media as textbook science, only to be refuted a few months later by a contradictory report. This confuses the public, whose main source of information is the media and not scientific publications.

According to Claassen (2011: 355) the problem lies with the media as well as with scientists, because the media "do not understand scientific research as a long process with preliminary findings" and the scientists do not communicate properly and directly with science journalists. However, Adelmann-Grill, Waksman and Kreutzberg (1995: 2) state that the problem is that citizens "are not much interested in textbook science but in frontier science".

3.3 Public understanding of HIV and AIDS

Demographic and health survey data from nine African countries show that women tend to have less HIV prevention knowledge than men (Glick & Sahn, 2005:394). Fewer than half of adult respondents can identify specific HIV prevention behaviours (Glick & Sahn, 2005: 383). Data from 35 of 48 countries in Sub-Saharan Africa reveal that, on average, young men were 20% more likely to know how to prevent the sexual transmission of HIV than young women (UNAIDS and WHO, 2005).

loveLife, one of South Africa's biggest non-governmental organizations (NGOs), was established in 1999 to help prevent the spread of HIV by educating young people about the virus and about the importance of knowing your HIV status (De Kock, 2008: 9). De Kock refers to a 2004 survey by Professor Danie Jordaan of the School of Language, Media and Culture at Nelson Mandela Metropolitan University, who found that one of the loveLife campaigns (billboards) was ineffective because it did not consider "variances in culture, religion, belief systems and socio-economic contexts in South Africa" (De Kock, 2008: 9). Another reason why the loveLife campaigns are allegedly not working, especially in rural areas, is the high rates of illiteracy among some South

Africans (De Kock, 2008: 9). This will be discussed further under the heading, "The knowledge gap theory" (Section 3.6).

Cultural traditions also have an influence on public understanding of HIV and AIDS in South Africa. It is common in many traditional African cultures to attribute illness to spirits and supernatural forces (AIDS-weekly, 2001 as cited by Kalichman & Simbayi, 2004: 573). In a joint study by the University of Connecticut and the Human Sciences Research Council in Cape Town, 33% of 487 respondents living in a Black township in the city were ignorant of the causes of AIDS (Kalichman & Simbayi, 2004: 572). According to the survey results, 11% believed that AIDS is caused by spirits and supernatural forces, 21% were unsure if AIDS is caused by spirits and the supernatural, and 68% did not believe that AIDS is caused by spirits and supernatural forces.

More recent results from the 2009 National Communication Survey (NCS) in South Africa suggest that knowledge of HIV prevention methods is high: a knowledge level of 87% for condom usage to prevent HIV across age groups 15 to 24; however, their knowledge of other HIV prevention methods such as faithfulness, partner reduction and abstinence is lower, but has improved since the 2006 National Communication Survey (National Communication Survey, 2009). According to the 2009 NCS, the knowledge allowing people living with HIV to be healthy has "significantly increased" since the 2006 survey. In 2009, 87% identified antiretroviral therapy (ART) as treatment and 73% said ART must be used for life, in comparison to the 2006 NCS – 42% identified ART and 40% knew it was for life.

3.4 HIV 'treatment literacy'

In an article summarising a campaign led by the TAC for access to medicines for HIV, Heywood (2009: 17) states that the TAC found the right to health cannot be utilised effectively unless health itself is better understood by South Africans. The idea of HIV "treatment literacy" was first utilised in the United States by AIDS activists who had HIV themselves (Heywood, 2009: 14).

In the late 1990s, this model was adopted by South Africa and the TAC became the first AIDS activist organisation in a developing country to pioneer the concept and practice of "treatment literacy" (Heywood, 2009: 17). TAC volunteers who have been trained and have passed an examination are called Treatment Literacy Practitioners (TLPs), and are then assigned to clinics, hospitals and community organisations for further training. Most TLPs are placed in clinics where "they would explain the importance of HIV testing and treatment to crowded waiting rooms (Geffen, 2010: 190). In 2007, 200 people were trained throughout South Africa and, according to Zackie Achmat, TAC Deputy General at the time, the TLPs provided information to over 100 000 people per month (Heywood, 2009: 17).

Nattrass (2007: 166) calls the TAC's treatment literacy programme "the most important mass cultural project in South Africa in support of science". Nattrass also points out that the advantage of this programme is that HAART patients are assisted to understand the nature of various monitoring tests and empowered to engage with their doctors over side-effects and treatment regimens. Geffen (2010: 191) states that the TAC's treatment literacy programme "was pioneering and crucial to the success of the first large Haart projects", such as the ones in Khayelitsha and in the small town of Lusikisiki in the Eastern Cape.

The success of treatment literacy programmes can be proven by the fact that several programmes in which treatment education has been lacking have failed to do well because of low uptake and poor adherence (Geffen, 2010: 191).

Geffen writes in his 2010 book, *Debunking delusions: the inside story of the Treatment Action Campaign*, that the TAC's literacy programmes are unfortunately not as strong as they once were and that no proper quantitative research has been done on the benefits of treatment literacy for HAART adherence or uptake, and there has been no proper analysis of the effects of treatment literacy.

3.5 Reasons for South Africa's low level of science understanding

Blankley and Arnold (2001) found that international experience shows that the biggest impact on the levels of public understanding of science is the delivery of science and maths teaching at schools and at the higher education level.

Blankley and Arnold (2001: 65) found in a sample population of 2 207 randomly selected adults (18 years and older) that over 30% of them had never studied mathematics at school, 50% had never studied biological science and 55% had never studied physical or chemical science. The percentage of respondents who had passed mathematics or science at secondary school were much lower. At matriculation level, only 20% had passed maths, 14% had passed physical or chemical science and only 18% had passed biology.

The most effective way of achieving a higher proportion of scientifically literate citizens is to improve pre-university and university education: however, South African adults have passed through the education system without attaining a sufficient background in mathematics and science (Blankley & Arnold, 2001: 65). According to Blankley and Arnold (2001), most South Africans thus lack the background to take an informed interest in scientific matters and understand the available information.

Blankley and Arnold (2001) also found that the low levels of understanding of science in South Africa creates the danger that public debates on issues such as HIV and AIDS are likely to be guided, even swayed, by those with special interests or agendas. According to Blankley and Arnold (2001: 69):

> Ways have to be found to increase levels of understanding among the large cohort of adults who suffered under or boycotted apartheid education, and using mass media might be an effective way of developing such and understanding, given the levels of interest in science....

The media can play an important role in making science more accessible and understandable. The reach of some of the mass media in South Africa is as follows (SAARF AMPS, 2011):

- 30,8% (10,761 million) of the South African adult population read a daily newspaper.
- 34,1% (11,915 million) of the South African adult population read a weekly newspaper.
- The total newspaper readership of the South African adult population is 49,9% (17,072 million readers aged 15+).
- 50,5% (17,624 million) of the South African adult population read magazines.
- 27,645 million South Africans (79,1%) watch SABC 1 on a weekly basis.
- 24,684 million South Africans (70,7%) watch SABC 2 on a weekly basis.
- 20,041 million South Africans (57,4%) watch SABC 3 on a weekly basis.
- e.tv's weekly reach is 23,546 million South Africans (67,4%).
- 9,198 million South Africans (26,3) watch DStv on a weekly basis.
- In an average week, 92,7% of all South African adults listen to radio.
- There are 5,94 million South African adult internet users in an average week.
- 6,93 million South African adults accessed the internet in the four weeks before 11 December 2011.
- In 2001, 1,82 million South Africans had access to the internet (Media Africa.com, 2000 as cited by Blankley & Arnold, 2001: 69).

3.6 The knowledge gap theory

The knowledge gap theory was first proposed in 1970 by Tichenor, Donohue and Olien, who stated that "knowledge, like any other kind of wealth, is not distributed equally throughout our society" (Severin & Tankard, 1988: 285, as cited by Turner, 2008: 24). The knowledge gap theory is defined by McQuail (2005: 559) as a theory that refers to "structured differences in information levels between groups in society"; "The original promise was that it would help close the gaps between 'information rich' and the 'information poor' ... newspapers have been better at closing gaps than television".

Knowledge gap theory applies to a great extent to citizens in the rural areas of South Africa. According to Statistics SA, 366 590 people in the Eastern Cape have not had any form of education (De Kock, 2008: 9). This illustrates another reason why loveLife's campaigns in the Eastern Cape did not work, as mentioned earlier. De Kock wrote in *The Herald*, a daily newspaper in East London, on 14 April 2008 that, according to surveys, illiterate people in the Eastern Cape were not able to follow what loveLife campaigns were trying to tell them (De Kock, 2008: 9). This implies that the HIV knowledge gap between literate and illiterate young people in South Africa was made even bigger.

However, high media attention, especially to controversial issues (like with the case of media coverage of HIV in South Africa) tends to "bring public discussion to a boil, dispersing communication throughout the community system, equalising knowledge gaps" in some cases (Gaziano, 1996: 134).

3.7 The digital divide

The term 'digital divide' has been used widely since the development of computer-based digital means of communication, and is used in place of the older term 'knowledge gap' (Norris, 2002, as cited by McQuail, 2005: 491). According to McQuail (2005: 554) there are new inequalities being opened up by this new form of media and they derive from the relatively large cost of equipment, dependence on advanced infrastructure and the higher skills needed to communicate. McQuail (2005: 559) adds, "Current expectations are that

new media are more likely to widen than to close gaps because of their differential availability to the already better informed".

Statistics SA's latest report on rural development does not state statistics on internet usage. However, this report provides statistics on rural areas' access to telephones and cell phones, which will provide a good indication of how many people will have access to internet through their cell phones or possibly will have access to ADSL if they have a landline installed.

In general, the Statistics SA report shows that, in 13 rural areas, about one in every four households (22,3%) has access to a telephone or regular use of a cell phone (Lehohla, 2002: 84). If these results are compared to the national average of one in every three households (33,7%) with access to a telephone or a cellular phone, the proportion is low. Once again the Eastern Cape is worth mentioning. In the Alfred Nzo area in the Eastern Cape, access to a telephone is the lowest, with only one in every seven households (15,1%) having access (Lehohla, 2002: 84).

3.8 Conclusion

This chapter provided a bird's eye view of the South African public's understanding of science, their understanding of HIV and AIDS, as well as their low level of science understanding.

Research done in 2006 showed that South Africans' knowledge of HIV was relatively low, but a survey in 2009 showed that their knowledge had increased significantly, and that this was "a boost on communication efforts on treatment literacy over the last few years" (National Communication Survey, 2009).

The information in this chapter provides probable explanations for why Mbeki and his government could get away with not providing ARVs for so long without being called to justice earlier.

4 Hampering AIDS treatment: The South African government's courtship of pseudoscience

But the AIDS denialism case is also a terrifying clear example of why superstition is dangerous to the point of lethality, and hence something much more important than just the obsession of a small number of self-professed sceptics who think they know better than everyone else (Pigliucci, 2010: 61).

4.1 What is pseudoscience?

The mid-twentieth-century philosopher of science, Karl Popper, first identified what he called "the demarcation problem" (the question of how to tell the difference between science and pseudoscience), and declared "falsifiability" as the ultimate criterion of demarcation (Popper, 1968). By "falsifiability" Popper meant that a science theory is capable of being proven wrong or right by observation or experiment; any theory or claim must therefore be testable.

Pigliucci (2010: 304) concedes in his book, *Nonsense on stilts: how to tell science from bunk*, that the "boundaries separating science, non-science and pseudoscience are much fuzzier and more permeable than Popper (or, for that matter most scientists) have us believe". Pigliucci states there is no "litmus test" to test if something is science or pseudoscience, but that we must always turn on our "baloney detector". Carl Sagan, who created the term "baloney detector", states, "in the course of their training, scientists are equipped with a baloney detection kit. The kit is brought out as a matter of course whenever new ideas are offered for consideration ... What's in the kit? Tools for sceptical thinking" (1997: 209-210).

According to Sagan (1997: 210), sceptical thinking is "the means to construct, and to understand, a reasoned argument and – especially important – to recognize a fallacious or fraudulent argument". He explains how this "baloney" can be dangerous if one does not exercise "sceptical thinking" (Sagan, 1997: 196):

> A deception arises, sometimes innocently but collaboratively, sometimes with cynical premeditation. Usually the victim is caught up in a powerful emotion – wonder, fear, greed, grief. Credulous acceptance of baloney can cost you money ... But it can be much more dangerous than that, and when governments and societies lose the capacity for critical thinking, the results can be catastrophic, however sympathetic we may be to those who have bought the baloney.

Pigliucci refers to AIDS denialism in Africa as "death by pseudoscience" and explains (2010: 59):

> As a complex nation with a tense history of racial relations, to say the least, perhaps it was inevitable for South Africa to become fertile ground for a rejection of Western medicine in favour of local traditions and solutions. Still, it is simply astounding to discover the depths of irrationality reached by some South African leaders – and the absurd cost of human lives that their inane policies are directly causing.

According to Michael Shermer, "creationism" in America is an example of pseudoscience because it is threatening science education in the country and is confusing the public about the theory of evolution (Shermer, 2011: 92). Shermer further proposes a possible practical criterion to solve the demarcation problem (2011: 92):

> ... does the revolutionary new idea generate any interest on the part of working scientists for adoption in their research programs, produce any new lines of research, lead to any new discoveries, or influence any existing hypotheses, models, paradigms or worldviews? If not, chances are it is pseudoscience.

Park (2000: 10) believes pseudoscience to result in a danger to society when its practitioners (for example someone who designed magnets that can draw energy from the earth) believe it to be science and that pseudoscience "has a way of evolving through almost imperceptible steps from self-delusion to fraud".

Makgoba (2002: 1899) states that pseudoscience is unfortunately likely to flourish in the following context:

> The yearning need for science to be understood by the public; the need for scientists to communicate better; the need for the public to make choices about what science has to offer in their daily life; the need for the public to participate and shape the scientific process; the need for science to integrate the wealth of information that is already existent has never been greater than today. Perhaps no examples illustrate this better than the revolution in biology (the Human Genome Project and embryo stem cell research/therapy) and the human immunodeficiency virus (HIV)/AIDS epidemic that are sweeping sub-Saharan Africa.

Makgoba further refers to the "contributions to the evolution of pseudoscience" and points to "government" and "politics" as two of the contributors in South Africa's "evolution of pseudoscience". He (2002: 1902) explains his view on pseudoscience and how it played out in South Africa:

> When science cannot be separated from ideology or when scientific truth becomes amalgamated with an ideology it becomes pseudoscience. When eminent scientists misrepresents (sic), distorts (sic), refuse to acknowledge scientific findings to promote or draw attention for publicity because of failed career ambitions or other agendas – that is pseudoscience. When politicians, journalists and the nations (sic) intelligentsia control the flow of information, distorts (sic) or misrepresent the facts of science for a short-term ideological gain – that is pseudoscience; when powerful persons in society conflate causation and cofactors of HIV/AIDS through a mixture of pseudoscientific statements or clever wordplay – that is pseudoscience; when powerful nations/institutions impose their own ethical standards in science on weaker nations/institutions in order to get their interests/agenda fulfilled at the expense of the weak and powerless – that is pseudoscience; when science is being used by the powerful to promote ignorance or confuse rather than assault ignorance – that is pseudoscience.

4.2 'State-sponsored support of pseudoscience' in South Africa

Pigliucci (2010: 59) asks how it is possible that a non-scientifically proven concoction can be sold to South Africans as a cure, condemning them to death by choosing magic over science. He answers his own question:

> Because of the positions taken by former President Thabo Mbeki and by his then (until September 2008) Health Minister, Manto Tshabalala-Msimang, among others. Their attitude has been that antiretroviral drugs, which have been medically tested and shown to be effective against AIDS, are poisons deliberately marketed by Western pharmaceutical companies.

The South African government's response to the HIV epidemic has been highly controversial. Geffen (2006: 2) states that the rollout of highly effective antiretroviral treatment (HAART) has been undermined by the government directly through the "inclusion of discredited scientists and non-scientists on President Mbeki's 'AIDS Panel' to 'discover facts'", and indirectly through the failure of government to act against pseudoscientists promoting alternative remedies for HAART. According to Geffen (2006: 2), pseudoscientists are those who purport to work within the scientific paradigm, but who ignore or misrepresent accumulated scientific knowledge, fail to adhere to established scientific methods of research, and use scientific rhetoric when promoting their alternative remedies.

Geffen (2006: 2) explains:

> It is in this sense (inclusion of discredited scientists on the AIDS panel and failure of government to act against pseudoscientists) that there has been state-sponsored support for pseudoscience. At best, this has sown confusion and at worst, it has resulted in unnecessary deaths and has deflected attention of health officials from building the public health sector and expanding the Haart rollout.

4.2.1 Support for AIDS denialists

According to Nattrass (2008: 166) AIDS denialists have various approaches to HIV science: “some dispute the existence of the virus and other merely its virulence”. But even though there are different approaches, AIDS denialists are united by their beliefs that AIDS science is wrong and that deaths are caused by malnutrition, narcotics and ARVs (Nattrass, 2007: 23). Geffen (2006: 3) points out that President Thabo Mbeki and Health Minister Dr Manto Tshabalala-Msimang had “courted pseudoscientific theories about AIDS” since 1997, as discussed below.

4.2.1.1 ‘The Virodene affair’

Firstly there was the Virodene saga in 1997. Then Health Minister Nkosazana Dlamini-Zuma invited University of Pretoria scientists Ziggie and Olga Visser, who claimed to have found a “cure” for AIDS, and some of their patients to a cabinet meeting (Malan, 2003: 63; Nattrass, 2008: 160). After the meeting, the cabinet, which included only “one medical doctor and no scientists”, rose to their feet and applauded the new AIDS “cure” (Sidley, 1997: 450). According to Sidley (1997: 450), these scientists did not follow the usual path of conducting research and then registering drugs before giving their information to journalists. It was also strange that they did not present their “discovery” to a team of scientists and researcher, but rather to the cabinet. After the meeting, Mbeki promoted “research” on the use of the toxic “drug” Virodene and also played a prominent role in attempts to fast-track the registration of this widely condemned “cure for AIDS” (Jacobs & Johnson, 2007: 7; Malan, 2003: 63).

Sidley (1997: 450) explains the possible reason for Mbeki and his government’s interest in Virodene as follows: “... the government’s interest in the ‘miracle’ drug was financial and that it did not want to see any discovery of this nature in the hands of drug companies”. However, South Africa’s regulatory authority, the Medicines Control Council (MCC), found fault with the Visser’s scientific rationale and with their proposed clinical trial design (Nattrass, 2008: 160).

James Myburgh (2007c), who wrote a series of articles titled The virodene affair, believes "... ANC leaders had clearly become deeply emotionally involved and financially invested in the development of Virodene as an African cure for AIDS".

Clinical trials on Virodene were done elsewhere (phase 1 in London and phase 2 in Tanzania). According to Myburgh (2007d), the report on the "unblinded results" of phase 2 revealed that "Virodene was no cure for AIDS". Myburgh believes that Virodene was the reason for the government's aversion to ARVs and, after it was finally proven that Virodene was not the "African cure for AIDS", the "cabinet announced an abrupt reversal of its policy towards anti-retroviral drugs", which meant that Nevirapine would be provided to all pregnant women and ARV treatment would be made available to rape victims.

Although the South African government finally let go of its hope that Virodene would be the African cure for AIDS, "... the Virodene story reeks of financial corruption and ultimately led to the destruction of the independence of the Medicines Control Council ..." (Geffen, 2010: 125).

4.2.1.2 Presidential AIDS Advisory Panel

In 2000 Mbeki convened a Presidential AIDS Advisory Panel[1] to research the cause of AIDS. The panel also included some noteworthy international "dissidents" who did not believe in the causal link between HIV and AIDS, as well as "orthodox" scientists who did (Jacobs & Johnson, 2007: 7).

4.2.1.3 Support for Tine van der Maas

Tshabalala-Msimang appeared in a documentary produced by Tine van der Maas, a retired nurse who sells nutritional supplements to patients as alternatives to HAART (Van der Maas *et al*., 2005, as cited by Geffen, 2006: 4). Van der Maas sells a nostrum called

[1] The members of this panel can be found at http://www.polity.org.za/html/govdocs/reports/aids/chapter1.htm

"Africa's Solution" as an AIDS remedy (McGregor, 2005 as cited by Nattrass, 2008: 168). The documentary shows van der Maas's sick patients doing well weeks after she treated them, but no proper diagnosis had been done to indicate what van der Maas had allegedly cured them from. In the scenes where Tshabalala-Msimang appears, "her behaviour is supportive of van der Maas" (Geffen, 2006: 4).

In late 2003, the Health Minister sent Van der Maas to the home of Fana Kaba, a popular radio personality, as he lay sick dying of AIDS (McGregor, 2005, as cited by Nattrass, 2008: 168). Although Kaba's CD4 count – a measure of the number of white blood cells per cubic millimetre of blood used to analyse the prognosis of patients infected with HIV – was two cells per microlitre of blood at the time and he was not taking HAART, Van der Maas claimed she could treat him. Tshabalala-Msimang also sent Van der Maas to Nizipho Bhengu, the daughter of an ANC parliamentarian, who claimed she was completely healthy after going on Van der Maas's lemon and garlic diet, but died a year after this public claim (Nattrass, 2007: 148).

Tshabalala-Msimang "promoted Van der Maas's activities a lot more substantially than merely referring her to potential patients" (Nattrass, 2008: 168). The Health Minister also arranged for Van der Maas to address a meeting of all the provincial health ministers, after which she was invited to conduct "trials" with AIDS patients at government hospitals and clinics without obtaining permission from the Medicines Control Council (McGregor, 2005, as cited by Nattrass, 2008: 168; Nattrass, 2007: 148).

4.2.1.4 Ubhejane remedy – from a truck driver's dream to AIDS clinics

Tshabalala-Msimang seems to have ignored medicine legislation when it came to "traditional" or "alternative" remedies, and supported the distribution of an untested product through the public health system. In 2006 a herbal product called Ubhejane was distributed through AIDS clinics in KwaZulu-Natal (Nattrass, 2008: 171). According to Nattrass (2007: 162), Ubhejane was invented by truck driver Zeblon Gwala, who said the recipe came to him in a dream. It consisted of two varieties – the liquid in recycled milk bottles with a blue lid "reduces the amount of virus in the blood", and the milk bottles

with a white lid "rebuilds the immune system", although Gwala said he did not know how it worked:

> Ubhejane protects the cells from any virus ... I don't know how that happens. I am not a scientist. But what I do know is that people who were on the edge of death go back to work. It makes them feel better, and gives them life ... The people who want to take those ARVs can take them ... But they don't cure anything. The side effects are like poison, and people get sicker. Ubhejane doesn't hurt anyone. And it works. I can feel it (Specter, 2007: 32-34, as cited by Nattrass, 2007: 183).

Ubhejane was later implicated by doctors as being responsible for liver failure and, when the Democratic Alliance (DA) complained, the Department of Health "reported that the DA was simply perpetuating racist stereotypes" (Nattrass, 2007: 162).

4.2.2 Matthias Rath – 'most damaging example of state-supported pseudoscience'

Matthias Rath is a German pharmaceutical proprietor who claims that multivitamins treat or cure a number of diseases, including cancer, heart disease, diabetes, asthma and AIDS (Geffen, 2006:5). According to Geffen (2006), Rath began operating in South Africa in 2004 and set up a section 21 company called the Rath Health Foundation Africa that sells multivitamins. According to Rath, AIDS is a disease that can be cured solely through nutritional supplements. Rath's biggest marketing strategy was to campaign against established medicines and the "pharmaceutical drug cartel" that manufactures these medicines (Nattrass, 2007: 149).

In 2004, Harvard researchers found that "multivitamin supplements delay the progression of HIV disease and provide an effective, low-cost means of delaying the initiation of antiretroviral therapy in HIV-infected women (Fawzi *et al*., 2004). Rath used these results to promote his vitamins as an alternative to HAART (Geffen, 2006: 9). On 26 November 2004, Rath ran a full-page advertisement in the *Mail & Guardian* titled "Why should South Africans continue to be poisoned by AZT?" (Geffen, 2010: 136). According

to Geffen (2010: 136), this advert marked a “turning point in the Rath campaign in South Africa”, as Geffen and some of his TAC colleagues began organising a “multi-pronged response” that led to support from the South African Medical Association (SAMA), as well as a complaint being lodged at the Advertising Standards Authority of South Africa (ASASA).

The Harvard researchers strongly condemned Rath’s misinterpretation of their results and stressed that “multivitamin supplements should not be considered as an alternative to Haart, but as a complementary intervention that is part of a comprehensive care package” (Harvard School of Public Health, 2005). According to Geffen (2010: 126, 129), although Rath had a “sequence of court cases, complaints and official findings against him ... on at least four continents”, officials of the South African government proceeded to work closely with him.

Rath formed alliances with the South African National Civics Organisation (SANCO), which was also responsible for running Rath’s programmes in townships, the Traditional Healers Organisation (THO), and the National Association of People Living with AIDS (Napwa) (Geffen, 2006: 3). In time, Napwa became Rath’s ally “to undermine the TAC’s work and the rollout of Haart”, which was suggested to Rath by Anthony Mbewu, head of the Medical Research Council (MRC), during a meeting in March 2004. According to Geffen (2010: 129), Rath also employed several outspoken AIDS denialists, such as the American David Rasnick, who was identified as a researcher, and Anthony Brink, a South African lawyer, as well as Professor Sam Mhlongo of the Medical University of South Africa (Geffen, 2006: 8).

Rath ran an experiment in Khayelitsha, giving his branded vitamins to people with HIV (London, 2005, as cited by Geffen, 2006:8). The experiment contained no control group, received no ethical committee approval and breached numerous ethical norms. Rath published the results of the trial internationally, claiming that micronutrients reverse the course of AIDS without the need for ARVs, in newspaper advertisements in *The Mercury*, *The New York Times*, *The International Herald Tribune* and *The Namibian*

(Geffen, 2006: 8). He also took a group of people from Khayelitsha and Guguletu with him when he presented his results to the media (Nattrass, 2007: 152). One of the people told journalists that they were promised “drugs for HIV, groceries, money and homes” if they accompanied him to the meeting (Nattrass, 2007: 152).

ASASA ruled in 2005 that Rath could no longer advertise unless he submitted his advertisements to ACA’s Advisory Service for approval (van Noort, 2005). The British Advertising Standards Authority also ruled against his advertisements, and the US Food and Drug Administration issued a caution against him for misleading advertising on the internet (Advertising Standards Authority, 2000; Treatment Action Campaign, 2008).

But still he received support from then Health Minister Tshabalala-Msimang. According to Nattrass (2008: 169), Rath had support from the Health Minister to conduct the above-mentioned Khayelitsha trial. This trial was led by Sam Mhlongo, a close friend of Mbeki (Cullinan, 2005) and a member of Mbeki’s Presidential AIDS Panel (Nattrass, 2008: 169). After Rath published the results, Tshabalala-Msimang invited the Rath researchers to present their findings to the provincial ministers of health (Official nod for voodoo trials? 2005). When criticised, Tshabalala-Msimang claimed the Rath Health Foundation was supporting the government’s position on AIDS by providing vitamins and micronutrients and told reporters she would only distance herself from Rath “if it can be demonstrated that the vitamin supplements that he is prescribing are poisonous for people infected with HIV” (Official nod for voodoo trials?, 2005).

It was also not the first time that Rath had tried to convince patients to go off their medicine and rather use his vitamins. In Germany, Rath convinced the parents of a boy with bone marrow cancer to reject conventional treatment and rather take his vitamins (Nattrass, 2007: 151). Rath started treatment of the nine-year-old boy in January 2004, and he died in November 2004 (Geffen, 2010: 128).

4.3 Conclusion

The Mbeki government's policies on HIV affected and directly interfered with the functions of the South African Medicines Control Council (MCC). According to Nattrass (2007: 162), the "Health Minister (Dlamini-Zuma) appears to have succeeded in de-clawing the MCC. Whereas during the Virodene saga, Mbeki and the Health Minister respected the authority of the MCC to rule that the Vissers were not allowed to conduct trials ...".

However, when the MCC refused the trials there were consequences: "The episode had considerable fallout, with the head of the Medicines Control Council (MCC) losing his job, in part because the council had refused to allow clinical trials of the miracle cure" (Sidley, 2000: 1016). On 24 March 1998 Peter Folb was removed as chairman of the MCC, a review committee was set up and at the end of April a new chairman – Helen Rees – was appointed (Myburgh, 2007a).

According to Nattrass (2007: 162), "the Health Minister sidestepped the MCC" by giving Van der Maas access to AIDS patients in hospitals to test her products and, in the case of Matthias Rath, she felt that his trials were appropriate and believed that she was only obliged to stop him if it could be shown that his vitamins were harmful. Ubhejane was also distributed through AIDS clinics in KwaZulu-Natal, without the consent of the MCC.

Nattrass (2007: 157) adds:

> In recent years the MCC appears to have become unable or unwilling to challenge the Health Minister (unlike the Virodene saga in the late 1990s). Indeed, its actions (and inaction) since 2004 have supported her discourse of emphasising problems relating to ARVs, while failing to investigate adequately complaints about unofficial trials conducted by van der Maas and Rath.

The above research indicates the government's courtship of pseudoscience, and this has had dire consequences for South Africa and its citizens. Geffen (2006: 2) points out the following consequences as a direct result of the "state-sponsored support for pseudoscience":

- It has sown confusion among South Africans.
- Unnecessary deaths have taken place.
- It has kept the public health sector from expanding the rollout of HAART.

5 Media reporting on the Mbeki HIV policy

5.1 Introduction

AIDS has caused a considerable public debate in South Africa and has probably been "the story of the late twentieth century", as pointed out by Galloway (2001: 1). The public debate and media attention were not only because of the high rates of HIV infection in South Africa, but also as a result of the South African government's response to the crisis. When a government, and especially a country's president, "promotes", protects and is part of the "development" of research on an unconfirmed AIDS "cure", appears to side with a controversial minority scientific viewpoint that ARVs are toxic and that HIV does not cause AIDS, and courts pseudoscientists, the media are bound to be critical.

According to Mark Schoofs, who won the 2000 Pulitzer Prize for his series on AIDS in Africa, good journalism on HIV comprises of the following three elements: the perspectives of people living with AIDS, the larger cultural, economic and political context that shapes the epidemic, and the science of HIV (Schoofs, 2000).

The South African media coverage of HIV has focused mainly on the conflicts around the HIV policy (and thus only one of the important elements), because President Mbeki's framing of the crisis had a "censoring effect" on the media (Jacobs & Johnson, 2007: 1). Unfortunately, this led to the media not playing enough of an educative role, even though the media's most powerful role is that of defining the challenge of HIV for the general population (Roth & Hogan, 2001 as cited by Stein, 2001: 5).

When it was first diagnosed, HIV did not get a lot of media attention in South Africa. Prior to 1994, the few reports on HIV that were indeed published were highly politicised (Malan, 2003: 84). According to Gevisser (1995: 7), the South African media referred to "a gay plague" when reporting on HIV/AIDS. Among the white-owned media, AIDS was seen as a gay, but also a black, disease (Malan, 2003: 84). On 14 September 1990, the *Daily Dispatch* reported that "Aids was not expected to become an epidemic among Whites" and that the "pattern of transmission was different among Blacks and it was not

known why" (Connelly & Macleod, 2003: 1). On 11 July 1995, this daily newspaper also stated, "Blacks are 10 times as likely to be infected as Whites". On the other hand, the black press referred to HIV as a disease that was developed to wipe out black people. *The Leader*, a KwaZulu-Natal newspaper with the Indian community as target market, reported on 6 April 1990 that a pamphlet widely distributed in Johannesburg stated that South Africa paid Israel R1 billion for the deadly AIDS virus, with the intention of using it as "a genocidal weapon against us (Africans)" (Naran, 1990: 1).

However, in the mid-1990s, media reporting on HIV was no longer just a few reports now and then. The Virodene and Sarafina II debacles became highly publicised in the South African media, although these reports focused on the accountability of government officials and the squandering of public money (Bulger, 1996, as cited by Malan, 2003: 85), "rarely touching scientific matters" (Malan, 2003: 85).

According to Cullinan (2001: 37), the AIDS pandemic has indeed become "highly politicised"; those reporters who were critical of Mbeki and his flirtation with "dissidents" were labelled anti-government and even racist. For example, Manto Tshabalala-Msimang, then Health Minister, stated in a press conference at the Durban AIDS conference in 2000 that criticism of how Mbeki handled the debate was simply the media "bad-mouthing" the black government (Cullinan, 2001: 37).

Jacobs and Johnson (2007: 1) also found the political battles to be the reason for the South African media's "deficient coverage of HIV/AIDS". Stein (2001: 9) defined the HIV policy as a "political hot potato" that was used to gain and lose political mileage. He stated that HIV media stories had an overtly political angle that mainly involved conspiracy and controversy. Jacobs and Johnson (2007: 2) wanted to explore the reason for this and identified that a lack of resources, "AIDS fatigue", racial tensions in newsrooms and the conflict between the South African government and AIDS activists were "relevant explanations for the deficient coverage of HIV, but they don't tell us much". Instead, these authors proposed that the South African media were shaped by the

"political battles and blunders that have accompanied the disease's spread" (Jacobs and Johnson, 2007: 2).

According to Jacobs and Johnson (2007: 128) there have been three "actors" framing the AIDS epidemic in South Africa: the media, AIDS social movement organisations (particularly the Treatment Action Campaign) and the government (particularly President Mbeki and his health ministers).

For this reason, the researcher will now follow the media's critical HIV trail in reporting on the responses and counter-responses of these "actors" (the government and especially the TAC), and then try to provide possible reasons for some health journalists' political/critical framing of the HIV policy during the Mbeki Presidency.

5.2 Responses and counter-responses – the government and the TAC

Several earlier studies (Delate, 2003; Stein, 2001) have shown that political conflict between government and AIDS activists has dominated HIV media coverage. Jacobs and Johnson (2007: 143) state that HIV media coverage was still dominated "not by the broader questions of access to health care but by clashes between TAC leaders and the ANC, particularly President Mbeki, which makes for good copy and headlines". Jacobs and Johnson also found that the mainstream media were more sympathetic to activist groups (especially the TAC) than to the government.

5.2.1 Virodene

However, prior to 1998, however, the main "actors" framing the AIDS epidemic in South Africa were the ANC government and their biggest critics, mostly opposition political parties and the media's critical reporting. Stein (2001: 10) defines this situation as a "political football between black and white political groupings".

At first the media reporting on Virodene was positive. On 27 January 1997, *Die Burger*'s headline read, "Vigs dalk deur nuwe goedkoop middel gestuit – Reuse-deurbraak deur SA span" (1997). This report gave the idea that South Africa had achieved what no

country had achieved before – made a breakthrough in finding an AIDS cure. This was reported after the research team asked the cabinet (during the meeting that Health Minister Nkosazana Dlamini-Zuma organised) for R3,7 million to continue their research. Mbeki said that the government would like to see this research continuing.

The Virodene saga also changed South African media reporting on HIV forever. According to Malan (2003: 86), reporting on Virodene demanded "a basic understanding of the science of HIV/AIDS", because without that there was a danger that journalists could report on Virodene as a potential cure. This forced journalists to do research on the science on HIV and AIDS; however, some initially reported on Virodene as a potential cure, as "virtually no reporters" had scientific backgrounds (Malan, 2003: 86).

Later the government was widely criticised when it became known that it was supporting a "cure" that was not peer-reviewed or registered by the Medicines Control Council (MCC). On 2 July 1997, the daily newspaper *Beeld* reported that, according to Mike Ellis, then DA spokesperson, the publicity around this possible cure created false hope and that Dr Zuma had not done her homework properly (Bigalke & Kruger, 1997). When Health Minister Nkosazana Dlamini-Zuma was asked her opinion, she replied

> When I was asked by the researchers to organize a meeting with the cabinet, their research looked legitimate to me. It is not my responsibility to ask them if they complied to rule a, b or c. I concentrated on the advantages the remedy might have and not on the quality control of the research. It is a minister's responsibility to save lives and to encourage research that has the power to do this (Bigalke & Kruger, 1997).

On 5 September 1997 the MCC rejected Virodene protocols for the third time (Myburgh, 2007b). However, on 30 October *The Star* ran an article quoting Zuma as still "promoting" Virodene:

> The people who work with Virodene are adamant they have something they think can work, but until it is tested it will be very difficult to know. Recently, they have been abroad and they now have a report from one international toxicologist who was recommended to them by the MCC, which has disputed (the finding about the toxicity) of the drug. The toxicologist said that, everything being equal, they could go ahead, but monitor (the effect of the drug), which is normal for scientists. That process is still on, but it hinges really on the MCC to give them approval for the research to be done (as cited by Myburgh, 2007b).

On 1 November 1997, Mbeki placed a political frame on Virodene when he told *Die Burger* that Afrikaners should work together and not distance themselves, and see how they can contribute to a new community (Politieke redaksie, 1997). Mbeki also said that the young Afrikaners that he had met were eager to help overcome South Africa's problems. Here he was referring in particular to the Vissers (Virodene researchers), who were amongst the "most exciting people" he had ever met, "whatever the problems with their research".

On 6 March 1998 the *Mail & Guardian* reported critically and pointed to the politicisation of HIV in an article titled, "The real Virodene scandal", saying that the "... political mud-slinging that erupted this week between the Democratic Party and the African National Congress over the so-called 'AIDS treatment' Virodene has served to obscure the real issues, and significant dangers, associated with the Virodene project" (The real Virodene scandal, 1998). In this report, Health Minister Zuma is criticised for never taking a stand against the Virodene researchers' "irresponsible behaviour", through which she has undermined South Africa's safety net of medical practice that is supposed to protect the country.

It was only years later, in 2007, that all the facts of the "Virodene affair" became known. Apparently the Presidency was still "intimately" involved despite the MCC banning the "AIDS cure". In a series of features titled "The Virodene affair", James Myburgh wrote in 2007 that the reason the ANC – under the Presidency of Mbeki – was involved in the

"promotion", "protection" and "development" of the so-called "African Solution" was because the ANC were involved in the financing of the Tanzanian trial of Virodene (Myburgh, 2007a). Myburgh also pointed out that it was because of the government's Virodene involvement that they did not provide ARVs. According to Myburgh, the government was waiting for the Virodene trials in London and Tanzania to be concluded. On 15 September 2007, Forde reported in the *Saturday Star* that "R40-million flowed from the Union Buildings and the Joburg office of an ANC-linked businessman to the developers of Virodene" in 2000 and 2001 (Forde, 2007).

The TAC was only formed on 10 December 1998 and therefore its first "response" to the "Virodene affair" was after these allegations were published in 2007 – they called for "judicial investigation into the Presidency" the very next day (Forde, 2007). Even though the government flatly denied these allegations, and it was not clear whether the cash was public or private money, Nathan Geffen, policy coordinator of the TAC, stated that it proved that someone in the Presidency had acted "unethically" or even "illegally", and this constituted "the exploitation of the suffering of people with AIDS".

Malan states that critical reporting on the Virodene affair was dismissed by the government as being "prejudiced against an indigenous African cure for AIDS" (2006: 43). According to Malan, Sarafina II – an AIDS Musical on which Health Minister Dlamini-Zuma spent R14 million of European Union funding (without authorisation) that had originally been allocated for AIDS prevention (Malan, 2006: 42) – and Virodene "set the context for reporting on Mbeki's dissident debate". In future, the government would regard critical reports as "anti-African" and a "vile and vicious campaign against the head of state" (Kelly & Parker, 2001, as cited by Malan, 2003: 87).

5.2.2 The fight for ARVs amidst Mbeki's dissidence

In October 1998, then Health Minister Nkosazana Dlamini-Zuma announced that all mother-to-child transmission prevention (MTCTP) projects would be discontinued (Nattrass, 2007: 186). The TAC was formed on 10 December 1998, not long after, and

according to Geffen they never thought the "South African government would become their main adversary" (2010: 48).

The TAC's first action as "actors" in the HIV controversy was to hold rallies across the country on 21 March 1999 to call for MTCTP (Nattrass, 2007: 186). Zuma's decision to discontinue MTCTP made South Africa "the target of international criticism, both in academic journals and the popular press" (Lurie *et al*., 1999, as cited by Malan, 2003: 66).

In October 1999, Mbeki addressed the National Council of Provinces about the high incidence of rape. When the Treatment Action Campaign called for AZT to be made available to pregnant women he vetoed the idea and also said the drug was toxic according to a "large volume of literature" (Geffen, 2010: 40).

Business Day reported that, because of this belief, Mbeki decided that antiretrovirals would not be given to rape survivors or to stop MTCTP, "not because they were too expensive, but because there were legal action in South Africa, Britain and the US questioning whether AZT was safe" (Smith, 1999b: 10). Mbeki's "toxic announcement" came "amidst already critical media reports after Dlamini-Zuma announced to discontinue MTCTP projects" (Malan, 2003: 87). On 31 October 1999, *The Sunday Independent* carried an article titled "Scientists reject Mbeki's claim on AIDS drug", which referred to the unanimous criticism by AIDS specialists and activists of Mbeki's claim that the drug AZT is toxic (Sulcas & Randall, 1999: 8). Dr Mark Lurie, a senior scientist at the Medical Research Council, stated in the article: "Here is a drug that cuts the rate of mother-to-child transmission by 50 percent. If the president is telling us that this drug doesn't work, where is his evidence for this statement?" (Sulcas & Randall, 1999: 8).

Charlene Smith, a freelance journalist who later became one of Mbeki's fiercest critics and started campaigning for ARVs, was raped at her home on 1 April 1999 (Smith, 1999a: 4). Smith published an article about her ordeal in the *Mail & Guardian* on 9 April

(1999a: 4). Despite the violent details of her rape, she explained the difficulties she encountered to access antiretroviral drugs, including AZT. As it was not possible to get any ARVs at Millpark Hospital in Johannesburg, she was sent to the district surgeon's office. Smith (1999a: 4) wrote:

> There is no AZT there – how could I forget, Minister Nkosazana Zuma, a woman too, won't allow 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?

According to Smith (as cited by Malan, 2003: 88), Dlamini-Zuma issued a press statement after Smith's article, accusing Smith of "being paid by pharmaceutical companies".

5.2.3 'AIDS dissidence' now on South Africa's agenda

Trengove-Jones (2000) noted that HIV and AIDS had never received as much media coverage as was the case in March 2000. According to him the catalyst that brought "discussion around the pandemic to an all-time low" was a speech made by Judge Edwin Cameron on 9 March, addressing the Second National Conference of People Living with AIDS, in which the judge offered a concise summary of many weaknesses in the government's HIV policies (Trengove-Jones, 2000). Health Minister Tshabalala-Msimang claimed at the same conference that criticism is the media "bad-mouthing the black government", and Trengove-Jones (2000) commented on her claim in the *Mail & Guardian*: "So unhelpfully desperate has the government become that it has chosen to play the racism card."

Further criticism from the media was as a result of incidents like the convened AIDS panel after the president publically questioned whether HIV causes AIDS, the 13th International AIDS Conference in Durban and the Durban Declaration, as will be seen below.

Kerry Cullinan, journalist for the Health-e News Service, wrote in the *Financial Mail* that AIDS "dissident" views were virtually unknown in South Africa until Mbeki put them on the national agenda (Cullinan, 2004) during this year. Malan, who was a journalist for the SABC until 2002, agrees:

> For many in the media the science of AIDS was completely unknown and unfathomable territory. There was therefore a real danger of giving South Africans incorrect information , which could expose the public to the risk of contracting a virus that the government told them was harmless (Malan, 2006: 44).

In March Mbeki publicly questioned whether or not HIV causes AIDS and, "as a result already tense relations between the South African government and frontline AIDS doctors, scientists, and activists who accuse the government of shirking its duty to combat the raging epidemic, are exacerbated" (Bolognesi, 2006: 25). According to Sidley (2000: 1016), "the president had reopened a 20 year old, dead and buried, scientific debate through the media" by doing this. Soon after, "the issue was carried further by minister of health" who, by means of a television appearance, started a campaign against GlaxoWellcome's drug zidovudine (AZT). Phillip van Niekerk, editor of the newspaper *Mail & Guardian*, later said on a national radio programme that the minister's attack almost suggested that the pharmaceutical companies manufactured the disease to make money (Sidley, 2000: 1016).

As a result of Mbeki's doubt he convened a Presidential AIDS Advisory Panel, which comprised of "dissidents" as well as orthodox scientists, to "shed light on the causes of AIDS" (Jacobs & Johnson, 2007: 7). The Health Minister made this announcement in February and the *Sunday Times* pointed out that "this would not have been so contentious a statement had it not followed the October pronouncement by President Thabo Mbeki that the drug AZT is toxic" (Taitz, 2000, as cited by Malan, 2003: 91). On 3 April, Mbeki sent a letter to world leaders (Kofi Annan, Bill Clinton and Tony Blair) that made world headlines and was published in several South African newspapers (Nattrass, 2007: 188). The *Mail & Guardian* referred to the letter 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", and that Mbeki suggested "a racial-based perspective not uncoloured by paranoia" (Berger, 2000: 32). Berger states that the president claimed in the letter that he only wanted dissidents to have a platform to speak from and for people to listen.

These critical reports were promptly followed up by government. On 28 March 2000, Parks Mankahlana, head of communications in the Presidency at the time, denied in an op-ed piece in *The Citizen* that the president had ever said that HIV did not cause AIDS, pointed to AZTs unaffordability as the reason that it could not be provided, said Mbeki's critics were "in denial about HIV/AIDS" and accused the media of intolerance to different viewpoints and of siding with the drug companies (Mankahlana, 2000a: 9). Mankahlana (2000a: 9) wrote: "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 defence of AZT by the media."

Mankahlana also tried to change the critics' view with a response in the *Business Day* that the president's address to the National Council of Provinces had "taken the debate on HIV and AIDS to the level it deserves", and that Mbeki was the only president who "has put the HIV issue on the national agenda on a daily basis" (Mankahlana, 2000a: 9).

President Mbeki refused several requests for interviews from local media organisations on the HIV and AIDS controversy, but in April 2000 granted an interview to British AIDS dissident journalist, Joan Shenton (Malan, 2003: 92). According to Malan, Shenton worked for a London-based company, Meditel, which sold the interview to the South African subscription-funded television channel M-Net, where it was broadcast on the channel's investigative programme *Carte Blanche.* This interview, broadcast on 16 April, had Mbeki stating that it was disturbing that a certain view (not the orthodox view that HIV causes AIDS) had been silenced:

> I get a sense that we've all been educated into one school of thought. I'm not surprised at all to find among the overwhelming majority of scientists, are people who would hold one particular view because that's all they're exposed to. This other point of view, which is quite frightening, this alternative view in a sense has been blacked out. It must not be heard, it must not be seen, that's the demand now (Shenton, 2000).

Despite overwhelming critical reporting, the country's largest black daily newspaper, the *Sowetan*, had a completely different approach (Malan, 2003: 94). The newspaper formed an in-house journalist committee to establish whether Mbeki had indeed said that HIV did not cause AIDS. According to an HIV-positive journalist, who wrote weekly AIDS columns for the *Sowetan*, the president's speeches "had been deliberately misinterpreted" and the government had entered the debate as the "underdog" because of the unforgivable mistakes it had made with the Virodene saga and Sarafina II (Mazibuko, personal communication, 2002, as cited by Malan, 2003: 94).

Another daily newspaper that was not overwhelmingly critical, but rather focused on dissident views at the time, was *The Citizen*. The newspaper published its first opinion piece by an AIDS dissident in September 1998 (Williams, 2000). Williams, *The Citizen's* editor, wrote in an editorial in the newspaper on 7 March 2000 that Mbeki was being "open-minded" because he was "entertaining the possibility that the (dissident) ideas might have merit".

Williams (2000) stated further:

> Those who challenge orthodoxy are amenable to the discussion while conventional wisdom wants to shut the door. What is the harm in hearing all sides? Yes matters of life and death are involved. But this does not mean that withholding AZT is worse than dishing it out. Those who genuinely believe AZT kills also have a case ... And the temperature will rise before July's International AIDS 2000 conference in Durban.

5.2.4 Reporting on the 2000 Durban AIDS conference

A few days before the 13th International AIDS conference in Durban, sparks started flying in the media. On 3 July 2000, the daily newspaper *Beeld* reported that a few scientists from Mbeki's Presidential AIDS Advisory Panel had also signed the so-called Durban Declaration, in which 5 000 international and national researchers declared that HIV causes AIDS (Swanepoel, 2000a: 1). In the same article, the Health Minister, Dr Manto Tshabalala-Msimang, said that the Declaration was out of order and that no scientist in the Department of Health had been asked to sign it. She asked that the Declaration not be associated with the upcoming AIDS Conference, on which the South African government had already spent R6 million. Parks Mankahlana dismissed the Declaration and said the document would find "its comfortable place among the dustbins of the office" (Geffen, 2010: 55). On the same day, *The Star* carried an article in which the government said that they hoped the Durban AIDS conference would not become a "Mbeki bashing bazaar" (Sapa, 2000: 1).

On Sunday, 9 July, the day on which the Durban AIDS Conference opened, the *Sunday Times* carried a front page story consisting of letters regarding HIV and AIDS between Thabo Mbeki and then opposition party leader Tony Leon (AIDS – Mbeki versus Leon, 2000). The correspondence started when Mbeki and Leon exchanged views on AIDS and ARVs in Parliament. Thereafter Leon sent a letter to Mbeki restating his views, followed by a letter from drug company Glaxo Wellcome offering to significantly reduce the price of AZT for the Department of Health. An outraged Mbeki followed with a letter stating that South African rape statistics were false, that journalist Charlene Smith was "blinded by racist rage" when she claimed rape was endemic to African society, and that Glaxo Wellcome's cut price on AZT was a violation of the law. Smith's claim about rape was published in a *Washington Post* article on 4 June (Malan, 2003: 97).

The president's opening address was a disappointment to many of the world's scientists when he "pointed to poverty" and not the AIDS virus as the cause of the growing AIDS epidemic in Sub-Saharan Africa (Collins, 2000). Nkosi Johnson, a famous HIV-positive boy, addressed the AIDS conference directly after Mbeki's opening speech and asked the

government to make anti-AIDS drugs available for HIV-positive women and their unborn babies (Malan, 2003: 100). Malan states that it later emerged that the president walked out while Johnson was pleading for the government to change its policy.

The government's unwillingness to provide ARVs evoked a very critical response from the TAC. Firstly, the TAC led a march of 5 000 people, which was covered by the BBC and CNN, to the AIDS conference in Durban (Geffen, 2010: 54, 55). On 14 July, *Beeld* newspaper reported that the TAC had announced the previous day that they were taking legal steps against the government if it did not announce a treatment programme for pregnant women by the following Friday (Swanepoel, 2000b: 1). According to Swanepoel, the government had already received research findings stating that Nevirapine could stop the spread of HIV from mother to baby three weeks previously, which was why the TAC was calling for immediate action. In response, the Department of Health said they were still concerned about the 17% of women who showed resistance to Nevirapine in the specific study. Dr Ayanda Ntsaluba, then director general of health, commented that they had only received the provisional results of the study and that there was no need to go to court because they would meet with the researchers just after the conference to discuss the remaining issues. On the same day, *Beeld* also reported that Tshabalala-Msimang had admitted, in response to criticism from a TAC member, that the government's national HIV and AIDS strategy had come too late (Liebenberg, 2001: 2). However, she blamed transformation and the fight for freedom as the reasons, and gave the previous government the blame for the lack of service delivery because "they could not change their mindset".

On 15 July *The Citizen* broke the story "on why the government was dragging its feet in giving pregnant women HIV medication" (Parks vs Science: 'It's all on tape', 2000: 1). This article came after Mankahlana's comments appeared in *Science*, a respected American scientific magazine, in an article titled "South Africa's new enemy" (Cohen, 2000: 2168-2170). In the *Science* article, Mankahlana was quoted as saying "... 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, the state. That's resources you see" (Parks vs Science: 'It's all on tape', 2000: 1). According to the article in *The*

Citizen, Mankahlana branded the *Science* article a "complete fabrication", but *Science* magazine news editor Colin Norman said Mankahlana's answers were tape-recorded in an interview in his office on March 24 and he would be happy to play it to anyone (including Mankahlana) who wanted to hear it.

5.2.5 Parks Mankahlana's death

On October 26, the Presidency announced the death of Mankahlana at the age of 36 and all indications were that he had died of HIV (Malan, 2003: 101). The TAC responded to the government's announcement by calling on them "to tell the truth" about Mankahlana's death, and to publicly acknowledge that a number of senior government officials were HIV positive (Dempster, 2000). On 27 October the *Mail & Guardian* reported that Mankahlana had died of AIDS, citing an anonymous senior ANC official (Journalism Ethics – a Global Debate, 2003). According to the report, Mankahlana's strong AIDS dissident stance had "made the cause of Mankahlana's death a public domain issue" (Journalism Ethics – a Global Debate, 2003: 22).

Kerry Cullinan, managing editor of Health-e News Service, states that it took the death of Mankahlana to "awaken the South African media to the intricacies of reporting on HIV/AIDS" (Cullinan, 2001: 35). According to Cullinan (2001) there were mainly two views in the media after his death: journalists like *The Star's* Lizeka Mda, who appealed for other journalists to respect the dead and chastised them for not asking Mankahlana his HIV status while alive; and *Business Day*'s Jim Jones, who emphasised the fact that Mankahlana had two child maintenance cases against him and was "promiscuous".

The International Centre for Journalists points out that, for many reporters in South Africa, the question of stigma and privacy are superseded by the political dimension when a public official in President Mbeki's government dies of AIDS (Journalism Ethics – a Global Debate, 2003: 22). On 29 October, journalist Ranjeni Munusamy pointed out in *The Sunday Times* that Mankahlana's "battle with his illness became mixed up with the battle he was fighting on Mbeki's behalf. And he lost both" (Journalism Ethics – a Global Debate, 2003: 22-23).

5.2.6 The battle for Nevirapine

The media coverage of the legal battle between the government and the TAC to provide MTCTP to pregnant HIV-positive women clearly supported the TAC and opposed the government (Spurr, 2005). According to a study by the Perinatal HIV and Research Unit at the University of Witwatersrand Journalism Program (Finlay, 2004), coverage of AIDS also skyrocketed during the litigation.

The TAC had already threatened legal steps regarding treatment for HIV-positive pregnant women during the 2000 AIDS Conference in Durban, and it certainly did not help the government's "case" when the Health Minister rejected free Nevirapine. During the Conference, Boehringer Ingelheim had offered to provide Nevirapine to government MTCTP programmes free of charge for five years, but the Health Minister still argued that the drug was not safe (Nattrass, 2007: 188). *Beeld* published a report that stated that Tshabalala-Msimang had postponed pilot projects in March 2001, and then referred the projects to the cabinet in April (Liebenberg, 2001: 4). In this article, TAC member Cati Vawda stated that the TAC and the public were "in the dark" about the government's plans with the pilot projects after the Health Minister handed over the decision to the government. According to a comment during a press conference by Promise Mthembu, a member of the TAC, the government also did not reply to a letter sent by the TAC, requesting the details of the pilot projects.

The government kept dragging its feet on the MTCTP pilot projects and, on 21 August 2001, the TAC filed a motion in the Pretoria High Court "to compel the Health Minister and provincial MECs for Health to make Nevirapine available for MTCTP in the public sector" (Nattrass, 2007: 190). The state argued that it already had 18 pilot sites that could not be expanded because of a lack of resources and once again questioned the efficacy and safety of Nevirapine (Malan, 2003: 80).

On 22 August the daily newspaper *Die Burger* reported national TAC coordinator Zackie Achmat's statement that the government had not released the findings of a study that found that a programme to prevent mother-to-child transmission would be the cheaper

option (Pienaar, 2001: 2). In the same article, John Heath, marketing director of Boehringer Ingelheim, stated that they were finding themselves on the sideline while activists were taking on the government. Heath commented that he could not explain why the government was paying for Nevirapine, while Boehringer Ingelheim offered to provide it free of charge for five years. The government commented that, according to their knowledge, court pleadings were not submitted and they would get legal advice as soon as they had received the legal documents.

On 14 December 2001 the High Court ruled in favour of the TAC, but the government appealed to the Constitutional Court (Nattrass, 2007: 190). On 12 March 2002, *Beeld* carried a report stating the High Court's decision that Nevirapine must be given to pregnant HIV-positive women in public hospitals, even though the government had appealed to the Constitutional Court (Pienaar, 2002: 4). Achmat's response was that "morality was placed back into the law process as well as policy making" (Pienaar, 2002: 4). Sibani Mngadi, spokesperson for Tshabalala-Msimang, said that the government was worried about the court's decision.

Finlay (2004: 85) pointed out that "Nevirapine was central to most news items dealing with HIV/AIDS" because of the TAC's High Court challenge on the issue. On 5 July 2002, the Constitutional Court ordered the government to make Nevirapine available to state facilities with immediate effect (Nattrass, 2007: 190). The ruling was made during the 14th International AIDS Conference in Barcelona. Laurie Garrett, health correspondent for *Newsday,* asked Tshabalala-Msimang's opinion on the ruling and she replied: "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).

Willemien Brümmer (2004: 2) noted in *Die Burger* that Tshabalala-Msimang and Achmat used every given chance to badmouth each other. This time it was at the Bangkok International AIDS Conference, where the Health Minister, when was asked to comment on the High Court's recent decision, said her government "was forced by the courts and the TAC to extend their Nevirapine programmes that was initially only for

research purposes" (Brümmer, 2004: 2). During a protest just outside the conference centre, Achmat commented that the minister was a danger to public health because she did "not understand science, Nevirapine or AIDS statistics".

5.2.7 Tshabalala-Msimang's 'grand reopening' of AIDS controversy – criticism follows

In 2002 the Health Minister started using AIDS denialist Roberto Giraldo as adviser (Nattrass, 2007: 191). In a cartoon in the *Sowetan* on 23 January 2003, cartoonist Zapiro labelled her relationship with Giraldo as "Manto's AIDS controversy grand reopening" (Nattrass, 2007: 107). The Health Minister's relationship with Giraldo provoked a lot of criticism from the TAC, and was the start of public battles in the media between the TAC and the Health Minister. On 20 January 2003 *Business Day* reported that "AIDS activists voiced sharp criticism" because Tshabalala-Msimang had invited Roberto Giraldo, "who believes that AIDS is caused by nutritional deficiencies and not HIV", to address a top-level meeting of regional health ministers (Kahn, 2003). Geffen from the TAC commented: "During every epidemic there are people who resort to superstition and pseudoscience. What's disturbing is that Tshabalala-Msimang is giving official sanction to pseudoscience and superstition, which is unacceptable" (Kahn, 2003). .

Health department spokesman Sibani Mngadi stated that Giraldo was only invited because of his expertise as nutritionist, since the purpose of the meeting was to look specifically at nutrition and its role in improving the condition of people living with HIV/AIDS. Directly after the meeting, the TAC announced a civil disobedience plan and lashed out at Tshabalala-Msimang. Achmat said to *Business Day*: "Instead of working to develop a national prevention and treatment plan, she is making it clear she supports HIV denialism, and is therefore making civil disobedience unavoidable" (Kahn, 2003: 3).

In April 2003 Tshabalala-Msimang played the race card against the TAC at the welcome meeting for Richard Feachem, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. *Beeld* reported that the minister said a "white man" (Heywood) was behind the campaign of civil disobedience against her and the

government (Pienaar, 2003: 5). She went further to call TAC activists a group of black "actors". A TAC member responded by saying that "Manto" was the actor, and that they were fighting for ARVs while having to watch loved ones die in front of their eyes. The Health Minister's spokesman, Sibani Mngadi, stated that people who were under apartheid were not supposed to undermine the political authority of the government that they had fought for. Nattrass (2007: 116) noted that Heywood, who was in the audience, heckled the Health Minister "just like she was heckled all year by TAC supporters whenever she made public speeches".

Another such a moment was during the South African AIDS Conference in August 2003. *Independent Online* reported that, while Tshabalala-Msimang gave a speech carefully avoiding the "current Nevirapine crisis", "details on the long-awaited national AIDS treatment plan", or "the R720-million Global Fund to Fight AIDS, Tuberculosis and Malaria money for KwaZulu Natal", TAC members shouted "AIDS treatment now" and "Shame on you" (Clarke, 2003; Nattrass, 2007: 116).

After much delay the government finally released their "operational plan for Haart rollout in November 2003" (Nattrass, 2007: 120). But, on 24 February 2004, the *Cape Times* stated that the National Department of Health was "lagging far behind the timelines that were set for providing anti-retrovirals" (Smetherham, 2004: 7). Geffen commented that all it would take was spending money that was available and that the delay was "causing confusion, loss of dignity, suffering and death", and he again threatened with litigation. The TAC took it a step further, publishing their ARV rollout status report in the *Mail & Guardian* on 12 July 2004 under the headline "Slow road to drugs rollout" (Hassan, 2004). Hassan wrote: "The minister herself has refused to make information available on patient targets and timelines for the implementation of the plan despite informal and formal requests". Directly below the TAC report was a reply from the Health Minister entitled, "Tackling the Treatment Action Campaign report" (Tshabalala-Msimang, 2004: 34). Finlay (2004: 79) pointed out that "neither of the two pieces was interrogated by the newspaper".

In November 2004 the TAC and Tshabalala-Msimang once again "locked horns" in another court case. *The Star* revealed that the TAC was taking the Department of Health to court because it had led the public to believe that it had compiled a timetable for the rollout of ARVs, according to TAC deputy chairperson Sipho Mthathi (Sapa, 2004: 5). On 15 December it was reported in *Beeld* that "Manto" had lost the court case against the TAC and had to pay the legal costs incurred by TAC in its efforts to see a timetable that never existed (Pienaar & De Villiers, 2004: 5).

In 2005 Matthias Rath started advertising his multivitamins in South Africa and, despite various court cases, complaints and official findings against him, Tshabalala-Msimang still supported him (Geffen, 2010; Nattrass, 2007). The media once again had a field day, especially because of infuriated responses from the TAC. On 30 November 2005 *The Citizen* reported that, according to the TAC, the Health Minister had failed to protect the public from Rath's dangerous claims that his vitamins could cure HIV and that, as a result, they were taking legal action against the minister (Graham, 2005). In the article the TAC stated: "The scientifically bogus messages of Rath engulfing South African society about HIV, are leading to confusion and numerous avoidable deaths" (Graham, 2005: 10). About a month later the *Mail & Guardian* stated that Rath was doing an illegal, clinical pilot study in Khayelitsha, but that the "ANC has been strangely silent" about it (Official nod for voodoo trials? 2005). According to the report, the Health Minister's only response to the situation was in a written reply to a parliamentary question by the Democratic Alliance that she would only distance herself from Rath if it could be proven that his vitamin supplements were poisonous to people infected with HIV.

In 2005, *Drum* magazine published an article stating that, "like Health Minister Manto Tshabalala-Msimang, Nozipho Bhengu, daughter of ANC MP Ruth Bhengu, believed there was a direct link between nutrition and AIDS", and that Bhengu was taking an HIV potion, prescribed by Dutch nurse Tine van der Maas, and supported by Tshabalala-Msimang (Geffen, 2010: 103, 104).

On 19 May 2006, Bhengu died of AIDS at the age of 32 (Geffen, 2010: 104). On 24 May the TAC issued a statement stating "Nozipho Bhengu's death shows the urgent need for science, truth, leadership and personal responsibility to lead the HIV and AIDS response" (Geffen, 2010: 104). In the statement the TAC also said that they held Tine van der Maas partially responsible for Nizopho's death and they called on Tshabalala-Msimang to have Tine van der Maas and other quacks arrested.

According to Geffen (2010: 104), this "set off a furore" with the government because it was "culturally taboo in South Africa to talk in a controversial way about the dead". According to Geffen (2010: 4) a number of journalists told him that they thought the TAC's statement was callous. But the *Mail & Guardian* supported the TAC by writing: "The *Mail & Guardian* respects and sympathises with the family's grief over the AIDS related death last week of Nozipho Bhengu ... But there is inescapable truth in (TAC's) charge that the tragedy can be laid at the doorstep of Health Minister Manto Tshabalala-Msimang and her AIDS muse, the dangerous Dutch crank Tine Van der Maas" (Dangerous quackery, 2006: 22).

Critical media coverage of Tshabalala-Msimang, generated mostly by the TAC, reached an all-time high during the 2006 Toronto international AIDS conference. Nattrass (2007: 174) pointed out that the TAC "was very successful at mobilising international support and coordinating it with domestic protest", which was exactly what the TAC did during the 2006 conference.

On the international front the *Mail & Guardian* reported on 17 August 2006 that "TAC members protested at the South African stand at the conference" where the Health Minister was promoting garlic, lemon and beetroot (Blandy, 2006). Blandy wrote: "Geffen clashed with exhibition organisers when he tried to remove garlic from the stand".

Two days later *Beeld* reported that 43 TAC members, as well as TAC leader Zackie Achmat, had been arrested because of an unlawful protest in front of the Cape Town provincial health offices while chanting the words "Arrest Manto" (O'Connor, 2006: 4).

According to the report, Achmat commented that the TAC would do everything in its power to see that the Health Minister lost her job.

On the closing day of the conference, UN special envoy on AIDS in Africa, Stephen Lewis, criticised Tshabalala-Msimang's pseudoscience and South Africa's poor performance on the rollout of antiretrovirals, reported *Die Burger* (O'Connor, 2006: 2). *Die Burger* also reported that Achmat's response to Lewis's lambasting speech was that Mbeki must now explain why he was keeping Tshabalala-Msimang on as minister of health. Nattrass (2007: 177) pointed out that this embarrassment for the South African government was facilitated by sympathy towards the media. Anton Harber (2006: 15), co-founding editor of the *Mail & Guardian*, wrote:

> Those newspapers that bravely spoke out in the last few years against government policy and inactivity on HIV – and withstood the pressure to fall into line on this matter – deserve a pat on the back ... TAC would not have had much impact without the extensive media coverage they have received; and the international attitude to our country's policies would be unknown without those who brought it to our attention in these newspapers. A special mention belongs to those reporters and their editors who told us what they saw at the South African stand at the recent Toronto AIDS conference – apparently a turning point in our government's attitude on the issue.

5.2.8 The criticism of Mbeki continues

In 2003, Mbeki's State of the Nation Address on 14 February started evoking critical media coverage because of what he said (or did not say) about HIV and AIDS, as he mentioned AIDS only in passing. On 15 February *Die Burger* reported that, while 10 000 people were protesting in a TAC march for AIDS treatment outside Parliament, the president only mentioned AIDS once after he mentioned that tuberculosis was the biggest killer in South Africa (Mbeki sê min oor vigs, Zim, 2003: 1). The *Daily Dispatch* took it a step further in an editorial piece: "President Mbeki's brush-off of the killer disease that will claim hundreds of thousands of lives this year has wounded activists, pleading for an

urgent national treatment plan and an HIV and AIDS charter. And puzzled everyone" (Baragwanath vs Baghdad, 2003: 9). The *Daily Dispatch* further referred to his brief mentioning of HIV as "brief, general comments" that would "reinforce perceptions that he refuses to see the writing on the wall and is unwilling, or lacks the courage, to tackle the crisis head-on" (Baragwanath vs Baghdad, 2003: 9).

After Mbeki's 2004 Address, *Business Day* carried a report titled "Mbeki skirted top three issues", referring to the fact that he did not mention the three biggest threats, namely HIV/AIDS, crime and the crisis in Zimbabwe (Hartley, 2004: 9). According to the article, HIV/AIDS was mentioned once and there was no mention of the rollout of antiretroviral drugs.

In 2005 the president's State of the Nation Address once again evoked critical media coverage. The *Sunday Argus* reported in February 2005 that Statistics South Africa's Mortality and Causes of Death in South Africa report showed that the adult death rate had soared by 62% from 1997 to 2002 (Hooper-Box, 2005: 2). In the same article, statistician-general Pali Lehohla explained that the data "provided indirect evidence that the HIV epidemic in SA is raising the mortality levels of prime-aged adults, and associated diseases are on the increase" (Hooper-Box, 2005: 2). The TAC commented that the death toll could be combated with the MTCTP programmes and the rollout of antiretroviral medicines. *News24* reported that Mbeki mentioned South Africa's "comprehensive" AIDS programmes and the "greater vigour" with which the government was fighting AIDS, without acknowledging that ARV treatment targets had not been met (SA 'stepping up' AIDS fight, 2005). The TAC responded by pointing out that only about 20 000 people were receiving ARVs, when the president said in his previous State of the Nation Speech that 53 000 people would be receiving ARVs from state-accredited health centres by March 2005.

In 2006 scientists across the world demanded answers from Mbeki for his Health Minister's blunders. On 6 September 2006 *Beeld* carried an article about the letter to Mbeki from 60 scientists across the world in the field of HIV and AIDS, in which they demanded that he fire Tshabalala-Msimang immediately (Louw, 2006: 3). According to

Nattrass (2007: 178), Geffen of the TAC helped to draft the letter and to mobilise signatories.

The Health Minister was not fired, nor did she resign. *The Sunday Times* published an open letter to President Mbeki from the TAC on 30 September 2007, noting the details of two letters being sent to the President before getting a reply a year after the first letter had been sent (Dear Mr President, 2007: 21). In the TAC's first letter they explained in great detail "the areas in which the minister of health has failed in her constitutional duties". The TAC sent another letter to the President's office on 24 August 2007, requesting reasons for retaining Tshabalala-Msimang after the President's office publically requested "evidence of her failure to do her duty". The letter stated further the TAC's deep regret about the office's reply, which was: "there is no constitutional obligation on the part of the President to furnish reasons" for the "continued retention of Dr Manto Tshabalala-Msimang in office as Minister of Health" (Dear Mr President, 2007: 21).

5.2.9 The 'Madlala-Routledge factor'

In October 2006 Tshabalala-Msimang was on sick leave because of liver and lung problems, and this provided "(Nozizwe) Madlala-Routledge (Deputy Minister of Health) with the opportunity to change the Health Ministry's discourse on AIDS" (Nattrass, 2007: 172). The "Madlala-Routledge factor", as Nattrass put it, resulted in critical media coverage, domestically as well as internationally, for Mbeki and his Health Minister.

In December 2006 *The Telegraph* in London reported in an article titled "African minister ends decade of denial on AIDS" that Madlala-Routledge had publically admitted for the very first time that the South African government had been "in denial at the very highest level" over AIDS (Bevan, 2006). According to *The Telegraph*, Madlala-Routledge had also criticised those who had promoted traditional medicines as an alternative drug treatment in an interview with *The Sunday Telegraph* and made it clear that her criticism included Mbeki and Tshabalala-Msimang. The Health Minister hit back from her hospital bed with a letter on the ANC website, stating that her illness had been seen as an opportunity to turn others into champions of a campaign to rid the government

of so-called “HIV and AIDS denial at the highest level” (Manto rejects deputy’s damning report, 2007).

In July 2007, Tshabalala-Msimang rejected Madlala-Routledge’s report on infant deaths at the Frere Hospital in East London, and it was reported in the *City Press* on 27 July that the TAC had called for the minister to be sacked and replaced by her deputy (Manto rejects deputy’s damning report, 2007). On the same day, Mbeki posted a letter on the ANC website in which he implied that Madlala-Routledge and others “were all colluding in falsifying neonatal fatality statistics and lying” about the conditions at Frere Hospital (Robins, 2007: 9). The *Cape Times* referred to this as the “latest phase in the stats wars”, and said it seemed like a re-run of the president’s earlier clashes over AIDS, crime and rape statistics (Robins, 2007: 9).

On the eve of Women’s Day the Deputy Minister of Health was fired by Mbeki with immediate effect because of her inability to work as part of a collective and for undertaking a trip to an AIDS conference in Spain without Mbeki’s consent (Madlala-Routledge forced to pay for Spain trip, 2007). The TAC was outraged and Heywood responded in the *Mail & Guardian*, saying “we think Mbeki does not tolerate it when Cabinet Ministers speak out publicly about government inefficiency” (Madlala-Routledge was set up, 2007). On 27 August 2007 the *Mail & Guardian* reported that the TAC had launched a fund to provide “short-term financial assistance” to the fired Deputy Minister of Health and wrote a letter to Mbeki asking him to reinstate her and fire Tshabalala-Msimang (TAC starts support fund for Madlala-Routledge, 2007).

Madlala-Routledge’s dismissal also generated criticism internationally. On 10 August *The Independent* in London carried an article titled “A president in denial, a ravaged nation denied hope”, pointing out that “Thabo Mbeki’s stance on AIDS has left South Africa with the world’s worst HIV epidemic. Yesterday, he silenced the woman fighting to end the suffering of millions” (referring to Mbeki firing Madlala-Routledge) (Pahad, 2007: 9). The government’s reaction to this negative publicity came in the form of Essop Pahad, Minister in the Presidency, writing an article which was published in the *Cape Times* a few days later (Pahad, 2007: 9). Pahad called the *Independent* article an attempt

to use a "domestic event to rubbish the stance of the Mbeki government on HIV and AIDS", saying it was "far-fetched" and "ridiculous".

5.2.10 'Second-generation denialism'

On 21 August 2007 the controversy surrounding Health-Minister Tshabalala-Msimang led to *Business Day* carrying an article titled "Spin, facts and untruths in the new season of denialism" (Trengove-Jones, 2007: 11). According to the article Mbeki had defended his Health Minister in his online newsletter for two successive weeks, attacking the media and insisting that the media apply their minds to "facts". According to Trengove-Jones (2007: 11), "attacks on the media are standard in contemporary government discourse and embody a tendency to beat the messenger bringing bad news". Later in the article the President was accused of "second-generation denialism" because he was denying a history of denialism that had taken place over the previous few years. The article also stated that evidence of denialism was found in the fact that the rollout of MTCTP, as well as ARV, was embarked upon only when the TAC took the government to court.

5.2.11 Mbeki's resignation – the end of AIDS denialism?

Nattrass (2007: 184) wrote at the end of her book, *Mortal combat: AIDS denialism and the struggle for antiretrovirals in South Africa*, that "only when science is firmly re-established as the benchmark for AIDS treatment will its ghost finally be exorcised".

On 21 September 2008, President Mbeki handed in his letter of resignation (Mbeki resigns before the nation, 2008). Mbeki's resignation led to Tshabalala-Msimang's move to the president's office, "thus ending her rule as one of the most controversial and destructive cabinet ministers" (Cullinan, 2008).

The media and the TAC responded very positively towards a new Health Minister. On 25 September 2008 an article titled "New Health Minister means end of government AIDS denialism" was published on *health-e* (Cullinan, 2008). According to the article the appointment of Barbara Hogan as Minister of Health and Dr Molefi Sefularo as Deputy Minister of Health marked the end of "the period of politically supported AIDS

denialism". The TAC's Zackie Achmat commented: "We are confident that Hogan has the ability to improve the South African health system. She has been one of the few Members of Parliament to speak out against AIDS denialism and to offer support to the TAC, even during the worst period of AIDS denialism by former President Thabo Mbeki and former Health Minister Manto Tshabalala-Msimang" (Cullinan, 2008).

On 13 October 2008 the *Mail & Guardian* reported positively when Hogan appealed to scientists to intensify efforts to find an AIDS vaccine: "Her speech on Monday marked a radical break in policy from her predecessor, Manto Tshabalala-Msimang" (Intensify fight against AIDS, says Health Minister, 2008).

On 17 October 2008 the *Mail & Guardian* expressed its relief about a new Minister of Health in an op-ed piece titled "At last, an end to the lemons": "In a month our health regime has moved from folly and despair to hope and commitment" (At last, an end to the lemons, 2008). However, the newspaper still did not trust government completely after the "regime" of Manto Tshabalala-Msimang, which "existed in a bunker of opprobrium and arrogance, its officials serving a deathly ideology of denial, listening only to a president who sacrificed his people on the altar of loony science" (At last, an end to the lemons, 2008). The article stated: "We hope Hogan makes the Cabinet cut after next year's election. The health system deserves such a servant."

The Sunday newspaper *Rapport* referred to the new Minister of Health as a "small politician" who was not scared of the problems that would be facing her in the department of health on 21 October 2008 (Hogan wil siek SA stelsel gesond kry: Reuse-taak lê voor vir klein vroutjie in groot ministerstoel, 2008).

5.3 Conclusion on media reporting

Robins (2007: 9) points out that, because they supported AIDS dissidents and questioned AIDS statistics, the viral aetiology and the safety and efficacy of anti-retroviral treatment, Mbeki and Tshabalala-Msimang were "portrayed in the media as misguided, irrational and irresponsible". The opposite holds for the media's view of those holding an orthodox AIDS position: "... the mainstream scientific establishment, which is shared by most

medical professionals, activists, academics and journalists, is usually presented as rational, scientific and self-evident" (Robins, 2007: 9).

This fact, that media reporting mostly was positive towards AIDS activists like the TAC and negative or critical towards Mbeki and Tshabalala-Msimang, was also evident in the content analysis of media reporting on HIV during the Presidency of Mbeki.

Some believe that the coverage of conflict around the HIV policy resulted in the absence of the broad analytical role that is supposed to be played by the media, and that the media failed "as a proactive, informed interlocutor in the conflict" (Finlay, 2004: 70).

Jacobs and Johnson (2007: 119) concluded in their study:

> We argue that while it was inevitable, that key leadership within the South African government's controversial stances on HIV and AIDS was bound to dominate media coverage the media not only trivialized coverage of the epidemic or encouraged sensational or factual incorrect reporting, but, more importantly, obscured and prevented public debate of the HIV/AIDS epidemic beyond a sensational, misguided conflict-driven 'debate' between government and social movements over the causes of HIV/AIDS.

Geffen (2010: 189) explains that the effort made by the TAC with the media resulted in the media's critical stance towards government and positive attitude towards the TAC:

> We had a well-run national campaign that made effective use of the media and the courts ... We also put a lot of effort into our relationship with the media, organising hundreds of interviews between journalists and TAC members. We gave workshops explaining HIV science to reporters. We would spend hours explaining our court cases and actions, such as our highly controversial civil disobedience campaign. This reaped rewards. Most journalists were highly critical of Mbeki and very favourable to the TAC.

According to Malan (2003: 110), dissident responses from government led to counter-responses from the TAC, “ensuring orthodox viewpoints received consistent coverage”. This may imply that the public was constantly scientifically educated about HIV, which would not have been the case if the conflict had not existed between the two parties.

The resignation of President Mbeki, which also led to the re-assignment of Health Minister Tshabalala-Msimang, meant a new Minister of Health for South Africa and marked a change in media coverage of HIV/AIDS. The media reported more positively about the HIV policy because it meant “the end of government AIDS denialism” (Cullinan, 2008).

5.4 Journalists’ side of the story

The researcher sent out questionnaires to seven journalists who reported on health during the time of Mbeki’s Presidency (1999 to 2008). Four journalists completed the questionnaire.

The objective of the questionnaire was to explore possible reasons for the media’s attitude to HIV communication by the government during that time, and why journalists mostly reported critically on the government’s HIV policy.

5.4.1 Limitations

This study only captures the understandings and responses of some health journalists. Some of the respondents were health reporters only during a certain period of Mbeki’s Presidency. There is no doubt that other opinions and understandings exist that warrant further study.

5.4.2 Discussion of the results from the questionnaires completed by health journalists

These results provide reasons for the conclusion drawn from the content analysis of media reporting, namely that health journalists during Mbeki's Presidency mostly reported critically on the government, and that the mainstream media were more sympathetic towards activist groups (especially the TAC) than towards government.

The four journalists who completed the questionnaire were Journalist A (JA), a journalist for the SABC from 1999 to 2002; Journalist B (JB), a health journalist for *Die Burger* from 2001 to 2004; Journalist C (JC), a freelance journalist for various publications on health issues during Mbeki's Presidency; and Journalist D (JD), a health journalist for *Beeld* since 2001.

The main reasons for the journalists' critical reporting on the government's HIV policy are discussed within the context of various categories which emerged from their completed questionnaires.

A The government's communication on HIV from 1999 to 2008

All the respondents felt that the communication from government on HIV was poor:

> "It was always a struggle to get hold of the Health Minister" (JA).
>
> "As far as I remember Manto Tshabalala-Msimang's spokesperson was Sibani Mngadi, and there was an internal joke among health journalists that he almost never calls back. However, the Western Cape's Department of Health was in the capable hands of Dr Fareed Abdullah, who was Deputy Director General of health in this department. Abdullah regularly held press conferences, communicated with journalists and I could make an appointment with him at any time and walk into his office" (JB).
>
> "Poor, denialist and defensive most of the time" (JD).

There was a stronger opinion that there was absolutely no communication:

> "What communications? It was led by the President and Health Minister's insulting position on AIDS and by that I mean the ways they insulted those ill with the virus, journalists and NGO's under Mbeki. It improved once Zuma came in and Aaron Motsoaledi took over, his approach was completely different, but communications from the health department have always been sub-par, they have tended to employ PRs who are lax about getting back to journalists, rarely pro-active, and not cognisant of the fact that they were there to serve the people of SA and not just ministerial bosses" (JC).

B Better relationship with AIDS activists than government

According to some of the respondents it was clear that the journalists had better relationships with AIDS activists (especially the TAC) than with government, for various reasons:

> "A murky area is that I think journalists who reported on HIV had much closer relationships with HIV activists than they would have had had Mbeki and Manto not advocated against science. I don't think it necessarily interfered with my reporting, but I think "advocated reporting" (for science) was quite accepted by journalists at the time, as it happened amongst extraordinary circumstances" (JA).

> "A lot of what happened in the National Department of Health was communicated to us by the TAC, with which I and a lot of other journalists had regular contact" (JB).

> "The TAC focused on the science and human rights, not on getting the votes, political positioning and snake oil like the Department of Health did" (JD).

C Pressure from government

Some of the respondents felt pressure from the government not to be critical towards the President and his Health Minister:

> "I didn't feel pressure until Snuki Zikalala became the head of news. I once reported on Mbeki (yet again) not turning up at a World AIDS Day event, and got comments from HIV activists on it. After having done a radio report on it, I started filing for the TV evening news bulletin. I think someone from government must have phoned Snuki, because he came into the editing studio along with a manager, refused for the bulletin editor, who had cleared the story, to enter the studio, and forced me to remove the comments from the activists, stating: it's unfair to criticise the president while he's not in the country. At the Durban 2000 international HIV conference I had to closely liaise with one of my editors to ensure my (critical) reports were broadcast. We basically had to bypass Snuki. Other than that, I can't recall not getting stuff broadcast. I did critical after critical report about both Manto and Mbeki" (JA).

> "A number of editors stopped using my writing because Mbeki or Frank Chikane would call them and lambast them for using my work. Nazeem Howa was one of them. He was general manager at Independent Newspapers; he placed a ban on the use of my stories if they were about rape or HIV, as one example. Many editors were apologetic, yet others simply stopped using me. *Sunday Independent* continued trying to use me but it was challenging for them because of Mbeki's attacks. Former Anglican Archbishop Njabulo Ndungane, as one example, called me once and told how Chikane asked if I had indeed interviewed him for a piece in *You* magazine in which I quoted Ndungane as saying Mbeki was 'over-sensitive' when it came to HIV, something like that. Ndungane said I had quoted him correctly, Chikane asked him to issue a press statement saying I was lying. Ndungane refused to do it, and informed me. The same call was made to William Makgoba by Mbeki about the same article, he too confirmed I had quoted him

> accurately, he too refused to issue a statement against me, and he too called and informed me" (JC).

> "The journalists were often insulted by Dr Manto Tshabalala-Msimang if they asked critical questions" (JD).

D How the government influenced journalists' reporting

There is an opinion that Mbeki and his Health Minister's dissident views had a positive effect on journalists' reporting:

> "The positive side of their comments was that journalists were forced to become scientifically literate about HIV – otherwise they wouldn't understand the debate. Activist organisations such as the TAC and the AIDS Law Project (now Section 27) were excellent at using almost every incorrect statement by the president or Health Minister as an opportunity to educate journalists, and, in effect the media" (JA).

Others, however, feel differently:

> "When looking back, we journalists maybe did not put enough effort into it to tell both sides of the story – mostly because it was so difficult to reach the National Department of Health and others made it so easy for the media. That said, the National Department of Health was openly antagonistic towards the media, although it may have been our own fault" (JB).

5.4.3 Conclusion on results from questionnaires

Finlay (2004: 88) argues that, while Tshabalala-Msimang and Mbeki have been critical of the media, "the compliment has been returned". Finlay (2004: 88) states:

> One needs only to consider the satirical use of the Health Minister's first name ('Manto') in news headlines to see the extent to which the antagonism precedes any contextual assessment of content. Although 'Manto' is better for letter count in headlines (preferable, that is, to the minister's long surname), its use serves a constant reminder to of her infamous exchange with 702 talk show host in 2000, where she objected to being addressed by her first name ... The exchange served to entrench the caricature of a Health Minister inaccessible and aloof to the needs of the common people.

The results of the content analysis of media reports verifies that journalists were mostly critical or negative towards government and positive towards the TAC during Mbeki's Presidency. The journalists' completed questionnaires also seem to verify this. The following reasons for this are evident from the results:

- Communication on HIV/AIDS, especially by the National Department of Health, was poor.
- Journalists had better relationships with AIDS activists, especially the TAC, because they went out of their way to communicate with journalists.
- Journalists were pressured by government not to be critical towards government in their HIV reporting, but this made journalists antagonistic towards the government.
- Dissident views by the government caused counter-responses from the TAC, which resulted in critical reporting on government.
- The government was openly antagonistic towards the media, which resulted in critical reporting.
- The HIV policies of the government of Mbeki and his Health Minister were blatantly in contrast to scientific evidence and also medically unethical, which is why it was the media's duty to fulfil their watchdog and surveillance of the environment role and to be very critical about those policies in the interest of the public.

APPENDIX

Questions posed to health journalists regarding HIV reportage

1. How did you find the government's communication on HIV during 1999-2008?
2. Were you able to stay objective in your HIV reporting, despite the controversies?
3. Do you feel that Mbeki's dissidence indirectly negatively affected the public's view on HIV and AIDS?
4. Do you think journalists were still able to "educate" the public on HIV and AIDS, despite Mbeki and his Health Ministers' dissident actions?
5. Did you ever feel pressure from your editor not to be critical towards the government when reporting on HIV and the government's policy?
6. Did you ever feel pressure from the government not to be critical towards the government when reporting on HIV and the government's policy?

References

Adelmann-Grill, B.C., Waksman, B.H. & Kreutzberg, G.W. EICOS: The unique laboratory experience. Paper presented at IFSE 1995. Proceedings of the International Federation of Science Education. Barcelona. 21-23 July.

Advertising Standards Authority. 2000. Non-broadcast adjudication. Available from http://www.tac.org.za/Documents/Court_Cases/Rath/BritishASARulingAgainstRath.pdf (Accessed: 2012-06-21).

AIDS – Mbeki versus Leon. 2000. *Sunday Times*, 9 July.

At last, an end to the lemons. 2008. *Mail & Guardian*, 17 October. Available from http://mg.co.za/article/2008-10-17-at-last-an-end-to-the-lemons (Accessed: 2012-09-01).

Baragwanath vs Baghdad. 2003. *Daily Dispatch*, 19 February.

Bauer, H.H. 1992. *Scientific literacy and the myth of the scientific method*. Urbana & Chicago: University of Illinois Press.

Bauer, M.W. 2008. Survey research and the public understanding of science. In: Bucchi, M. & Trench, B. (eds.). *Handbook of public communication of science and technology*. London: Routledge.

Berger, M. 2000. Mbeki's Aids letter defies belief. *Mail & Guardian*, 28 April.

Bevan, S. 2006. African minister ends decade of denial on AIDS. *The Telegraph*, 11 December. Available from http://www.telegraph.co.uk/health/healthnews/3346075/African-minister-ends-decade-of-denial-on-Aids.html (Accessed: 2012-08-22).

Bigalke, I. & Kruger, P. 1997. Dr. Zuma weier om te bedank. *Beeld*, 7 February.

Blandy, F. 2006. TAC members slam AIDS conference. *Mail & Guardian*, 17 August. Available from http://mg.co.za/print/2006-08-17-tac-members-slam-aids-conference (Accessed: 2012-08-10).

Blankley, W. & Arnold, R. 2001. Public understanding of science in South Africa – aiming for better intervention strategies. *South African Journal of Science*, 97: 65-69.

Bolognesi, N. 2006. The media management of Nevirapine: content, causes and consequences. Unpublished MPhil thesis, Stellenbosch University, South Africa.

British Council Global Education Darwin Survey. 2009. Darwin now. Available from http://www.britishcouncil.or/darwinnow-survey-global.pdf (Accessed: 2012-05-11).

Brümmer, W. 2004. Dr. Manto se vigsuitsprake verbaas by wêreldberaad. *Die Burger*, 12 July.

Bucchi, M. 2004. *Science in society: an introduction to social studies of science*. London: Routledge.

Chigwedere, P., Seage, G., Gruskin S., Lee T. & Essex M. 2008. Estimating the lost benefits of antiretroviral drug use in South Africa. *Journal of Acquired Immune Deficiency Syndrome*. http://www.ncbi.nlm.nih.gov/pubmed/18931626 (Accessed: 2012-04-15).

Chigwedere, P. & Essex, M. 2010. AIDS denialism and public health practice. *Springer Science and Business Media*, 8 January. Available from http://www.springerlink.com/content/108174nr1788q73w/fulltext.pdf (Accessed: 2012-01-04).

Claassen, G. 2011. Science and the media in South Africa: reflecting a 'dirty mirror'. *Communicatio*, 37(3): 351-366.

Clarke. L. 2003. Manto: AIDS drugs not like popping Aspirin. *Independent Online*. Available from http://www.iol.co.za/news/south-africa/manto-aids-drugs-not-like-popping-aspirin-1.110815#.UCk73_YgfTA (Accessed: 2010-08-13).

Cohen. J. 2000. South Africa's new enemy. *Science*, 288(5474): 2168-2170.

Collins, H. 2000. AIDS spread by poverty, Mbeki says. *Philadelphia Inquirer*, 10 July. Available from http://articles.philly.com/2000-07-10/news/25610764_1_treatment-action-campaign-hiv-causes-aids-aids-vaccine (Accessed: 2012-08-06).

Connelly, M. & Macleod, C. 2003. Waging war*:* discourses of HIV/AIDS in South African media. *African Journal of Aids Research*, 2(1): 1-11.

Cullinan, K. 2001. The media and HIV/AIDS: a blessing and a curse. *AIDS Bulletin*, 10(2): 35-39.

Cullinan, K. 2004. Infected by toxic ideas. *Financial Mail*. 7 May 2004. Available from http://free.financialmail.co.za/projects/democracy/zzdemg.htm. (Accessed: 2013-01-17).

Cullinan, K. (2005, April). The curious tale of the Minister and the vitamin seller. Available from http://www.health-e.org.za/news/easy_print.php?uid-20031215 (Accessed: 2012-06-21).

Cullinan, K. 2008. New health minister means end of government AIDS 'denialism'. Available from http://www.health-e.org.za/news/article.php?uid=20032092 (Accessed: 2012-09-01).

Dangerous quackery. 2006. *Mail & Guardian*, 1 June.

Dear Mr President. 2007. *Sunday Times*, 30 September.

De Beer, A. 2003. Researchers taken on a massive task. *Ecquid Novi*, 24(1): 127-129.

De Kock, R. 2008. Mixed messages about sex and HIV/AIDS. *The Herald*, 14 April.

Delate, R. 2003. *Closing the gap: understanding media reporting on HIV/AIDS*. Johannesburg: CADRE.

Dempster, C. 2000. Questions over death of Mbeki aide. BBC News, 27 October. Available from http://news.bbc.co.uk/2/hi/africa/994505.stm (Accessed: 2012-08-08).

Fawzi , W.W., Msamanga, G.I., Spiegelman, D., Wei, R., Kapiga., S., Villamor, E., Mwakagile, D., Mugusi, F., Hertzmark, E., Essex, M. & Hunter, D.J. A randomized trial of multivitamin supplements and HIV disease progression and mortality. *The New England Journal of Medicine*, 351(1): 23-32.

Finlay, A. 2004. Shaping the conflict: factors influencing the representation of conflict around HIV/AIDS in the South African press. *Communicare*, 23(2): 68-93.

Forde, F. 2007. Mbeki link to toxic 'cure'. *Saturday Star*. 15 September. Available from http://www.iol.co.za/news/south-africa/mbeki-link-to-toxic-cure-1.370777#.UMryz-TMB5Y (Accessed: 2012-12-14).

Fourie, P.J. 2001. The role and functions of the media: functionalism. In Fourie P.J. (ed.). *Media studies. Volume one: institutions, theories and issues* (pp. 264- 289). Cape Town: Juta.

Fourie, A. 2003. Wat beteken die verantwoordelike joernalistiek met betrekking tot MIV/VIGS in Suid-Afrika? 'n Inleidende studie oor MIV/VIGS in *Die Burger* en *The Star*. Unpublished MPhil thesis, Stellenbosch University, South Africa.

Galloway, M.R. 2001. *Telling the story of the century – How are journalists coping with reporting on HIV/AIDS in South Africa?* Published MPhil thesis, Stellenbosch University, South Africa.

Garrett, L. 2002. Anti-HIV drug poison, summit told. *The Age*, 9 July. Available from http://www.theage.com.au/articles/2002/07/08/1025667115671.html (Accessed: 2012-08-11).

Gaziano, C. 1996. Theories and methods in knowledge gap research. In Salwen, M. & Stacks, D. (eds.). *An integrated approach to communication research and theory* (pp. 127-145). Mahwah: Lawrence Erlbaum Associates.

Geffen, N. 2006. Echoes of Lysenko: state-sponsored pseudoscience in South Africa. Working paper published by the Centre for Social Science Research, University of Cape Town.

Geffen, N. 2007. Encouraging deadly choices: AIDS pseudoscience in the media. CSSR Working Paper no 182. Available from http://www.cssr.uct.ac.za/sites/cssr.uct.ac.za/files/pubs/WP182.pdf (Accessed: 2011-02-12).

Geffen, N. 2010. *Debunking delusions: the inside story of the Treatment Action Campaign.* Cape Town: Jacana Media.

Gething, L. 2001. MRC scientists and the media: attitudes to and experiences of reporting their findings to the public. Unpublished MPhil thesis, Stellenbosch University, South Africa.

Gevisser, M. 1995. AIDS and the media – 1980s to mid 1990s. *AIDS Bulletin*, 4(1): 6-7;9.

Glick, P. & Sahn, D.E. 2005. Changes in HIV/AIDS knowledge and testing behaviour in Africa: how much and for whom? *Journal of Population Economics*, 20(2): 383-422.

Graham, D. 2005. TAC takes action over AIDS claims. *The Citizen*, 30 November.

Hachten, W.A. 1992. *The world news prism: changing media of international communication.* Iowa: Iowa State University Press.

Harber, A. 2006. AIDS triumph for truly patriotic journalism in SA. *Business Day*, 8 November.

Hartley, W. 2004. Mbeki skirted top three issues. *Business Day*, 9 February.

Harvard School of Public Health Researchers. 2005. Misinterpretations of findings on vitamins and HIV/AIDS. Available from http://www.hsph.harvard.edu/news/press-releases/archives/2005-releases/press05062005.html (Accessed: 2012-06-21).

Hassan, F. 2004. Slow road to drugs rollout. *Mail & Guardian*, 12 July. Available from http://mg.co.za/article/2004-07-12-slow-road-to-drugs-rollout (Accessed: 2012-08-15).

Heywood, M. 2009. South Africa's treatment action campaign: combining law and social mobilization to realize the right to health. *Journal of Human Rights Practice*, 1(1):14-36.

Hogan wil siek SA stelsel gesond kry: Reuse-taak lê voor vir klein vroutjie in groot ministerstoel. 2008. *Rapport*, 21 October. Available from http://152.111.1.87/argief/berigte/rapport/2008/10/21/RH/14/mjhogan.html (Accessed: 2012-09-01).

Hooper-Box, C. 2005. Souring SA death rate 'fuelled by Aids'. *Sunday Argus*, 20 February.

Intensify fight against AIDS, says health minister. *Mail & Guardian*, 13 October 2008. Available from http://mg.co.za/article/2008-10-13-intensify-fight-against-aids-says-health-minister (Accessed: 2012-09-01).

Jacobs, S. & Johnson, K. 2007. Media, social movements and the state: competing images of HIV/AIDS in South Africa. *African Studies Quarterly*, 9(4): 410-415.

Journalist A. Personal communication. 31 July. 2012.

Journalist B. Personal communication. 24 July. 2012.

Journalist C. Personal communication. 28 July. 2012.

Journalist D. Personal communication. 6 August. 2012.

Journalism Ethics – a Global Debate. 2003. Washington DC: International Centre for Journalists.

Kahn, T. 2003. Invitation to AIDS dissident condemned. *Business Day*, 10 March.

Kalichman, S.C. & Simbayi, L. 2004. Traditional beliefs about the cause of AIDS and AIDS-related stigma in South Africa. *AIDS Care: Psychological and Sociological Medial Aspects of AIDS/HIV*, 16(5): 572-580.

Lehohla, P. 2002. *Measuring rural development: baseline statistics for the integrated sustainable rural development strategy*. Pretoria: Statistics South Africa.

Liebenberg, D. 2001. TAC sal regsgeding hervat as regering nie gou sê oor middels. *Die Burger*, 9 May. Available from http://152.111.1.88/argief/berigte/beeld/2001/05/09/4/4.html (Accessed: 2012-08-08).

Louw. M. 2006. Dank Manto nóú af, vra vigskenners: Wetenskaplikes skryf brief aan pres. Mbeki. *Beeld*, 6 September 2006. Available from http://152.111.1.88/argief/berigte/beeld/2006/09/07/B1/1/mlMIVbrief_1955.html (Accessed: 2012-08-19).

Madlala-Routledge was set up. 2007. *Mail & Guardian*, 10 August. Available from http://www.mg.co.za/article/2007-08-10-madlala-routledge-was-set-up (Accessed: 2012-08-22).

Madlala-Routledge forced to pay for Spain trip. 2007. *Mail & Guardian*, 24 August. Available from http://mg.co.za/article/2007-08-24-madlala-routledge-forced-to-pay-for-spain-trip (Accessed: 2012-08-22).

Makgoba, M.W. 2002. Politics, the media and science in HIV/AIDS: the peril of pseudoscience. *Vaccine*, 20: 1899-1904.

Malan, M.M. 2003. The scientific politics of HIV/AIDS: a media perspective. Unpublished MPhil thesis. Stellenbosch University, South Africa.

Malan, M.M. 2006. Exposing AIDS: media's impact in South Africa. *Georgetown Journal of International Affairs*, (7)1: 41-49.

Mankahlana, P. 2000. Buying anti-AIDS drugs benefits the rich. *Business Day*, 20 March: 9.

Manto rejects deputy's damning report. 2007. *City Press*, 27 July. Available from http://152.111.1.87/argief/berigte/citypress/2007/07/30/CP/4/pscollisi.html (Accessed: 2012-08-22).

Mbeki, T. 2000. Letter by President Mbeki. The complete text of South African President Thabo Mbeki's letter to world leaders on AIDS in Africa. Available from http://www.virusmyth.com/aids/news/lettermbeki.htm (Accessed: 2012-08-27).

Mbeki's Aids comments defended. 2003. *News24*, 27 September. Available from http://www.news24.com/SouthAfrica/Politics/Mbekis-Aids-comments-defended-20030927 (Accessed: 2012-08-27).

Mbeki resigns before the nation. 2008. *Mail & Guardian*, 21 September. Available from http://mg.co.za/article/2008-09-21-mbeki-resigns-before-the-nation (Accessed: 2012-09-01).

Mbeki sê min oor vigs, Zim. 2003. *Die Burger*, 15 February.

McQuail, D. 1987. *Theories of mass communication*. (2nd ed). London: Sage Publications.

McQuail, D. 2000. *McQuail's mass communication theory*. London: Sage Publications.

McQuail, D. 2005. *McQuail's mass communication theory*. (5th ed). London: Sage Publications.

Myburgh, J. 2007a. The virodene affair I. *Politicsweb*. 17 September. http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71619?oid=83156&sn=Detail&pid=71619. Accessed: 2012-08-01.

Myburgh, J. 2007b. The virodene affair II. *Politicsweb*. 18 September. http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71619?oid=83179&sn=Detail. Accessed: 2012-08-01.

Myburgh, J. 2007c. The Virodene affair IV. *Politicsweb*. 19 September. http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71619?oid=83179&sn=Detail. Accessed: 2012-08-01.

Myburgh, J. 2007d. The Virodene affair V. *Politicsweb*. 20 September. http://www.politicsweb.co.za/politicsweb/view/politicsweb/en/page71619?oid=83253&sn=Detail. Accessed: 2012-08-01.

National Communication Survey (NCS). 2009. Goal 6: Combat HIV/AIDS, malaria and other diseases. Available from http://www.statssa.gov.za/nss/Goal_Reports/GOAL%206-COMBAT%20HIV%20AIDS%20MALARIA%20AND%20OTHER%20DISEASES.pdf (Accessed: 2012-08-31).

Naran, J. 1990. Concern over rabid pamphlet. *The Leader*, 6 April.

Nattrass, N. 2007. *Mortal Combat: AIDS denialism and the struggle for antiretrovirals in South Africa*. Scottsville: University of KwaZulu-Natal Press.

Nattrass, N. 2008. AIDS and the scientific governance of medicine in post-apartheid South Africa. *African Affairs* 107(427): 157-176.

O'Connor, M. 2006. Zackie, nog 43 van TAC gearresteer oor optog. *Beeld*, 19 August.

Official nod for voodoo trials? 2005. *Mail & Guardian*. 28 October. Available from http://mg.co.za/print/2005-10-28-official-nod-for-voodoo-trials (Accessed: 2012-06-21).

Oosthuizen, L. 2001. The internal media policy framework. In Fourie, P. (ed.). *Media studies. Volume one: Institutions, theories and issues.* Cape Town: Juta.

O'Sullivan, T., Hartley, J., Saunders, D., Montgomery, M. & Fiske, J. 1994. *Key concepts in communication and cultural studies.* 2nd edition. London: Routledge.

Pahad, E. 2007. Mbeki critics are the ones in denial. *Cape Times*, 23 August.

Palitza, K., Ridgard, N., Struthers, H. & Harber, A. (eds.). 2010. *What is left unsaid: selected journalism, research and analysis 2003-2010.* Cape Town: Fanele.

Park, R. 2000. *Voodoo science – the road from foolishness to fraud*. Oxford: University Press.

Parker, W., Dalrymple, L. & Durden, E. 1998. Communicating beyond AIDS awareness: a manual for South Africa. Beyond Awareness Consortium, South Africa.

Parks vs Science: 'It's all on tape'. 2000. *The Citizen*, 15 July.

Pienaar, A. 2001. Vigsaktiviste vat staat hof toe oor middel. *Die Burger*, 22 August. Available from http://152.111.1.87/argief/berigte/dieburger/2001/08/22/2/23.html (Accessed: 2012-08-15).

Pienaar, A. 2002. "Ons sal nie Nevirapien weier" – Hospitale moet middel gee, al appelleer staat teen uitspraak. *Beeld*, 12 March. Available from http://152.111.1.88/argief/berigte/beeld/2002/03/12/4/4.html (Accessed: 2012-08-11).

Pienaar, A. 2003. Manto is die aktrise, ons voer 'n stryd, sê TAC-vrou. *Beeld*, 12 April.

Pienaar, A. & De Villiers, J. 2004. Manto kyk weer op neus in vigssaak. *Beeld*, 15 December. Available from http://152.111.1.88/argief/berigte/beeld/2004/12/15/B1/05/01.html (Accessed: 2012-10-16).

Pigliucci, M. 2010. *Nonsense on stilts – how to tell science from bunk*. Chicago and London: The University of Chicago Press.

Plaut, M. 2008. Mbeki blamed for 330000 deaths. *BBC News.* Available from http://news.bbc.co.uk/2/hi/africa/7716128.stm (Accessed: 2012-05-01).

Politieke redaksie. 1997. Afrikaners 'moet eerder saamwerk as laer trek'. *Die Burger*, 1 November.

Popper, K. 1968. *The logic of scientific discovery*. (2nd ed). London and New York: Harper & Row.

Pouris, A. 1991. Understanding and appreciation of science by the public in South Africa. *South African Journal of Science*, 87(7): 258-359.

Robins. S. 2007. Grounding Mbeki's AIDS stance in 'rationalities'. *Cape Times*, 20 August.

SAARF AMPS. 2011. Media release: 26 March 2012. Available from http://www.saarf.co.za/saarf-newsreleases/2012/_6-SAARF%20AMPS%20Dec%2011,%20Jan Dec%202011%20results,%20final%20release.pdf (Accessed: 2012-08-15).

SA 'stepping up' AIDS fight. 2005. *News24*, 11 February. Available from http://www.news24.com/SouthAfrica/Politics/SA-stepping-up-Aids-fight-20050211 (Accessed: 2012-08-15).

Sagan, C. 1997. *The demon-haunted world – science as a candle in the dark.* London: Headline.

Salcedo, M.O. 2004. Discourse and disease: an analysis of Thabo Mbeki's position on AIDS 2000-2004. Unpublished MPhil thesis, University of the Witwatersrand, South Africa.

Sapa. 2000. Mbeki's man in AIDS plea. *The Star*, 3 July.

Sapa. 2004. TAC, health department lock horns. *The Star*, 3 November.

Schoofs, M. 2000. The media is the message: a case study in AIDS journalism. Durban: International Conference on AIDS/International AIDS Society (IAS). Available from http://ww1.aegis.org/conferences/iac/2000/TuOrE397.html (Accessed: 2012-10-16).

Shenton, J. 2000. Sitting down with president Mbeki. Carte Blanche: 16 April 2000. Available from http://www.virusmyth.com/aids/news/jsinterviewmbeki.htm (Accessed: 2012-08-04).

Shermer, M. 2011. What is pseudoscience? *Scientific American*, 15 September. Available from http://www.scientificamerican.com/article.cfm?id=what-is-pseudoscience (Accessed: 2012-08-23).

Sidley, P. 1997. Miracle AIDS cure hits the South African press. *British Medical Journal,* 314: 450. Available from http://www.tac.org.za/community/RathWrongs (Accessed: 2012-06-21).

Sidley, P. 2000. Clouding the AIDS issue. *British Medical Journal*, 320(7240): 1016. Available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117887/ (Accessed: 2012-08-22).

Smetherham, J. 2004. AIDS drugs progress way out of step with plan's goals. *Cape Times*, 24 February.

Smith, C. 1999a. 'Rape victims are not statistics ... We are people. This is our story. *Mail & Guardian*, 9 April.

Smith, C. 1999b. Mbeki's clichéd rape response. *Business Day*, 1 November.

Smith, C. 2001. *Proud of me: speaking out against sexual violence and HIV.* Johannesburg: Penguin.

Smith, C. Personal communication, 20 May. 2011.

Spurr, N. 2005. Who is setting the PMTCT agenda? A quantitative analysis of media coverage of PMTCT in South Africa. In *Baby steps: reporting on the prevention of mother-to-child transmission of HIV (PMTCT)*. Johannesburg: HIV/Aids and the Media Project.

Statistics South Africa. 2011. Mid-year population estimates. Available from http://www.statssa.gov.za/publications/P0302/P03022011.pdf (Accessed: 2013-01-07).

Stein, J. 2001. *HIV/AIDS and the media: a literature review*. Johannesburg: CADRE.

Sulcas, A. & Randall, E. 1999. Scientists reject Mbeki's claim on AIDS drug. *The Sunday Independent*, 31 October.

Swanepoel, T. 2005. Die dekking van MIV/VIGS in die *Sunday Times*, *Rapport* en *Sunday Sun*: 'n etiese beoordeling. Unpublished MPhil thesis, North-West University, South Africa.

Swanepoel, T. 2000a. Vonke spat oor HI-virus – Minister kap Dbn deklarasie. *Beeld*, 3 July.

Swanepoel, T. 2000b. TAC wil regering hof toe vat oor HIV/vigs. *Beeld*, 14 July.

TAC starts support fund for Madlala-Routledge. 2007. *Mail & Guardian*, 27 August. Available from http://mg.co.za/article/2007-08-27-tac-starts-support-fund-for-madlalaroutledge (Accessed: 2012-08-22).

The real Virodene scandal. 1998. *Mail & Guardian*. 6 March. Available from http://www.mg.co.za/article/1998-03-06-the-real-virodene-scandal (Accessed: 2012-09-25).

The road ahead: an interview with South African president Thabo Mbeki. 2000. *Time Europe*, 4 September. Available from http://www.gov.za/search97cgi/s97_cgi?action=View&Collection=speech01&Collection=speech00&Collection=speech99&Collection=speech98&QueryZip=title%3Ccontains%3EMbeki&SortSpec=Score+Desc&SortOrder=Descending&SortField=Score&DocOffset=183&AdminScriptName=&ServerKey=&AdminImagePath=%2Fsearch97admimg%2F (Accessed: 2012-09-01).

Treatment Action Campaign. 2008. Wrong-doings of Matthias Rath. Available from http://www.tac.org.za/community/RathWrongs (Accessed: 2012-06-21).

Trengove-Jones, T. 2000. Disarray in SA's HIV/Aids policy. *Mail & Guardian*, 31 March.

Trengove-Jones, T. 2007. Spin, facts and untruths in this new season of denialism. *Business Day*, 21 August.

Tshabalala-Msimang, M. 2004. Tackling the Treatment Action Campaign report. *Mail & Guardian*, 15 July.

Turner, G.M. 2008. A comparative analysis of the coverage of science in Cape Town newspapers. Unpublished Master's thesis, Stellenbosch University, South Africa.

UNAIDS and WHO. 2005. *AIDS Epidemic Update 2005*. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS. 2006. *Report on global HIV/AIDS epidemic*. Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS. 2008. Report on global HIV/AIDS epidemic. Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS).

Vigs dalk deur nuwe, goedkoop middel gestuit – Reuse-deurbraak deur SA span. 1997. *Die Burger*, 23 January.

Van Noort, E. 2005. Matthias Rath's ads 'reckless in the extreme'. *Mail & Guardian*. 30 August.

Williams, M. 2000. An open mind about AIDS. Available from http://www.virusmyth.com/aids/news/citizen3.htm (Accessed: 2013-01-04).