

**Dissident president? Thabo Mbeki, critical discourse
analysis and the struggle to define HIV and AIDS in
South Africa 1998 – 2003**

Kerry Cullinan

82287795

*Submitted in partial fulfilment of the requirements for the degree of Masters
in Arts in Culture, Communication and Media Studies*

University of KwaZulu-Natal

Durban 2003

Declaration

I, Kerry Cullinan, affirm and declare that this dissertation is my own original work and it has not been submitted to any other tertiary educational institution. Where an existing work of scholarship has been cited and referred to, this has been duly indicated in the text and acknowledged by means of complete references in the bibliography. All work for this thesis was completed at the former University of Natal.

A handwritten signature in blue ink, appearing to read 'K. Cullinan', with a short horizontal line underneath.

Durban

December 2003.

Dedication

This dissertation is dedicated to Peter Mokaba and Parks Mankahlana, both passionate and talented young South African leaders for whom participation in the HIV/AIDS debate in this country had tragic consequences. But for this debate, they and thousands of other South Africans may well still have been alive today.

Acknowledgements

Thanks to:

- My supervisor, Professor Jean Philippe Wade, for his help and encouragement;
- My employer, Health-e News Service, particularly colleagues Sue Valentine and Anso Thom;
- A range of journalists and AIDS activists, particularly Richard Delate, who encouraged this study and provided valuable material and insights;
- My children, Nikita and Naledi Kekana, for their love and patience;
- Nombulelo Mzwakali for her support.

Abstract

This dissertation is an examination of presidential communication, focusing primarily on how Mbeki promoted a fringe group of researchers (the Virodene researchers) and a discredited scientific position (the AIDS dissidents). It employs aspects of critical discourse analysis in order to examine Mbeki's speeches, articles, interviews and letters dealing with HIV/AIDS from 1998 to 2003 in order to identify how his views and beliefs on the epidemic changed from the orthodox position that HIV causes AIDS to a dissident view, which led to him asserting that it was impossible for one virus to be the single cause of a wide range of illnesses defined as AIDS. In addition, it examines briefly how civil society, particularly the TAC, responded to Mbeki's unconventional approach to HIV/AIDS, and how Mbeki reacted to criticism of his views on HIV/AIDS.

By using the relations of antithesis, entailment and equivalence, this dissertation finds that, although Mbeki moved from an orthodox to a dissident position on HIV/AIDS, there are common threads running through all his discourse. These threads include an intense interest in science and a concern with the plight of the "underdogs", namely those that he feels have been discriminated against by the scientific establishment particularly the pharmaceutical industry. Mbeki's dissident views were not a crude assertion that HIV does not cause AIDS, as has been suggested by other researchers, or those of a sophist seeking excuses for his government's inability to deploy adequate resources to HIV/AIDS. His interest in dissident theory is considered and he has clearly engaged with the scientific arguments of the dissidents. However, this is not the case when Mbeki deals with his critics. It is a matter of concern that Mbeki used the power of the Office of the President to undermine and discredit his opponents by accusing them of being racists or "Uncle Toms" for opposing his dissident views on HIV/AIDS.

Contents

Abstract

Chapter 1: Introduction

Chapter 2: Theories and methodology

Chapter 3: Mbeki's views on HIV and AIDS

3.1 Mbeki and the orthodox HIV/AIDS view

3.2 Mbeki and AIDS dissidence

3.3 Mbeki and his critics

Chapter 4: Civil society responses to Mbeki's views on HIV and AIDS

Chapter 5: Conclusion

Primary Resources: Mbeki texts referring to HIV/AIDS

Bibliography

Appendix: Chronology of events in HIV/AIDS treatment campaign 1998 - 2003

Chapter 1: Introduction

At the end of the day, I think people will want to hear the news that HIV does not cause AIDS. It is affecting what we are doing. It's not even two steps back, it's like 10. And it was such a struggle to encourage people to engage in safe sex in the first place.

Nkululeko Nxesi, National Director of the National Association of People Living with HIV and AIDS (Altenroxel 2000)

Acquired Immune Deficiency Syndrome (AIDS) will erode the capacity of governments to govern and may also change the environment in which they seek to exercise their authority. (Whiteside and Barnett 2002.) In South Africa, the problems posed by HIV/AIDS are likely to be particularly acute as, according to the United Nations Joint Agency on HIV/AIDS (UNAIDS), South Africa has the largest population of people living with the Human Immuno-deficiency Virus (HIV) in the world – over 4.5 million people. Since 2000, HIV/AIDS has been identified as the leading cause of death for South Africans, and is estimated to be responsible for over 50% of deaths among 15 to 49-year-olds. HIV infection has exploded in this country, rising from 1% of pregnant women in 1990 to 26,5% in 2002.¹

In 1999, when President Thabo Mbeki started to entertain the views of so-called AIDS “dissidents”, those who disputed the causal link between HIV and AIDS, after holding the orthodox scientists’ view that HIV infection led to AIDS, this caused widespread disbelief, confusion and outrage. The debate between orthodox and dissident scientists had raged in the US from the time that US scientist Robert Gallo and French scientist Luc Montagnier independently claimed to have identified the HI virus in 1984. At that time, it was understandable that there should be scepticism that one virus could be responsible for both the strange immune-deficient diseases in the

¹ UNAIDS 2002 report; Dorrington et al 2000; Department of Health: National HIV and syphilis seroprevalence surveys of women attending public antenatal clinics in South Africa 1990 - 2002.

gay communities in the US and “slim” disease being seen among heterosexual communities in central Africa. However, by the early 1990s, more evidence had been gathered to support this view and the dissidents were largely a discredited minority. It is necessary, however, to provide a brief overview of the two positions as it is important as background to understand Mbeki’s views.

According to conventional science, a virus is a piece of genetic material (either DNA or RNA) coated with protein that can only replicate itself by entering a host cell. Orthodox AIDS scientists believe that a retrovirus (made up of RNA), the Human Immuno-deficiency Virus (HIV), enters the body and attaches itself to the CD4 cells (cells that help to marshal the body’s immune system). Once inside the cell, the virus copies the cell’s DNA (the virus does not have its own) and uses the cell’s own mechanisms to replicate itself. During this initial infection, the body fights back and develops antibodies. Conventional HIV tests, such as the Elisa and Western Blot tests, usually detect these antibodies rather than the virus itself when defining whether a person is HIV positive or not. AIDS develops after a long asymptomatic period during which the virus replicates and attacks the immune system by destroying CD4 cells. CD4 cells are important in marshalling the body’s immune response and a decrease in CD4 cells affects the body’s ability to fight disease. This asymptomatic phase is followed by the development of a range of opportunistic infections that signify advanced HIV infection, and is called AIDS. The World Health Organisation (WHO) has developed four stages of HIV infection and US Centers of Disease Control (CDC) has compiled a list of 29 opportunistic infections, referred to as AIDS-defining illnesses, associated with advanced HIV infection². A combination of one or more of these AIDS-defining illnesses, together with a positive HIV test, is commonly used to define the syndrome known as AIDS. Medically, a syndrome is an illness that is defined by a combination of signs and symptoms. In Africa, the clinical diagnosis of a person with AIDS is someone with a CD4 count of less than 200 counts per millilitre of blood (in developed countries, people with CD4 counts of 300 are often put on to antiretroviral treatment). However, HIV positive people with AIDS-defining illnesses included in the WHO stage four definition, irrespective of their CD4 count, are also regarded as having AIDS. Some of these illnesses include oesophageal thrush, Kaposi’s

Sarcoma and Pneumocystis carinii pneumonia (PCP), all of which are fairly rare immune-depressed conditions, particularly unusual in middle class gay men, where these diseases were first diagnosed in inexplicably large numbers in the 1980s (Ward 1999; WHO 1986).

The AIDS dissidents dispute that HIV is the underlying cause of the 29 AIDS-defining illnesses. They say that AIDS is simply a new name being given to 29 different diseases that cannot have a common cause. They dispute that AIDS is contagious and can be sexually transmitted. Instead, they ascribe such illnesses to “lifestyle factors” such as poverty, malnutrition, recreational drug consumption, chronic sexually transmitted infections and toxic reactions from antiretroviral (ARV) drugs such as AZT and the ARV drugs that act as protease inhibitors. However, the dissidents are not a homogenous group, as significant differences exist between different groupings. For example, there are a number of differences between Californian biochemist Peter Duesberg and the Perth Group, led by medical physicist Eleni Papadopulos-Eleopulos. Duesberg acknowledges that HIV exists but believes it is a harmless passenger virus. In contrast, the Perth Group claims that HIV has never been fully isolated according to the scientific requirements of Koch’s postulates, thus there is no proof that it exists as an entity at all. They question what HIV antibody tests measure, and say that a number of other infections such as TB can cause positive results.³

While there was a lot of scientific uncertainty in the 1980s about the cause of the illnesses affecting gay men in the US, much of this scientific uncertainty had been cleared up by the late 1990s. This was due in no small measure to the fact that, far from causing deaths from their toxicity as argued by the dissidents, the positive effects of anti-retroviral drugs in reversing the course of HIV were being seen. AIDS deaths in the developed world dropped dramatically and people’s CD4 counts were returning to normal levels while their viral loads (measure of the virus in the blood) were reaching undetectable levels. As a result, support for the AIDS dissidents dwindled. The dissidents claimed that the orthodox scientific world was attempting to censor

² For a detailed analysis of HIV/AIDS classification and surveillance, see <http://www.who.int/hiv/strategic/surveillance/definitions/en/>

³ For a complete record of the positions of the various AIDS dissidents, see www.virusmyth.net

them, and they started to campaign vigorously for their views in the popular media, soliciting support among the scientifically unsophisticated general public who were attracted by their anti-establishment message.

It was thus surprising that, a number of years after the AIDS dissidents had lost substantial support in the US and Europe, Mbeki chose to revive their positions and views. The story of how South Africa's president doubted that HIV caused AIDS spread like wildfire throughout the world, carried by articles with headlines such as "How a president's careless words undermined work of thousands" (*The Independent*, 2000) and "Mbeki makes doctors despair" (*Guardian* 2000). During 2000 alone, over 400 national and international press reports were devoted to the controversy sparked by Mbeki's interest in AIDS "dissidents" views.⁴

It was hard for those working in the HIV/AIDS field to comprehend how the most powerful person in the country could entertain ideas that had little international or scientific credibility. This led to conflict between government and elements in civil society, particularly the Treatment Action Campaign (TAC), HIV/AIDS scientists and non-governmental organisations. Opposition politicians, such as Tony Leon and Patricia de Lille were also vocal in their opposition to the president's views on HIV/AIDS. However, it must be noted that few black intellectuals and scientists were prepared to challenge the president on this matter. The one notable exception was Malegapuru Makgoba, the present Vice-Chancellor of the University of Natal, who when he was president of the Medical Research Council took on Mbeki and accused him of engaging in pseudo-science (Makgoba 2000).

This conflict over HIV/AIDS posed the first serious national challenge to government policy since the ANC-led government assumed power in 1994. It involved a contest over a number of issues. The most important points of conflict were over:

- whether HIV exists, whether HIV can be sexually transmitted and whether a virus can cause a syndrome;
- defining the causes of immune deficiency, including debate over causal factors and co-factors of diseases;

- whether HIV tests are of any use;
- the toxicity or efficacy of antiretroviral drugs;
- what it means to be living with HIV/AIDS and what responsibilities government has to citizens with HIV/AIDS.

The struggle over who should define HIV/AIDS and what this definition should entail in South Africa involved intense credibility struggles. Mbeki used the credibility of the Office of the President to give space to AIDS “dissident” views that lacked international scientific credibility. Those who opposed his views, particularly the TAC, sought to establish credibility for their views by soliciting support from a wide range of organisations and individuals, particularly church leaders and scientists. The TAC also resorted to the High Court to support its campaign for access to treatment for people living with HIV/AIDS.

Despite Mbeki’s interest in the views of AIDS dissidents – and at times his definite support for such views, including that ARV drugs could not be the solution to African AIDS – the Cabinet issued a statement in April 2002 saying that ARV drugs did work and that government was looking at ways in which to introduce them in the public health system. Now, in late-2003, the country is now poised to roll out the world’s largest ARV treatment programme in public health to an estimated 450 000 potential patients.

Reasons for research

As a journalist who has specialised in HIV/AIDS coverage since 1999, I and others in the media found ourselves caught up in the contradictions and tensions created by government’s official HIV/AIDS policies, based on the premise that HIV causes AIDS, and the views projected by the president, in which he questioned the causal link between the virus, HIV, and the syndrome, AIDS. Time and again, government officials told gatherings of the media and individual journalists that the president had never said HIV did not cause AIDS and chastised us for our apparent obsession with the matter. It was apparent, however, that there was a struggle going on within the

⁴ This is according to a press documentary archive compiled by Armin Osamanovic, Institut für Afrika-Kunde, Hamburg accessible at www.rz2.uni-hamburg.de/IAK/MbekiDoc.html.

ranks of both the ANC and upper ranks of the public service, particularly in the Department of Health, Office of the President and the Government Communication and Information System (GCIS) over HIV/AIDS⁵. At times, this struggle was incomprehensible and it led to a widespread lack of morale in the AIDS sector, particularly among people living with HIV and AIDS. More and more people were getting sick and dying, yet many politicians seemed oblivious to the health crisis and, at times, it did not seem as though it would be possible for antiretroviral drugs to be introduced in the public health sector in South Africa.

While nervous government officials, mindful of South Africa's international image, tried to insist that government's HIV/AIDS policy was being implemented in an orthodox manner, critics of the government from both the right and the left started to make crude generalisations about what Mbeki had said that were not based on fact. However, as these generalisations were repeated, they came to be regarded as fact. According to Mbali, for example: "In 1999 President Thabo Mbeki dropped the bombshell that he did not believe that HIV was the cause of AIDS" (2002: 20). She then refers to "the president's warped and irrational logic on HIV, and its causes, effects and implications" (2002: 74). Michael Grunwald, writing in the *Washington Post*, claims that Mbeki "suggested life-saving antiretroviral drugs were part of a genocidal campaign to poison blacks" (Grunwald 2003).

However, it is incorrect to say that Mbeki simply announced that HIV does not cause AIDS and that the purpose of antiretroviral drugs was to poison blacks. These more crude positions were often taken by those trying to represent his views, such as Smuts Ngonyama, spokesperson for the ANC Presidency. Mbeki's dissident views are far more nuanced and have their own particular logic according to the dissident paradigm in which he was operating. Crude characterisations of his views, while tempting given the damage such views did, distort the subtleties of Mbeki's arguments. However, it was precisely because of the apparent scientific sophistication of some of these arguments, combined with the weight of the presidential office, that was able to seduce key figures in government and the media for a while into believing that

⁵ This observation is based on personal interviews with Department of Health and GCIS officials and ANC leaders who all admitted off the record to such a struggle and to the paralysis caused by the president's stance.

orthodox science could have been too hasty in its acceptance that a single virus could be the single cause of AIDS. Although these arguments lacked scientific evidence and general credibility to build significant consent over time, they caused enough confusion to undermine dissent against Mbeki – at least in some quarters, and for a limited time. I thus felt that it was necessary to return to an examination of Mbeki's texts to try to establish what he said, how he constructed his arguments and how he dealt with his opposition.

Context

When AIDS was first identified in the US, it was believed to only affect gay men, and health officials referred to it as Gay Related Immune Deficiency (GRID). In 1983, South African health officials assured the public that it should not be alarmed about AIDS as it only affected white homosexuals and drug addicts. By 1986, the South African authorities had identified another “high risk group”, that of foreign mineworkers, particularly Malawians and Mozambicans, but infection in this group was linked to homosexual activity in the single sex hostels. It was only in around 1988, when more heterosexuals were diagnosed as being HIV positive, that the government accepted that high risk behaviour was driving the epidemic and that there was a need to target this in an awareness campaign. However, the awareness campaign had different messages for different race groups and reinforced the idea that AIDS was primarily a disease affecting poor black people. (Grundlingh: 2001).

The post-1999 struggle over HIV/AIDS needs to be seen in context, both in terms of South Africa's new democracy and in terms of the promotion of Africanism as a key theme of Mbeki's government. This context is particularly important when examining how Mbeki responds to those who criticise his dissident views on HIV/AIDS. In this regard, the perspectives offered by the Director of Wits University's Centre for Health Policy, Helen Schneider, and political analysts Krista Johnson and Steven Robins are important.

Schneider argues that “the conflict around AIDS, in the context of an emerging post-apartheid state, represents a battle between certain state and non-state actors to define who has the right to speak about AIDS, to determine the response to AIDS, and even

to define the problem itself". Johnson asserts that Mbeki seeks to establish a democratic state which is "seen as the only legitimate expression of the interests of the whole nation, becoming coterminous with the 'national interest' or 'public will'." Robins believes that Mbeki's view that an African solution to AIDS is needed is influenced by the fact that, in Africa, there is "a profound distrust of western science" arising from "the historical legacies of scientific racism and colonial discourses on race and biology". (Schneider 2002: 145; Johnson, K. 2002: 227; Robins 2002).

Robins' theme is also expounded on by Mbali, who argues that "Mbeki's denialism is a response to the largely extinct earlier colonial and late apartheid racist discourse around African sexuality as inherently diseased" and "represents a reaction to earlier late apartheid racist ideas about Africans and AIDS". The race-based discourse in the 'AIDS world' has "been massively surpassed by rights-based, anti-discrimination discourse", she argues. She describes Mbeki as arguing against the "racist spectres of colonial and late apartheid medical discourse" and says that he seems to believe that he is "defending Africans against racism and neo-imperialism through his denialism" but "appears to be attempting to throw out altogether the Western biomedical/scientific paradigm relating to AIDS as racist and neo-colonial" (Mbali: 2002: 20; 74-5)

However, this is a somewhat simplistic view of Mbeki's position and of the AIDS field generally. While race is an important element that informs Mbeki's views on HIV/AIDS, and particularly when he responds to those who rejected his unorthodox arguments, another very important element is his scientific engagement with the epidemic. The terms that he uses such as co-factors, causal factors and the relationship between viruses and syndromes are based on Western science and indicates that he is not rejecting the Western biomedical and scientific paradigm, but engaging with it from a dissident scientific point of view. He largely resorts to race-based arguments when addressing his critics and those who oppose the dissidents' arguments. It is also somewhat optimistic to argue that racism is "extinct" in modern HIV/AIDS discourses. A number of remarks emanating from various influential players, including US policy-makers, on the question of whether Africa is ready for ARV therapy indicates that racism is still a factor in HIV/AIDS. In 2001, for example, US Agency for International Development (USAID) Director and influential Republican

politician Andrew Natsios,⁶ argued that the US should fund HIV/AIDS prevention programmes rather than antiretroviral treatment for Africa. The reason for this, he said, was that many Africans "don't know what Western time is. You have to take these (AIDS) drugs a certain number of hours each day, or they don't work. Many people in Africa have never seen a clock or a watch their entire lives. And if you say, one o'clock in the afternoon, they do not know what you are talking about. They know morning, they know noon, they know evening, they know the darkness at night."

Aims of dissertation

This dissertation is an examination of presidential communication, focusing primarily on how Mbeki used language to forcefully promote a fringe group of researchers (the Virodene researchers) and a discredited scientific position (the AIDS dissidents). It examines Mbeki's speeches, articles, interviews and letters dealing with HIV/AIDS from 1998 to 2003 in order to identify how his views and beliefs on the epidemic changed from the orthodox position that HIV causes AIDS to a dissident view, which led to him asserting that it was impossible for one virus to be the single cause of a wide range of illnesses defined as AIDS. In addition, it will examine how civil society, particularly the TAC, responded to Mbeki's unconventional approach to HIV/AIDS, and how Mbeki reacted to criticism of his views on HIV/AIDS.

Key questions

This dissertation is concerned with three main questions relating to Mbeki and HIV/AIDS. The first seeks to identify the key components of Mbeki's views on HIV/AIDS, moving from his orthodox approach to HIV/AIDS from 1998 to late-1999 to his dissident phase, which began in late 1999. The second deals with civil society's reaction to Mbeki's views and the third deals with Mbeki's response to civil society's reaction. The questions I posed in the course of my research are as follows:

1. What are the key components of Mbeki's views on HIV/AIDS, particularly as articulated since he became president in 1999?

In answering this question, an analysis of Mbeki's speeches in his two distinct approaches to HIV/AIDS – AIDS orthodoxy (as evident in 1998 and most of 1999)

⁶ Quoted in Donnelly, J (2001) "Prevention urged in AIDS fight". *Boston Globe*. June 7 2001.

and AIDS dissidence from late 1999 onwards, peaking from 2000 to 2002 – is undertaken. In each phase, the general trends of Mbeki's discourse and arguments are traced. A key text is also analysed as a typical example of each phase.

2. How have civil society, particularly the Treatment Action Campaign (TAC), and opposition politicians responded to Mbeki's unconventional approach to HIV/AIDS?

Civil society's reaction to Mbeki, as articulated by the most vocal organised force opposed to his dissident views, the TAC, is important in order to demonstrate the effect Mbeki's views had on South African society, which is historically a highly politicised society.

3. How has Mbeki responded to those who disputed his views on HIV/AIDS? Mbeki's often impassioned response to his critics demonstrated how strongly he adhered to his view on AIDS, and this reaction is important to note as a demonstration of how he used the weight of his presidency to undermine and discredit his opponents rather than sticking to the science of HIV/AIDS, which he claimed to uphold.

Scope of the study

The mass of information relating to the Mbeki HIV/AIDS controversy is overwhelming. The central question in commentary about the controversy is: what sparked Mbeki's interest in AIDS dissident theory, and often resorts to psychological profiling of Mbeki as paranoid and race-obsessed. South African AIDS dissident Anthony Brink claims (personal correspondence, February 7 2003) to have been the catalyst for interesting Mbeki in the thesis that AIDS-related illnesses may not be caused by HIV by sending a copy of his book, *Debating AZT* to the Department of Health. It is impossible, however, without Mbeki's input on the matter to develop a clear understanding of what actually happened to trigger and sustain the president's interest in dissident views on HIV and AIDS.

This dissertation does not try to answer why Mbeki became interested in dissident views but rather to establish what his views were at various stages. My primary sources are the written records of speeches; articles and letters by Mbeki and his critics, rather than media reports about these speeches, articles and letters. Most of

Chapter 2: Theories and methodology

Language and governance

This dissertation examines the HIV/AIDS discourse of South Africa's most powerful politician, President Mbeki, and the response from his critics. Thus, language and power are key theoretical components of the analysis. In democracies, the language used by political leaders is influential in articulating and developing policy and influencing public opinion. The language used by government leaders has become a key tool of governance and plays an important role in legitimising and regulating power relations in modern political systems.

In the current era of "new capitalism", capital is reinventing itself in order to expand its markets and thus its profits. This era has largely been characterised by the reduction of state spending on social services, the privatisation of state assets and the deregulation of markets. There has been an increasing reliance on new information and communication technologies, new modes of economic co-ordination such as the European Union and the increasing subordination of non-economic relations to capital accumulation and globalisation as capital seeks new markets and new sites of production that transcend the boundaries of nation-states (Jessop, 2000). This era has resulted in rapid urbanisation as the rural poor have found it impossible to sustain their livelihoods and have moved to the cities, mostly to live in urban slums. It has brought an increase in the gap between rich and poor citizens and developed and developing nations (United Nations 2003).

While physical force and coercion are still options to modern democratic governments and political leaders, they generally tend to wield power within their own borders by "manufacturing consent" for their views, using verbal persuasion to get their electorates to support their policies. When there is sufficient consent around an idea, this is often considered to be "common sense". When shaped ideologically by power relations, these "common sense" assumptions act as social glue that keeps subordinate groups from recognising that their interests may be at odds with those of the ruling

elite which is promoting a particular idea. This is what Italian communist Antonio Gramsci defined as hegemony (1971). Thus, in modern democracies, power is often exercised and achieved through the ideological workings of language. In other words, when language acts to reproduce the power relations between different groups, that is to maintain the status quo, it is operating ideologically (Fairclough 1989).

Given that, in the current era of “new capitalism”, information and communication technology has become increasingly important as a way of exercising power and communicating, language has become even more important in power relations. This is particularly so given the special relationship that has developed between politics, governance and the mass media, with certain political processes becoming media events and politicians being groomed as media personalities in order to be able to market their parties via the mass media. Dissension against ruling consent in democracies in the current era usually manifests first as discursive dissent, which can later result in action:

There is also a special relationship between action and discourses in a (democratic) government. It is an inherent property of the practice of democratic government that action arises from public contestation between discourses – discourses are deployed by different parties and groups to win sufficient political support for particular visions of the world to act. (Fairclough 2000:157)

Modern politicians have increasingly turned to “spin doctors”, or public relations experts, to assist them with how they are represented in the press. British Prime Minister Tony Blair is particularly well known for this, and has generated a lot of criticism as a result. Fairclough (2000: vii) asserts that Blair’s New Labour “calculatively manipulates language” on a scale and intensity previously unknown. Blair has also developed the political discourse of “the third way”, representing himself and his party as those that, of necessity, broke both with the traditionalism of the Conservative Party and the socialist sympathies of the “old” Labour Party with its reliance on the trade union movement in order to develop policies that are more in step with the current era of globalisation.

Language and AIDS

Language has been particularly important in the HIV/AIDS epidemic world-wide. While much of the early discourse about HIV/AIDS has been biomedical, there has been a proliferation of meanings often triggered by the fact that the epidemic is linked to two powerful taboos: sex and death. So powerful is the stigma associated with AIDS in some societies that people go to great lengths to hide their HIV status or that of their relatives. In Botswana, for example, although antiretroviral treatment is offered free for all citizens, less than 5% of those believed to need it have come forward and AIDS stigma is believed to play a significant role in this denial⁸. The importance of addressing HIV/AIDS in its cultural context has been recognised by health experts worldwide after widespread failures of imported models of HIV/AIDS prevention campaigns.

University of Illinois's Paula Treichler (1991: 31) urges that, because "the very nature of AIDS is constructed through language and in particular through the discourses of medicine and science", cultural analysis needs to "intervene where meaning is created: in language".

Of course AIDS is a real disease syndrome, damaging and killing real human beings. Because of this, it is tempting – perhaps in some instances imperative – to view science and medicine as providing a discourse about AIDS closer to its 'reality' than what we can provide ourselves. Yet the AIDS epidemic – with its genuine potential for global devastation – is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification. Both epidemics are crucial for us to understand, for, try as we may to treat AIDS as 'an infectious disease' and nothing more, meanings continue to multiply and at an extraordinary rate. This epidemic of meanings is readily apparent in the chaotic assemblage of understandings about AIDS that by now exist. (Treichler 1991: 32)

⁸ Media briefing by Botswana's, operations manager, antiretroviral roll-out, Dr Ernest Darkoh, to African journalists attending the International AIDS Conference, Barcelona July 2002.

In an analysis of printed sources about AIDS since 1981, largely published in the press, Treichler lists 38 characterisations of the epidemic. These include that it is “a gay plague”, “an imperialist plot to destroy the Third World”, “a CIA plot to destroy subversives” and “a capitalist plot to create new markets for pharmaceutical products” (Treichler 1991: 32). In South Africa, we have seen similar characterisations, which have played into the country’s various historical preoccupations, particularly racial stereotypes. This is consistent with Treichler’s observation that “the reproduction in AIDS discourse of existing social divisions appears to be virtually universal, whether it is white or black AIDS, gay or straight AIDS, European or African AIDS” (Treichler 1999: 116).

Language has also played an important role in battles between orthodox scientists and AIDS “dissidents”. This struggle, which remains unresolved, demonstrated that the management and resolution of scientific uncertainty involved “negotiations of credibility” rather than simple scientific experiments to settle controversies. In struggles between orthodox and dissident scientists in the US, scientific “markers that seem to certify the trustworthiness and competence of claimants” turned out to be “highly variable and surprisingly unstable”. (Epstein 1996: 331-333)

Power and dissent

As seen above, when language is used ideologically, it acts to reproduce power relations. However, what happens when people see through politicians’ attempts to coerce them into supporting their positions? In other words, what happens when texts are developed in opposition to those in power? In searching for ways in which to address the power relations at play in the HIV/AIDS discourse between Mbeki and his critics, I have found the views of Michel Foucault to be useful. Foucault argues that it is important to study power primarily because it shows the ways in which human beings have been transformed into “subjects” (in the sense of being subjugated). He identifies three “modes of objectification that transform human beings into subjects”. The first involves the ways in which certain kinds of inquiries, such as scientific inquiry, reduce humans and aspects of their behaviour or bodies to mere subjects of

that inquiry. The second he defines as “dividing practices” in which the subject is divided from others, such as the mad from the sane and the sick from the healthy. The third mode involves a way in which individual human being turns themselves into subjects, such as men recognising themselves as subjects of “sexuality” (Foucault 2002: 326-327).

Power relations are complex and their study has been confined to legal questions such as “What legitimates power?” and institutional questions such as “What is the state?”, argues Foucault (2000: 327). In searching for a new definition of power, Foucault argues for the need for “a new economy of power relations”. In his quest for this, he argues for:

.. taking the forms of resistance against different forms of power as a starting point... of using this resistance as a chemical catalyst so as to bring to light power relations, locate their position, find out the point of application and the methods used. Rather than analysing power from the point of view of its internal rationality, it consists of analysing power relations through the antagonism of strategies. (Foucault 2002: 329)

To do so, he examines recent forms of resistance and identifies six common characteristics. The first is that resistance struggles are all “transversal”, that is not limited to one country or against one form of political or economic system. Secondly, they target the form and effects (“technique”) of power rather than the institution in which the power resides. For example, the medical profession is criticised for the power it wields over people’s bodies rather than the fact that it is a money-making profession. Thirdly, people criticise instances of power closest to their lives (“immediate enemies”) as these immediate examples of power directly affect their behaviour as individuals. The fourth common characteristic of recent forms of resistance is that they deal with the status of individuals, both struggling against power that separates individuals from others and splits up community life, as well as asserting the right of individuals to be different. The fifth characteristic Foucault identifies is struggle against the “privileges of knowledge”, opposing the link between power and knowledge, competence and qualification as well as being opposed to secrecy and “mystifying representations” imposed on people (Foucault

2002: 329 - 330). The final characteristic addresses the question “who are we”, seeking an answer that is not determined by economics, state violence or by scientific or administrative means.

However, Foucault’s notion of power can also deny the autonomy of individuals and can be interpreted as simply regarding civil society as a collection of local interest groups that seek to constrain state power as it is manifested locally and gain specific rights from it, but ultimately actually serve to entrench the state’s political supremacy by refusing to engage with it beyond a local level (Greenstein 2003). In this regard, Mouffe’s conception of a radical democratic citizenship provides a way of taking local struggles further and elevating them to regional, national and transnational levels by examining how different interest groups with a range of allegiances can build a radical democracy but still retain their individuality by supporting one another on the basis of a common human rights agenda. In this context, Mouffe argues for a “radical democracy” based on:

a collective form of identification among the democratic demands found in a variety of movements: women, workers, black, gay, ecological, as well as in several other ‘new social movements’. This is a conception of citizenship which, through a common identification with a radical democratic interpretation of the principles of liberty and equality, aims at constructing a ‘we’, a chain of equivalence among their demands so as to articulate them through the principle of democratic equivalence (Mouffe 1993: 235-6).

Critical Discourse Analysis

Discourse, according to the Longmans Dictionary of Language Teaching and Applied Linguistics, is “language produced as the result of an act of communication, that is units of language such as clauses, paragraphs, conversations and interviews” (Richards et al 1992: 111). Discourse analysis “employs the tools of grammarians to identify the roles of wordings in passages of texts, and employs the tools of social theorists to explain why they make the meanings they do”. (Martin and Rose 2002 :4). It looks at how stretches of language become meaningful for their users and considers the relationship between language, both written and spoken, and the contexts in which

it is used (Paltridge 2000:4). Discourse can also mean ideologically determined ways of referring to people, determined by social structure, reflecting social norms and conventions and reflecting power relations between different groups (Wallace 1992: 68).

The study of language is a vast field with many different schools and practitioners. Linguistics has developed a number of systematic techniques for describing language, while sociolinguistics has sought to link language and social settings. However, sociolinguistics tends to be positivist in its approach, best suited to describing “natural” linguistic patterns rather than explaining the social relations that shaped such patterns. Pragmatics emphasizes that language can be a form of action – by, for example, promising, threatening and asking. However, it concentrates on individuals rather than social conventions or power relations. Linguistics, sociolinguistics and pragmatics – as well as anthropology, cognitive psychology, sociology and other disciplines – have all played a part in the development of discourse analysis. (Paltridge 2000; Fairclough 1989).

However, discourse analysis itself has a number of different strands. Of these, critical discourse analysis (CDA) as developed and propagated by Norman Fairclough (1989, 1995, 1997, 1999) is most suited to what I am trying to achieve, namely an analysis of Mbeki’s written and spoken texts dealing with HIV/AIDS from 1998 to 2003 in order to establish how his views and beliefs on the matter changed and how he reacted to criticism of his views. CDA regards all discourse as being concerned with power relations, although these are not necessarily political in nature. Critical discourse analysts take the view that language is a social practice determined by social structures and the conventions associated with such structures. Language not only reflects social practices but also plays a role in creating such practices. In other words, language has an ideological role to play in maintaining power relations. An important part of politics, for example, is the conflicts among politicians over the meanings of words, for example:

Such disputes are sometimes seen as mere preliminaries to or outgrowths from the real processes and practices of politics. What I am suggesting is that they are

not: they *are* politics. Politics partly consists in the disputes and struggles which occur in language and over language (Fairclough 1989: 23).

Those in power use propaganda to promote their ideas and values. Constant repetition of this propaganda ensures that it becomes the norm, naturalising the dominant ideology. At the same time, those in power denigrate opposing views and try to exclude counter-debate. Social injustice and the monopoly of power is obscured through a process known as “mystification”. CDA aims not only to analyse texts to uncover power relations but is also concerned with redressing injustice (Martin 2000). It positions itself as a form of “social action” that aims to address social problems by examining the linguistic character of social and cultural processes and structures and by uncovering power relations and opaque practices. It asserts that power relations are exercised and negotiated through discourse, which means that power operates through language.

Language is a part of society, a social process and is conditioned by social processes that extend beyond language. It not only reflects social relations, but is also part of and reproduces them. Thus, discourse plays a role in constituting society and culture. Ideologies are often produced through discourse, including ways in which society is represented and constructed (Fairclough 1989). Ideology, in this instance, is taken to be associated with legitimating and sustaining the power of the dominant social group or class (Eagleton 1991).

There are connections between social and cultural structures and processes and properties of texts, although these connections are often indirect. Language is not simply descriptive but is also interpretive and explanatory. (Fairclough and Wodak 1997) Discourse is taken to mean the process of social interaction, of which the text (both written and spoken) is but a part. It encompasses the process of the production of the text and the process of interpretation, for which the text is a resource. However, a person’s social conditions and experience, the context in which they operate, also influence how a text is produced and interpreted. The figure on the following page serves to illustrate this point by depicting discourse as being a product of the combination of text, interaction between the process of production and interpretation

and the context in which the social conditions of production and interpretation take place.

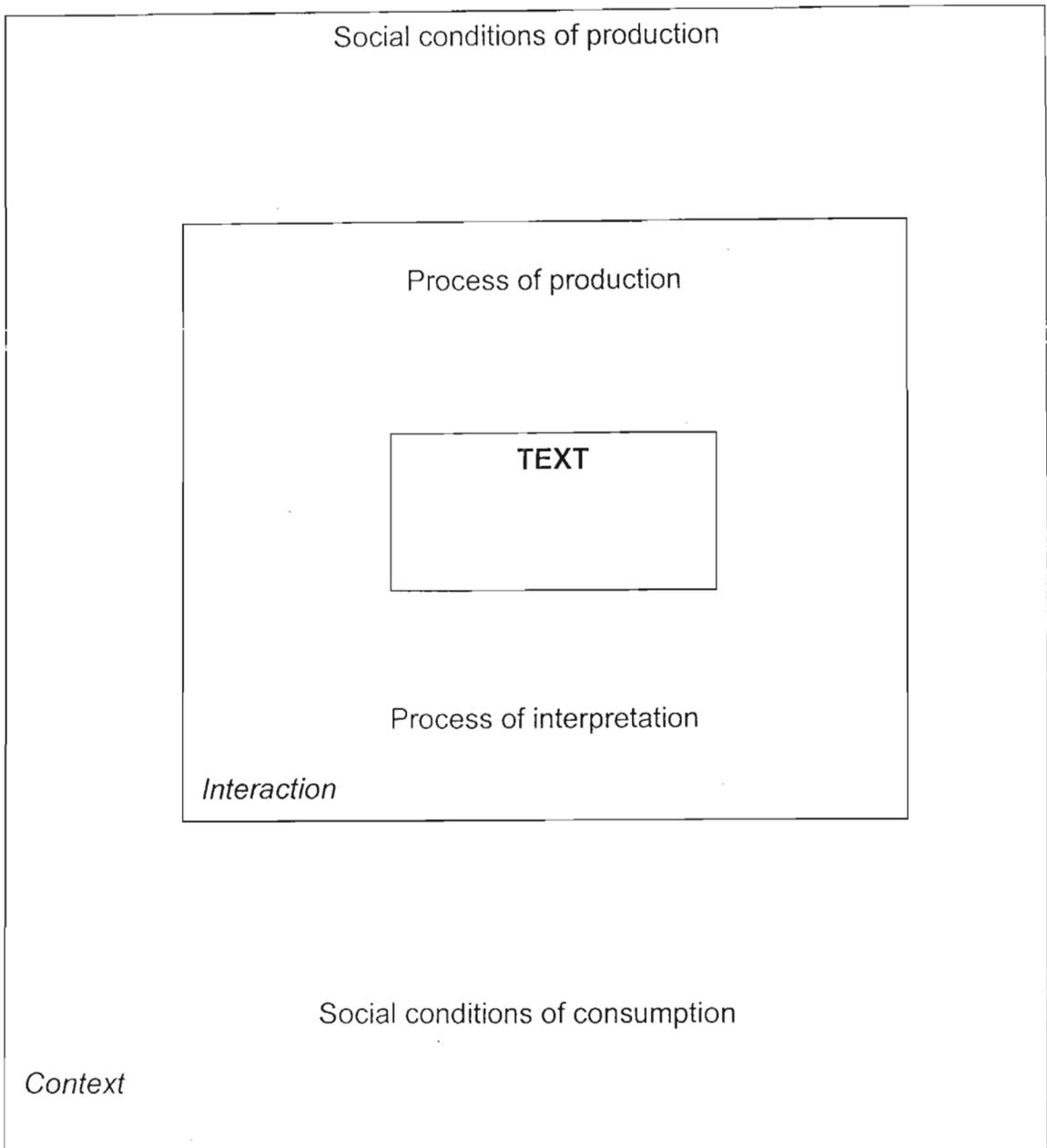


Fig 1: Discourse as text, interaction and context (Adapted from Fairclough 1989: 25)

In accordance with the figure above, CDA can be said to operate in three dimensions or stages:

- Description, which is concerned with the formal properties of the text. Analysis at this stage consists of identifying these formal features within a descriptive framework.

- Interpretation, which examines the relationship between the text and interaction, seeing the text as both a product of a process of production and as a resource in the interpretation process. Analysis at this stage involves the cognitive processes of participants in the social interaction.
- Explanation, which is concerned with the relationship between interaction and social context. Analysis involves the relationship between the interactions and the social structures that shape and are shaped by these interactions (Fairclough 1989)

Description

Critical discourse analysts point out that every stage of the analysis involves interpretation, including the descriptive phase. While there is a positivist tendency to assume that the descriptive stage simply involves a mechanical description of formal features, the choices an analyst makes about what features to highlight involves interpretation. This stage focuses on vocabulary, grammar and textual structures. Formal features may have experiential value, which relates to the text's contents, as well as the text producer's knowledge and beliefs. They may have relational values, which relate to the social relationships enacted in the text. They may also have expressive or connective value, which is related to social identities. Vocabulary involves the experiential values of words (for example, whether there are words that are ideologically contested, rewording and overwording); the relational values that words have (for example, whether words are formal or informal and whether euphemisms are used), the expressive values of words and metaphors. Grammatical features can be broken down in a similar manner, with experiential values dealing with issues such as whether agency is clear, active or passive voice and negative or positive sentences. Relational values relate to modes (declarative, imperative) and modality, which is to do with the authority of the speaker or writer (and can be gauged by words such as "may", "must", "could", "cannot" etc). Relational values is also concerned with the use of pronouns such as "we" and "they", "us" and "them". Expressive values of sentences, and how sentences are linked together (what connectors are used), the relationship between clauses (whether one dominates) and how references are made inside and outside the text are also important. Textual structures deal with interactional conventions to do with how the text is organised.

such as whether one participant dominates in a dialogue, whether there are interruptions, ambiguity, ambivalence and silence (Fairclough 1989: 26; 109-139).

Interpretation

The relationship between the text and society is not evident simply from the formal features of the text. These formal features only acquire meaning when they are part of social interaction with its “common sense” assumptions. This is where interpretation is important. Interpretation relies on both what is in the text and what the person interpreting the text brings to the interpretation. Fairclough establishes six domains of interpretation, relating to both the interpretation of the text and the interpretation of the context in which the text is to be found. When looking at text interpretation, four different levels are identified. The first level of interpretation is the “surface of the utterance”, or whether the words or sounds make sense to the interpreter, and deals with vocabulary, grammar and phonology. The second level deals with “the meaning of the utterance”, or semantics, and with what the words represent and what “speech acts” they perform. Speech acts refer to the meanings that interpreters give to elements of the text on the basis of their own experience and world view. The third level deals with “local coherence”, and establishes whether the utterances connect with one another. The final level when looking at text interpretation deals with “text structure and point”, and this looks at whether the entire text hangs together and makes sense and what the “point” or main topic of the text.

There are two aspects to interpretation of context. The first relates to “situational context”, and addresses four main questions:

- What is going on? This which deals with the content of the discourse in terms of activity, topic, purpose;
- Who is involved; in other words what subjects are involved?
- What relationships are involved, in other words the subject positions in relation to issues such as power?
- What is the role of language in what is going on? This determines the genre as well as type of text, written or spoken.

The second aspect relates to “intertextual context and presupposition”, and acknowledges that there is an interactional history, and that interpreters and those who produce text bring to the text assumptions and presuppositions based on previous texts. Presuppositions can be sincere or manipulative, and can have ideological functions. (Fairclough 1989: 140 - 162)

Explanation

The social context in which the discourse takes place, particularly in the case of social struggle and power relations, requires “explanation”. Such explanation serves to link the “common sense” assumptions revealed by interpretation to the ideologies that these assumptions are built on. The main objective of explanation is to locate the discourse as part of a social process (such as a social struggle) that is determined by social structures (such as power relations). Explanation usually emphasizes either the social processes, that is the social effects of discourse, or the social structures affecting the discourse, or the social determinants of discourse. (Fairclough 1989: 162-166)

Method

This dissertation will be based on a pragmatic application of aspects of Fairclough’s critical discourse analysis, as applied to the language of Britain’s New Labour party and its leader, Tony Blair.⁹ This is an applied form of the more abstract CDA developed earlier by Fairclough (1989) and offers a more user-friendly and practical method which can be used by those who are not scholars of linguistics. This form of CDA has a specific political activist function, in that Fairclough explicitly states that he is opposed to New Labour’s spin-doctoring which has resulted in the calculated manipulation of language on a scale and intensity previously unknown in order to exercise centralised control and management of the political and governmental processes in Britain. He believes that New Labour’s political direction is dangerous as it assumes that the “new global economy” is inevitable, yet this economy is both increasing inequality and ecologically unsound. (Fairclough 2000: vii; 16). Instead of governance via the manipulation of language and rhetoric that masks reality, as Fairclough feels is being practiced by New Labour, he advocates three alternatives:

- real dialogue and debate that recognises and accepts disagreement rather than promotional governance carefully stage-managed via public relations exercises.
- political discourse that is open to difference rather than obscuring difference by misrepresenting society and people, usually through oversimplification;
- honesty, in the sense of political rule that is based on reality and the development of genuine trust between political leaders and members of society rather than policy that is based on spin generated from market research and focus groups and a leadership style that is designed on the basis of media calculations (Fairclough 2000: 159 – 160).

When examining the texts of the New Labour Party and focusing on the language of the party and political language in general, Fairclough identifies three analytically separate focuses – discourses, genres and styles. These, he argues, constitute the essential language elements of social practice.

Discourses relate to “political representations” of society and the political and governmental process. They are the political party’s way of representing action, and can relate to both vision and reality, and can encompass the economy, the family, the workplace and so on. A party has to work to build a unifying, coherent and distinctive representation of the world. This cannot be automatically assumed. Language is crucial in building such representation that is based on the development of common assumptions and presuppositions. However, the political landscape is fluid and varied, and for this reason political representation needs to be fluid too. Political parties and politicians that cannot move with the times get left behind. When applied to New Labour, its main political discourse is its construction of the “Third Way” as an attractive new direction for the party. The Third Way is represented as both a break with the “old-style intervention of the old left and the laissez-faire of the new right”, replacing the “intrusive hand of state intervention” and the “destructive excesses of the market”. It is based on the presupposition that the “new global economy” is inevitable and the only possible economic model. It assumes too that the measures needed to increase Britain’s competitive position in the new knowledge-based world system are compatible with greater social justice. However, there is debate about

⁹ See Fairclough, N (2000). *New Labour, New Language*. London, New York: Routledge.

whether the “Third Way” is genuinely a new form of centre-left politics or a disguised continuation of the neo-liberal policies of the new right. (Fairclough 2000: 9-12; 21-). “In other words, does it only transcend the division between the ‘old left’ and the ‘new right’ in words, or are the words of the ‘Third Way’ politics in harmony with action?” (Fairclough 2000: 11) There is also debate about globalisation and the form in which it takes as there is little doubt that “new capitalism” has increased inequality in the world. Thus, Fairclough argues that the Third Way is a discourse constructed around reconciling “themes” which many see as being irreconcilable and which were antagonistic in the past (2000: 44-45).

Genres relate to how language figures as a means of government and is connected to how a party seeks to manufacture consent for its views and policies. Language is thus part of the action (that is, the genre). For example, a Green Paper constitutes a particular genre, or a particular way of using language in governing. When applied to New Labour, the party aims to achieve sufficient consent by using language in a promotional manner, carefully stage-managing processes rather than encouraging dialogue. Its use of Green Papers (government’s consultation documents before policy documents are adopted as White Papers) in its policy development process, for example, gives the impression that the party is consulting with its electorate. However, such Green Papers are, in effects, “univocal, monological” in that certain aspects of the Green Papers are constantly highlighted and promoted via press releases and public meetings that seek to promote the policies rather than encourage genuine dialogue. Few people actually read the Green Papers, but rather rely on media reports about them. The language is hardly ever reported speech to reflect what different stakeholders think and the Green Papers are aimed at telling people rather than asking them. (Fairclough 2000: 11 – 13)

Style deals with the performance of language and is related to “political identities and values”. In relation to New Labour, British Prime Minister Tony Blair’s “leadership personality and style are not pre-given, they are carefully constructed” (2000: 8). He has been groomed to use a personal vernacular style when addressing the public, and tends to use the first personal plural such as “we” and “us”. His style is anchored in the image of a “normal, decent person” and he is able to successfully combine “formality and informality, ceremony and feeling, publicness and privateness”. The

“normal person” he projects is that of the middle class, “middle England”. However, while his image is one of a polite, cooperative, open and relaxed personality, in reality Blair is said to be a “power freak” who centralises power (Fairclough 2000: 6 – 8).

In summing up genres, discourses and styles, Fairclough notes the following:

So any speech by Tony Blair for instance can be looked at in terms of how it contributes to the governing process (how it achieves consent, for instance), how it represents the social world and the political and governmental process itself, and how it projects a particular identity tied to particular values – that is, in terms of genre, discourse, and style. In other words, language is so to speak part of the action (genre), as well as representing the action (discourse), and it’s also part of the performance (style). (Fairclough 2000:14)

When applying CDA to his analysis of New Labour, Fairclough also includes a text-based analysis of a small selection of Blair’s speeches. The purpose of this analysis is to examine in more detail how the political work of manufacturing consent is achieved; that is, how the texts operate ideologically and perform ideological functions. However, text-based discourse analysis can be a complex and exhaustive linguistic exercise. For this reason, Fairclough confines his analysis to three textual aspects which deal with the construction of textual classification, namely the relations of equivalence, antithesis, and entailment.

Equivalence is described as reducing differences between words and phrases, often through the use of lists or substituting one word for another. It operates by promoting interconnectedness by asserting that X equals Y. If lists are used, the items are in equivalences and may create logical connections based on appearances, in this case of items being placed alongside one another and thus apparently interconnected. This device is useful in building up common assumptions, either explicitly or implicitly, and presuppositions in texts by setting up relationships between different words and concepts. Some words already have “embedded” equivalence such as “power” and

“wealth”. It is thus an important device in persuasion and creating a set of positive or negative political scenarios (Fairclough 2000: 89-91; 161).

Antithesis sets up differences and contrasts between texts, and is often marked by the use of words such as “not”, “but” and “rather than”. It thus asserts that “X” does not equal “Y” in the text. It is useful in establishing difference and marking a new direction, often by contrasting the old and the negative (for example, “is not”) with the new and the positive (“is”) or vice versa. It is a useful device in seeking to persuade through fear, by counter-posing a positive outcome with a negative outcome (Fairclough 2000: 89-91; 161).

Entailment involves neither an equivalence nor a contrast, but acts to make a connection between various things, for example, “being competitive entails entering the quality market” and “entering the quality market entails the whole country working together”. It thus offers the following equation: if X then Y. The relationship of entailment makes connections between themes and discourses, and it is thus an important device in constructing “logic” as well as political rationalisations and generalisations. (Fairclough 2000: 91-92).

Based on this somewhat abbreviated version of CDA, this dissertation will examine a selection of Mbeki’s speeches and a speech by Judge Edwin Cameron in reaction to Mbeki. The analysis will be undertaken in two stages. The first stage involves both interpretation and explanation. The relevant text will be considered from an overall perspective in which the genre is defined and whether the text is typical or atypical of this genre. The content (discourses) of the selected speeches will be considered in terms of “framing”, or how the content is presented, as well as the angle or perspective that is taken by the writer or speaker. Both “foregrounding”, or what concepts are emphasized and “backgrounding”, or what concepts and issues are played down, are important. In addition, what has been omitted and what background knowledge is presumed (presupposition) is relevant.

The second stage involves homing in on sentences, phrases and words, essentially to look at what is being emphasized and normalised as well as the relationship that

Mbeki (and later Cameron) assumes with his audience. This can provide pointers to style. In the terminology of discourse analysts, what has been topicalised (put at the front of each clause), agency relations, (who is doing what to whom? use of passive/active voice, and what is being normalised), the connotations of words and phrases and the degree of formality and technicality of the language are important. (Huckin 1997). In order to do this, I have selected a few longer extracts and analysed these using the specific relations of antithesis, equivalence and entailment to see how Mbeki builds his argument. In addition, issues such as presuppositions, backgrounding and foregrounding have been considered.

This pragmatic version of CDA, adapted to analyse Blair and New Labour is a useful method that is relevant and applicable to the content and style of Mbeki speeches. Analysts have noted the similarities between Blair's and Mbeki's styles of governance. Mbeki's office and his politics have been described as a "replica" of Blair's, with far more power being centralised in the Office of the President since 1999 than during Mandela's era. In addition, Mbeki has sought to redefine the ideologies of the African National Congress (ANC) and its traditional support bases (Chothia and Jacobs: 154). Chothia and Jacobs describe the similarities between the two leaders thus:

Both Blair and Mbeki were somewhat insecure while rising to the pinnacle of power, as their new vision for social democracy based on privatisation, fiscal discipline, and fewer rights for workers was strongly challenged by left-wingers within their parties.

Both Blair's Labour Party and Mbeki's ANC had historically been the political home of the trade union movements in their respective countries, which had helped to shape policies, finance party activities and lead their electoral campaigns. As newly styled democrats, Blair and Mbeki set out to challenge the traditional natures of their parties. They were starting a "revolution", and for this they needed to strengthen their hold over their respective parties and governments on a larger scale than their predecessors. Otherwise, the centre, which they occupied, would collapse, bringing their political careers to an end.

It is thus appropriate, given the similarities between Blair's and Mbeki's styles of governance, that the CDA method applied by Fairclough to Blair's speeches should also be used to shed light on Mbeki's speeches relating to HIV/AIDS.

Some critics of CDA argue that it is simply another form of literary criticism as it does not attempt to solicit the views of those who produce and consume the texts being studied. (Widdowson 1998) In order to mitigate this criticism, I have included views of those that opposed Mbeki's flirtation with the dissidents. The section dealing with civil society hinges on the TAC. As with the Mbeki chapter, I have captured the key themes in relation to the TAC's conflict with Mbeki. This has been supplemented by an in-depth analysis of a speech delivered by Judge Edwin Cameron who, while not an elected TAC leader has been closely associated to the TAC cause of getting treatment for those people living with HIV/AIDS. His speech is analysed according to the same tools as those applied to Mbeki's speeches, namely in terms of antithesis, equivalence and entailment.

Chapter 3: Mbeki's views on HIV and AIDS

Introduction

My analysis will examine the genres, discourses and styles in Mbeki's speeches, letters, articles and, to a lesser extent, comments in interviews about HIV and AIDS. A close, text-based analysis that considers elements such as antithesis, equivalence and entailment to see how Mbeki builds his arguments will be restricted to a few texts that embody the core of his views on HIV/AIDS, and that also generated controversy. I will follow Fairclough's method of examining both how texts "work" at a general level as well as how selected texts operate both at a general and at a textual level.

All Mbeki's speeches and articles on the ANC website between 1998 and 2002 that mention AIDS have been considered as part of this research. These speeches and articles have been supplemented by certain key letters and three interviews Mbeki gave. I have divided Mbeki's discourses into three sections, namely: when he assumed that HIV causes AIDS; when he became interested in dissident ideas and how he reacted to those who criticised his views on HIV/AIDS, which also reflect his views.

However, it must be noted that while much controversy has been generated by Mbeki's views on HIV/AIDS, his official speeches are not a very good source of his views on the subject. The reason for this is that he seldom mentions HIV or AIDS in these speeches. This is demonstrated by the table below, which lists the number of speeches on the official "Mbeki page" on the ANC website and notes how many speeches HIV and/ or AIDS is mentioned. In many of the speeches in which HIV/AIDS is mentioned, it is simply mentioned once. It should be noted, however, that at some of the occasions at which he made these speeches, it would not have been appropriate to mention AIDS. These occasions include speeches at funerals (of people who did not die of AIDS) and addresses at state banquets. However, at the same time, Mbeki certainly seemed to develop an aversion to mentioning HIV or AIDS and often did so in an indirect manner. It should also be noted that he failed to mention HIV/AIDS at a number of occasions

where it would have been appropriate to do so, such as addresses to mark National Women's Day and at various youth events. A far richer source of Mbeki's views lies in his letters and interviews, which are also more likely to reflect his views than those of his communication officers and speech writers.

Table 1: Mbeki's speeches that mention HIV and/or AIDS

Year	Total number of texts on website	Number of texts that mention HIV or AIDS (direct or inferred)
1998	30	3
1999	53	5
2000	64	8
2001	49	9
2002	51	8

3.1 Mbeki and the orthodox view of HIV/AIDS

3.1.1 General trends

Prior to late-1999, Mbeki followed the orthodox view that HIV causes AIDS and the articles and speeches he wrote are all based on this presupposition. In the speeches in which HIV/AIDS is mentioned, it is usually mentioned as part of a list of other issues (variously described as “threats” and “challenges”) such as poverty and unemployment. In this way, an equivalence is made between AIDS and other issues that government has identified and prioritised as posing a threat to the country’s stability and development.¹⁰ However, it should be noted that these early references to HIV/AIDS were usually written as “HIV-AIDS”, particularly in articles and letters which are more likely to have been penned by Mbeki than his speechwriters. This is contrary to the usual use of a backslash to indicate a person has either HIV or AIDS and could indicate that Mbeki was unaware of international conventions relating to HIV/AIDS terminology. There is nothing particularly unusual about Mbeki’s period of HIV/AIDS orthodoxy, although his interest in science is clear and should be noted as this predisposition to science and scientific argument plays an important part in attracting him to the ideas of the AIDS dissidents. There are three general discourses in Mbeki’s speeches, articles and letters that characterise this period. These are listed below. Below these is an analysis of an article which best typifies Mbeki’s approach at this stage.

HIV/AIDS is a significant threat to progress in Africa

This view is evident by the way in which Mbeki mentioned HIV and AIDS as threats together with other issues such as poverty. (Address to the Intergovernmental Forum Development Planning Summit, November 27 1995; Address to the ANC Youth League congress, March 19 1998; Address to the Non-Aligned Movement ministerial meeting at the United Nations in New York, September 23 1999; Address to the joint Houses of Parliament during the millenium debate, November 19 1999.)

¹⁰ This is evident in Mbeki’s address to the Intergovernmental Forum Development Planning Summit (November 27 1995), an address to the ANC Youth League congress (March 19 1998), Address to the Non-Aligned Movement ministerial meeting at the United Nations in New York (September 23 1999) and his address to the joint Houses of Parliament during the millenium debate (November 19 1999)

HIV/AIDS is a challenge that needs to be taken up by the youth

This is consistent with statistics that show it affects an inordinate number of young people. (Address to the ANC Youth League congress, March 19 1998)

Science offers the possibility of addressing HIV/AIDS

This is demonstrated primarily by Mbeki's interest in and support for Virodene, which will be demonstrated in the text extract below.

3.1.2 Specific analysis: Extract from the article written by Mbeki, 'ANC has no financial stake in Virodene' (*Mayibuye* March 1998)

Context (interpretative and explanatory): It was clear from early on that Mbeki had a particular interest in science and the scientific aspects of HIV/AIDS. This is shown by his involvement in the promotion of Virodene, a chemical that researchers from a South African company called Cryopreservation Technologies cc (CPT) said was a treatment for AIDS. Mbeki's engagement with the researchers led to them presenting their findings to Cabinet before their research had been peer-reviewed. The Virodene team received a standing ovation from Cabinet after their presentation (Marais: 2000 34). Mbeki also attempted to ensure that the Medicines Control Council (MCC) approved the company's protocols for clinical trials on Virodene. When the MCC's chairperson, Peter Folb, refused to approve large scale human trials with Virodene, government responded by restructuring the council and replacing him as chair. This heavy-handed approach is evident later. When the Virodene researchers were asked why they had not followed normal scientific procedures to establish the efficacy of their drug before enlisting the help of politicians, they responded that they had been "blocked" by an AIDS research "establishment"¹¹. This description is similar to claims made by the AIDS dissidents about how they had been treated by the scientific community. These claims also captured Mbeki's imagination and is probably indicative of his predisposition to defend those considered "underdogs" by the establishment. The Virodene article clearly shows that Mbeki was prepared to make political interventions into scientific research endeavours where he thought it necessary whether or not this had been peer-reviewed. In this case, he took a stand on untested

research that was based on insufficient evidence and tried to push further research on the basis of conspiracy theories.

I have selected a long extract from an article Mbeki wrote on Virodene in order to examine in more detail the position he took at the time. The “political work” being done by the article operates on two levels, namely intellectual and rhetorical. Both are closely related and in practice both work to persuade people, but the “intellectual work” relates to the political position that it articulates and how it contributes to constructing a political discourse. The “rhetorical work” relates to its ability to inspire support, mobilise people and capture their imaginations (Fairclough 2000: 85 – 93).

The article appears to have been written in response to questions raised in the press about why Mbeki was getting involved with researchers who were promoting an untested AIDS treatment called Virodene, and why they had been given access to Cabinet to present their product. Such accusations came a few months before the country’s second democratic elections after which Mbeki was expected to become president. His article is based on the presuppositions that HIV causes AIDS and that those with AIDS need medical treatment.

Below is an extract from the article:

‘ANC has no financial stake in Virodene’

...In our strange world, those [Virodene researchers] who seek the good for all humanity have become the villains of our time!

The great sand storms generated by all these vexatious proceedings have served to obscure the fact that what confronts us all is the pressing crisis of an escalating pandemic of HIV/AIDS.

Two thirds of those affected world-wide are in Sub-Saharan Africa, including a 2,8 million strong South African contingent.

Often I have wondered whether those who have generated sand storms with the greatest enthusiasm, did not, in fact, seek to achieve precisely this result!

¹¹ Staff writer. Aids ‘breakthrough’ broke all the rules. *Mail & Guardian*. October 24 1997.

Time will tell what lies behind this behaviour, which has produced in me feelings of exasperation, anger and sadness.

However, let us come to the matter which has caused the latest rumpus around Virodene.

Neither the ANC nor anyone in its leadership, whether working inside or outside government, has been or will be involved in any financial arrangement related to Virodene.

Neither has there been any discussion between any of these and any other person which related to financial arrangements involving the ANC and any among its leadership.

The allegation that the ANC has been involved in such arrangements or discussions is both completely false and gravely insulting.

To satisfy those who seem perversely attached to the notion that the ANC and the Government are guilty until proven innocent, the independent Public Protector will, in due course, pronounce on these matters.

A question has also been posed as to why I interacted with the researchers on matters affecting the company handling Virodene affairs, Cryopreservation Technologies cc (CPT). Last year, differences emerged among the researchers. Ultimately, the courts facilitated a resolution of this dispute.

The dispute threw up two dangers.

One of these was that CPT could be auctioned to the highest bidder. The second was that the dispute could block the clinical trials to which the Medicines Control Council (MCC) ultimately agreed, but later changed their mind.

If the first eventuality came to pass, the intellectual property represented by Virodene could fall into the hands of people who could shut down the research effort or sell Virodene at unaffordable prices, should it be licensed as efficacious medication.

The consequences of the second eventuality are obvious enough. Taking these matters into account, the Minister of Health and I decided that we should assist the researchers to resolve the differences among themselves to facilitate the carrying out of the critical clinical trials that would test the efficacy of Virodene.

The judicial process resulted in the appointment of a neutral Administrator to oversee the affairs of CPT. We have met the Administrator and conveyed to him our support as he carries out his important tasks.

Should a similar situation emerge in future, requiring that we intervene to encourage the researchers not to allow anything to compromise their legitimate scientific work, we will intervene.

Of course, this would happen on condition the researchers continue to accept that we would be honest brokers.

During the course of their interaction with the MCC, the researchers have submitted at least four versions of their research proposal, the Protocol, in response to the critical appraisals of the MCC.

As it became more and more difficult to understand the attitude adopted by the MCC, the Minister of Health and I held meetings with both the researchers and the Chairperson of the MCC, to help facilitate the resolution of any outstanding problems.

Once again, should the need arise for us to play such a role, we will not hesitate to do so. Again, this will depend on the willingness of all parties concerned, freely to interact with us, as they did on all previous occasions.

At this point we should perhaps go back to the beginning.

More than twelve months ago, emanating from a request the Minister of Health presented through me, the Cabinet listened to a presentation by the Virodene researchers.

Cabinet also had the privilege to hear the moving testimonies of AIDS sufferers who had been treated with Virodene, with seemingly very encouraging results.

The Cabinet took the decision that it would support the Virodene research, up to the completion of the MCC processes. So far, this has not necessitated any financial or other material support.

The Cabinet has not changed its mind on this issue. Those in Government who deal with this matter directly, including the Minister of Health and myself, will continue to do so until Government policy changes.

The importance of this is further emphasised by the fact that our entire system of government, from the national to the local level, has begun implementing a programme of action of sustained national mobilisation to intensify the offensive against the spread of HIV/AIDS.

The Government has established an Inter-Ministerial Committee on HIV/AIDS to lead this critical campaign. I chair this Committee and the Minister of Health heads its Secretariat.

Both I and the Minister of Health, as well as the rest of our colleagues in our country's system of governance, will try as best as we can to discharge our responsibilities in the supremely important fight against HIV/AIDS, including support for all relevant bona fide medical research.....

Alas, "the local review board", the MCC, still refuses to accept the application, despite its knowledge of the unanimous opinion of these "learned and highly qualified professionals", and whose credentials it is perfectly aware of.

To confirm its determined stance against Virodene, and contrary to previous practice, the MCC has, with powers to decide who shall live or die, also denied dying AIDS sufferers the possibility of "mercy treatment" to which they are morally entitled.

I and many others will not rest until the efficacy or otherwise of Virodene is established scientifically. If nothing else, all those infected by HIV/AIDS need to know as a matter of urgency.

Genre: The article appeared in the ANC's publication, *Mayibuye* in March 1998 with Mbeki listed as the author. The genre is in the form of an opinion article from the ANC president to ANC members that acts to both brief them on the Virodene issue and to clarify the ANC's stake in the substance. Articles written by Mbeki appear infrequently in *Mayibuye*, usually on matters that he feels passionately about. More recently, his weekly "Letter from the President" that appears in the online publication, *ANC Today*, have taken the place of such articles. Thus, while such articles have occurred in the past, they are not commonplace in *Mayibuye* and indicate the degree of his interest in Virodene. There would thus be an assumption that those reading the article would be politically literate and also sympathetic to the ANC. However, Mbeki

would obviously also know that the journal was available to anyone who is interested and that the press often used articles in it to write articles. It thus provides a useful indirect way of influencing the media without having to engage directly with an issue and make a public intervention such as releasing a press statement responding to various allegations.

Discourses: The article is based on the presupposition that HIV causes AIDS. The main political discourse of the article – namely that which is foregrounded – is the presentation of ANC members of government, specifically Mbeki and the minister of health, as well-meaning mediators (“honest brokers”) in a dispute between the Virodene researchers and the MCC, aimed at securing the best possible result for those living with HIV/AIDS, namely possible “mercy treatment”. It paints Virodene in a favourable light and implies that there is a conspiracy against the substance by referring to the “impassioned controversy”, “sandstorms” and “rumpus” it has caused, saying that “time will tell what is behind this behaviour”. In more general terms, the ANC-led government’s support and enthusiasm for Virodene indicates that it hoped for a quick-fix “miracle cure” to contain the epidemic (Marais 2000: 35). In addition, it represents a rather over-optimistic belief that relatively poorly resourced South African would be able to develop a drug that could contain or destroy HIV when the most advanced scientists in the world, backed by multi-million dollar grants, had been unable to do so. This is not to denigrate South African scientists, some of whom have made valuable contributions to the HIV vaccine currently being tested in South Africa, for example. However, this has been done in collaboration with scientists from the US and Britain and there is general consensus that breakthroughs in dealing with HIV/AIDS will only develop from collaborative efforts involving scientists throughout the world.

Politically, this article essentially set the stage for government interference in MCC, a supposedly independent statutory body that is responsible for licensing of medicines (which involves issues such as granting approval for clinical trials, treatment regimens and package inserts). Despite its independent status, however, MCC members are appointed by the health minister. As a result of the clash between government and the MCC over Virodene, the health minister took the opportunity to restructure the

council which resulted in its chairperson and most of its members not being re-appointed.

Style: Although Mbeki's style is generally formal, this article assumes a sympathetic audience as Mbeki makes references to emotions ("exasperation, anger and sadness") which is generally unusual in his formal speeches. In addition, it does not make use of quotations from famous authors, poets or thinkers, as many of his formal speeches do. This indicates that he does not want or need to impress his intellectual capabilities on his audience but rather wants to deal in a more direct manner with the issues that concern him.

Analysis of textual elements

The text takes a while to explain the background (not reproduced above) to the problem being addressed, namely that "the ANC has no financial stake in Virodene". It paints a dramatic picture of intrigue and unexplained conflict surrounding the substance which in turn indicates that this is no ordinary substance and that it is potentially very valuable. This is done by reporting on "night raids"; "shots (having) been fired at one of the researchers by unknown gunmen", the need for "armed protection and "provocation".

Mbeki never names those who make the "strident charges" against Virodene, but defines their charges as "sandstorms" and implies that their behaviour is inexplicable ("Time will tell what is behind this behaviour"). However, it is not only explicable. For the only time in the text, Mbeki describes his own reaction to the charges as being that of "exasperation, anger and sadness", which are strong words from a man not given to expressing emotion. He legitimates Virodene by creating equivalences between its researchers and those "(seeking) good for all humanity". and between the research and "legitimate scientific work" and "bona fide medical research".

He says that "time will tell what lies behind this behaviour" (of those criticising Virodene). At the same time, he says that "it became more and more difficult to understand the attitude adopted by the MCC" towards Virodene. In this way, the text creates an equivalence between Virodene's critics and the MCC by implying that they are both behaving irrationally. The MCC is also portrayed as possibly also being

involved in a conspiracy against Virodene, as it is acting “contrary to previous practice”. He carries his criticism of the MCC even further when he implies that it is immoral that, “with powers to decide who shall live or die, (the MCC) is also denying AIDS sufferers the possibility of ‘mercy treatment’ to which they are morally entitled”. It is interesting that Mbeki asserts that people with AIDS have a “moral right” to treatment, which indicates that at that stage he believed government should facilitate such treatment.

Mbeki places his own behaviour, that of the health minister and Cabinet as an antithesis to the MCC and Virodene’s critics. Unlike the critics, who appear to want to “obscure the fact that what confronts us all is the pressing crisis of an escalating pandemic of HIV/AIDS” or the MCC, which has taken a “determined stance against Virodene”, Mbeki portrays himself and the health minister as “intervening” to protect the “intellectual property” of Virodene from “(falling) into the hands of people who could shut down the research effort or sell Virodene at unaffordable prices”. He sets up an equivalence between himself and “honest brokers”, and insists that Cabinet supports the Virodene research and that he and the health minister are simply carrying out the wishes of Cabinet. He insists that they will continue to intervene, even if this entails taking on the MCC and other critics of Virodene as he “and many others will not rest until the efficacy or otherwise of Virodene is established scientifically”. The foregrounding of “efficacy” and backgrounding of “or otherwise” again creates the impression that Virodene is potentially a “mercy treatment”.

This article essentially set the stage for government interference in MCC, a supposedly independent statutory body that is responsible for licensing of medicines (which involves issues such as granting approval for clinical trials, treatment regimens and package inserts). Despite its independent status, however, MCC members are appointed by the health minister. As a result of the clash between government and the MCC over Virodene, the health minister took the opportunity to restructure the council and its chairperson and most of its members were not re-appointed.

3.2 Mbeki and AIDS dissidence

We need contagious epidemics to fight. Even imagined ones. They're tremendously psychologically useful. Germ theory so dominates contemporary medicine that it seeks germs everywhere, the more virulent the better, and especially if they can be linked to our culture's great taboos, sex and death. Anything to avoid facing up to unappealing political realities like widespread chronic undernourishment among a shameful number of our countrymen as the time-honoured and common sense cause of broken health.

– Anthony Brink, South African AIDS dissident and author of *Debating AZT*.
(Brink 2000)

3.2.1 General trends

Mbeki's overt and public involvement with AIDS dissidence ranged from late-1999 to mid-2001. He apparently told the ANC National Executive Committee in October 2001 that he intended to withdraw from the public debate on HIV/AIDS from that time (Paton 2000).¹² Despite the fact that Mbeki was the first, and indeed only, South African government leader to raise questions about whether HIV causes AIDS, a sustained thread throughout his overt period of dissidence is his assertion that his views and actions are at one with his government. He almost always uses the first person plural "we" in his texts when arguing his points. An example of this is his address to the International AIDS Conference in Durban (July 2000), in which he refers to "the questions I and the rest of our government have raised". However, there are a number of indications that he did not have the support within government that he claimed to have and that he addressed the ANC Parliamentary caucus on the lack of support for his opinion at least once (Paton and Richard 2000). No more clearly is this lack of support indicated than by the Cabinet's decision on April 17 2002 that antiretroviral drugs do work, that the drugs should be available to all rape survivors as post-exposure prophylaxis and that government would examine ways in which to

¹² According to Paton (2000) Mbeki said he was withdrawing because of the confusion his views had caused. However, he then restated his views at the meeting, thus indicated that he had not changed his mind but was withdrawing for strategic reasons.

introduce these drugs in the public health sector. This has been followed by the announcement on November 19 2003 that antiretroviral drugs would be available in every health district in the country within a year.

The first public indication that Mbeki was breaking with AIDS orthodoxy came in an address to the National Council of Provinces (NCOP) on October 29 1999, in which he questioned the wisdom of using a “toxic” drug such as AZT to treat those with AIDS. Interestingly, Virodene had also been labelled as toxic by its critics when it was being promoted by Mbeki. It is entirely possible that Mbeki, stung and humiliated by his misguided and inappropriate support for the untested drug, had become disillusioned with pharmaceutical companies and researchers and had started to question the drug-based response to HIV/AIDS.

In the NCOP speech, Mbeki mentions both rape and HIV/AIDS together, something that becomes a pattern as he frequently alleges that there are South Africans (journalist Charlene Smith is the only one he ever names) who like to make the link between uncontrolled promiscuity, rape and HIV/AIDS. In addition, in addressing rape, Mbeki questions the statistics on the apparent under-reporting of rape and asks where these figures come from. This scepticism about statistics is also a recurrent theme when Mbeki addresses HIV/AIDS, and constantly questions infection rates and incidence and mortality statistics. This is despite the fact that much South African HIV/AIDS modelling, particularly at that time, was based on government’s own antenatal survey with samples drawn from government health facilities.

In the NCOP speech Mbeki questions the basis on which the rape statistics are made, saying that “the tragedy is that many of us have taken these purely speculative figures as fact. Clearly, this will not help us properly to fight against the terrible crime of rape as we cannot base our actions on untruths”. He then goes straight on to deal with HIV/AIDS, saying that “similarly we are faced with the scourge of HIV-AIDS against which we must leave no stone unturned to save ourselves from the catastrophe which this disease poses”. Mbeki then says that “many in our country” have called on government to make the anti-retroviral drug, AZT, available in the public health system as a solution:

Two matters in this regard have been brought to our attention. One is that there are legal cases pending in this country, the United Kingdom and the United States against AZT on the basis that this drug is harmful to health.

There also exists a large volume of scientific literature alleging that, among other things, the toxicity of this drug is such that it is in fact a danger to health.

These are matters of great concern to the Government as it would be irresponsible for us not to heed the dire warnings which medical researchers have been making.”

He sets up an equivalence between those making pronouncements on rape based on “purely speculative figures” and those calling for AZT despite the fact that it may be toxic by using the word “similarly” to link HIV/AIDS to rape. As with Virodene, Mbeki poses government’s approach to be one that has the best interests of the country at heart, and says he has asked the health minister “to go into all these matters”. However, unlike in the case of Virodene, Mbeki now raises the issue of the safety and toxicity of the drug. Virodene had by this time been discredited as its active ingredient was found to be an industrial solvent that was likely to damage human DNA as well as the virus (Marais 2000: 35). At no stage did Mbeki apologise for his overzealous promotion of Virodene in the light of the evidence that it could have harmed those who took it. However, it is possible that the Virodene saga alerted Mbeki to the potential toxicity of drugs in general, and HIV treatments in particular, all of which are strong and many of which have side-effects. In addition, AZT was not produced by South Africans but by an international pharmaceutical company, Glaxo Wellcome (now Glaxo Smith Kline). Later, the extent of antipathy between government and the pharmaceutical companies would become apparent.

In the only indication that the speculation that Mbeki became interested in the dissidents via the Internet, Mbeki concludes his speech to the NCOP by “urging” NCOP members “to access the huge volume of literature on this matter available on the Internet. So that all of us can approach this issue from the same base of information”.

This extract is important as it demonstrates that Mbeki became drawn to the dissident views by first becoming concerned about the effects of AZT. This confirms AIDS dissident Anthony Brink’s claim (personal email, February 18 2003) that Mbeki

became “turned on the trouble about AZT” after Brink had sent a manuscript of his book, *Debating AZT*, to Ian Roberts, the health minister’s special adviser in July 1999. Roberts apparently passed it on to Minister Manto Tshabalala-Msimang, who gave it to Mbeki. It is clear from the NCOP address, however, that Mbeki is still of the view that HIV causes AIDS and that he is mainly grappling with how to deal with the epidemic, particularly whether drugs can offer a solution. His description of AIDS as a “disease” when it is a syndrome indicates a lack of scientific awareness of the epidemic.

While the NCOP speech is important as it marks a turning point in Mbeki’s awareness about HIV/AIDS, the most revealing documents dealing with Mbeki’s interest in, and at times espousal of, dissident views are to be found in 2000 and 2001. These are supported by interviews he gave, mainly to the broadcast media, at the time in which he made more explicit a number of his personal views. It is also during this time that Mbeki decided to set up the Presidential Advisory Panel on AIDS¹³, which was launched on May 6 2000 in Pretoria. It was made up of both orthodox and dissident scientists and Mbeki convened it in a bid to settle certain scientific questions relating to HIV and AIDS. The terms of reference set for the panel before the first meeting provide insight into the questions Mbeki had been grappling with, namely:

- The evidence of viral aetiology of AIDS: What causes the immune deficiency that leads to death from AIDS? What is the most efficacious response to this cause or causes? Why is HIV/AIDS in sub-Saharan Africa heterosexually transmitted while in the western world it is said to be largely homosexually transmitted?
- What is the role of therapeutic interventions in the context of developing countries? (In patients with AIDS, HIV-positive patients, prevention of mother-to-child transmission and prevention of HIV transmission following occupational injury and rape).
- Prevention of HIV/AIDS: This discussion should be underpinned by considerations of the social and economic context, especially poverty and other prevalent co-existing diseases and the infrastructural realities of developing countries.

Thirty two of those scientists invited agreed to serve on the panel, and 15 others were co-opted by the secretariat. The panel met twice and a secure Internet facility was set up, supposedly to facilitate discussions. However, most orthodox scientists on the panel did not bother to engage with the dissidents whereas the dissidents reacted with enthusiasm. According to the panel report:

The lack of participation in the Internet debate by panellists who subscribe to the HIV theory of AIDS was lamented by the Minister of Health when she opened the second meeting of the panel on 3 July 2000. The Minister reminded the panellists that they had been invited because of the expertise and experience that they each brought to the debate.

The final report on the panel was release on March 2001, and it is characterised by two different views – one orthodox and one dissident – being presented on a range of issues such as the causes of AIDS and whether HIV tests work. The report received little press coverage yet the dissident views contained within it are clearly still influencing government’s approach to HIV/AIDS.

Before turning to a long extract of a letter that demonstrates Mbeki’s views, I would like to draw out a number of observations and themes that characterise Mbeki’s overtly “dissident” phase:

Poverty is the major cause of acquired immune deficiency in Africa.

This is demonstrated particularly by the following quotations from Mbeki:

- “What do you expect to happen in Africa with regard to immune systems, where people are poor, subject to repeat infections and all of that. Surely you would expect their immune systems to collapse. I have no doubt that is happening.” (Mbeki in an interview with *Carte Blanche* TV show on M-Net, 16 April 2000).
- “Once you say immune deficiency is only acquired from (a single) virus your response will be antiretroviral drugs. But if you accept that there can be a variety of reasons, including poverty and the many diseases that afflict Africans, then you

¹³ For full details of the Presidential Advisory Panel’s report, see <http://www.doh.gov.za/docs/reports-f.html>

can have a more comprehensive treatment response.” (Mbeki in an interview with *Time*, September 20 2000)

- “In common with the rest of Africa, we are experiencing an upsurge in the communicable diseases strongly associated with poverty and underdevelopment - AIDS, TB and malaria.” (Mbeki’s address to National Health Summit, November 19 2001)
- “Inevitably the conditions of poverty and underdevelopment produce the debilitation and the decimation of our people through poor health. This problem is, of course, worsened by the fact that we do not have the necessary health infrastructure to address this challenge. This too is another price the masses of our people pay because of poverty and underdevelopment. Our Continent is therefore seen as being synonymous with AIDS.” (Mbeki’s address on the 90th anniversary of the ANC, January 6 2001).

HIV cannot be the only cause of immune deficiency.

This is particularly demonstrated by the following comment from Mbeki: “A whole variety of things can cause the immune system to collapse. Now it is perfectly possible that among those things is a particular virus. But the notion that immune deficiency is only acquired from a single virus cannot be sustained.” (*Time* interview, September 20 2000)

Poor Africans have always had a number of infections that have weakened their immune systems

While at face value, this argument is correct, the dissidents use it to indicate that AIDS is simply a new catch-all name for old diseases. Mbeki seems to buy into that argument as demonstrated by the following comment:

“A matter that seems to be very clear in terms of the alternative view is what do you expect to happen in Africa with regard to immune systems, where people are poor, subject to repeat infections and all of that. Surely, you would expect their immune systems to collapse. I have no doubt that is happening.” (*Carte Blanche* interview, April 16 2000).

This view is also evident in his address to the International AIDS Conference in Durban in 2000.

Tuberculosis is more of a threat than HIV/AIDS.

This impression is created by the fact that, in official speeches that mention HIV/AIDS, it is always listed after tuberculosis and sometimes also after malaria. This is evident in Mbeki's Statement at the conclusion of the local government elections, November 2000, and both the opening and closing addresses of ANC congress in Stellenbosch in December 2002.

AIDS infection, incidence and mortality statistics are unreliable.

Inevitably, when Mbeki refers to HIV/AIDS infection figures from bodies such as UNAIDS or the WHO, he prefaces them by saying: "it is said", which implies that he does not believe them. This is evident, for example, in the speech he gave at the launch of his Presidential Advisory Panel on AIDS. In a letter to the leader of the opposition, Tony Leon, he goes even further, and refers to "the hysterical estimates of the incidence of HIV in our country and sub-Saharan Africa made by some international agencies". (Letter to Tony Leon, reprinted in *Sunday Times*, July 1 2000)

Taking an HIV test would serve no purpose.

Mbeki tries to assume a "neutral" position in on the question of whether HIV causes AIDS, yet by doing so gives the dissidents credibility and is evidence of implicit support for their view that the HIV tests have no value: "The (Presidential Advisory Panel on AIDS) said one of the things we have got to determine when you do an HIV test is what the test is testing. And those were scientists... So I go and do a test I'm confirming a particular paradigm." (e-TV interview, April 24 2000)

HIV/AIDS in Africa is so different to that of the West that it is questionable whether it could have the same cause and should be addressed in the same manner as in the West.

(See: Letter to world leaders, below, his address to Presidential Panel)

Western assumptions about HIV/AIDS and its manifestation in Africa are based on racist notions about Africans being unable to control their sexual urges.

The following comments by Mbeki indicate this:

- "... history has created an image of our Continent as one that is naturally prone to wars, military coups and dictatorship, denial of human rights, corruption, permanent dependence on aid and humanitarian assistance, and, more recently, an AIDS pandemic caused, it is said, by rampant sexual promiscuity and endemic amorality." (Address at Third African Renaissance Festival, Durban, March 31 2001.)
- "The hysterical estimates of the incidence of HIV in our country and sub-Saharan Africa made by some international agencies, coupled with the earlier wild and insulting claims about the African and Haitian origins of HIV, powerfully reinforce these dangerous and firmly entrenched prejudices (that rape endemic in Africa)." (Letter to Tony Leon, reprinted in *Sunday Times* July 1 2000.)

Racist South Africans are linking AIDS to rape and promiscuity, particularly by Africans.

This is borne out by the following:

- "... there is a considerable number of people in our country who believe and are convinced that most black (African) men carry the HI virus." (Letter to Tony Leon, reprinted in *Sunday Times* July 1 2000.)
- "Some of our own compatriots (are painting) our country in the worst light possible falsely charging, for instance, that we are 'the crime capital of the world', that we are a nation of rapists, that we are world leaders in corruption and that we lead humanity in deaths from AIDS." (Address to ANC National General Council, July 12 2000).
- "... there are negative people in our country who fondly present ours as a bleak future... The population would be wiped out by HIV/AIDS, spread by endemic rape and sexual promiscuity especially among the African majority." (Letter from the President: 'South Africans have reason to be positive', *ANC Today*, Vol 1 no 41, November 2-8 2001.)

Anti-retroviral drugs often cause more harm than good.

Mbeki raises questions about both the toxicity and efficacy of antiretroviral drugs, particularly AZT and later nevirapine. This starts, as indicated above, with his address to the NCOP.

The profit-driven pharmaceutical companies are promoting their drugs as the only solution to HIV/AIDS, and Western nations are assisting them.

Mbeki's assertion of the profit motive of the pharmaceutical industry is less forceful than his supporters, such as ANC MP Peter Mokaba, ANC Presidential spokesperson Smuts Ngonyama and his official spokesperson of the time, Parks Mankahlana. This is understandable, given the sensitivity of industry investments in South Africa.

However, it is likely that some of his supporters were acting with his tacit support.

Mankahlana, for example, wrote a very forceful rebuffal of Mbeki's critics (*Business Day* March 20 2000) which is likely to reflect Mbeki's views. In it he claimed:

“The response to Mbeki's address [to the NCOP on the toxicity of AZT] last year was not motivated by the desire to see an end to the scourge of AIDS/HIV. It was driven by the fear of the effect the remarks might have on the profitability of the product.

The tragedy is that HIV/AIDS is not going to succumb to the machinations of the profiteering pharmaceutical companies and their propagandists. Like the marauders of the military industrial complex who propagated fear to increase their profits, the profit-takers who are benefiting from the scourge of HIV/AIDS will disappear to the affluent beaches of the world to enjoy wealth accumulated from a humankind ravaged by a dreaded disease. And we shall continue to die from AIDS.”

In contrast, Mbeki's comments appear rather tempered, as evidenced by this one: “I think a lot of discussion that needs to take place about the health and treatment of people does seem to be driven by profit.”(*Carte Blanche* interview, 16 April 2000)

Providing ARVs as post-exposure prophylaxis (PEP) cannot be scientifically sustained.

Mbeki's active interest in the science of HIV/AIDS is shown by his views on PEP:

“The PEP argument about AZT (and other antiretrovirals) cannot be sustained unless vaccine-like efficacy is attributed to these antiretroviral drugs.” (Letter to Tony Leon, July 1 2000).

The AIDS dissidents must be heard yet they have been censored

The dissidents' argument that they have been excluded and censored by the orthodox scientific establishment strikes a strong chord with Mbeki, as will be revealed in his letter to world leaders (see below). It is a recurrent theme, with one of his comments on the matter being: "One of the things that became clear, and which was actually rather disturbing, was the fact that there was a view which was being expressed by people whose scientific credentials you can't question." (*Carte Blanche* interview, April 16 2000).

3.2.2 Specific analysis: Extract from President Thabo Mbeki's letter to world leaders on AIDS in Africa

While there are a number of substantial and interesting texts emanating from Mbeki's office on HIV/AIDS during this period, I have selected the letter he wrote to world leaders in April 2000. My selection is based on the fact that the letter, aside from containing many of Mbeki's dissident-period arguments, caused a sensation worldwide. Press reports¹⁴ indicate that US diplomats initially thought it was a hoax and, on establishing that it was not, were so horrified that they leaked the letter to the *Washington Post*.

Context: The letter was written shortly after an intense period of engagement between Mbeki and AIDS dissidents David Rasnick and Charles Geshekter on their views about AIDS. Rasnick revealed their interaction, which included faxes and telephone calls, on March 2 2000.¹⁵ In doing so, he noted that Mbeki had asked for his support in "efforts regarding AZT and AIDS" and said:

"Mbeki is good friends with Clinton, the Prime Minister of England, and the German Chancellor. He told me that he is going to write to these heads of state and ask them to join his efforts to bring about an international discussion on AIDS and the anti-HIV therapies sometime in the spring, well before the International AIDS Conference in July".

¹⁴ Masland, T. "South Africa's lonely rebel". *Newsweek*, March 2000. Schoofs, M. "How African science has demonstrated that HIV causes AIDS". *Village Voice*, July 2000

¹⁵ Rasnick, D (3 March 2000) "Talked with President Thabo Mbeki".

www.virusmvtl.net/aids_news/drtalkmbeki.htm

The International AIDS Conference was being held in Durban, South Africa, that July and Mbeki would thus be host to the world's HIV/AIDS experts. Shortly after Rasnick's revelation, Mbeki wrote the letter to world leaders, thus clearly indicating that he had been in touch with Rasnick.

Extract from President Thabo Mbeki's letter to world leaders on AIDS in Africa

April 3, 2000

..... As you know, AIDS in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.

For example, the cumulative heterosexual contact, US percentage for AIDS cases among adults/adolescents, through June 1999 is given as 10 percent. (HIV-AIDS Surveillance Report: Midyear edition. Vol 11, No 1, 1999. US Department of Health and Human Services).

The cumulative absolute total for this age group is reported as being 702,748.

US AIDS deaths for the period January 1996 to June 1997 were stated by the US CDC as amounting to 32,750. (Trends in the HIV and AIDS Epidemic: 1998. CDC).

On May 13, 1999, a SAFA-AFP report datelined Paris stated that 1998 UNAIDS and WHO reports had said that AIDS was responsible for one death in five in Africa, or about two million people.

It quoted a Dr. Awa Coll Seck of UNAIDS as saying that there are 23 million carriers in Africa of HIV.

This SAFA-AFP report quotes Dr. Coll Seck as saying: 'In Southern Africa, the prevalence of the (HIV) infection has increased so much in five years that this region could, if the epidemic continues to spread at this rate, see its life expectancy decline to 47 by 2005.'

(Interestingly, the five years to which Dr. Coll Seck refers coincide closely with the period since our liberation from apartheid, white minority rule in 1994).

The report went on to say that almost 1,500 people are infected in South Africa every day and that, at that point, the equivalent of 3.8 million people in our country carried the virus.

Again as you are aware, 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 that:

- contrary to the West, HIV-AIDS in Africa is heterosexually transmitted;
- contrary to the West, where relatively few people have died from AIDS, itself a matter of serious concern, millions are said to have died in Africa; and,
- contrary to the West, where AIDS deaths are declining, even greater numbers of Africans are destined to die.

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.

Such proceeding would constitute a criminal betrayal of our responsibility to our own people. It was for this reason that I spoke as I did in our parliament, in the manner in which I have indicated.

I am convinced that our urgent task is to respond to the specific threat that faces us as Africans. We will not eschew this obligation in favour of the comfort of the recitation of a catechism that may very well be a correct response to the specific manifestation of AIDS in the West.

We will not, ourselves, condemn our own people to death by giving up the search for specific and targeted responses to the specifically African incidence of HIV-AIDS.

I make these comments because our search for these specific and targeted responses is being stridently condemned by some in our country and the rest of the world as constituting a criminal abandonment of the fight against HIV-AIDS.

Some elements of this orchestrated campaign of condemnation worry me very deeply.

It is suggested, for instance, that there are some scientists who are 'dangerous and discredited' with whom nobody, including ourselves, should communicate or interact.

In an earlier period in human history, these would be heretics that would be burnt at the stake!

Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited.

We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.

The scientists we are supposed to put into scientific quarantine include Nobel Prize Winners, Members of Academies of Science and Emeritus Professors of various disciplines of medicine!

Scientists, in the name of science, are demanding that we should cooperate with them to freeze scientific discourse on HIV-AIDS at the specific point this discourse had reached in the West in 1984.

People who otherwise would fight very hard to defend the critically important rights of freedom of thought and speech occupy, with regard to the HIV-AIDS issue, the frontline in the campaign of intellectual intimidation and terrorism which argues that the only freedom we have is to agree with what they decree to be established scientific truths.

Some agitate for these extraordinary propositions with a religious fervour born by a degree of fanaticism, which is truly frightening.

The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.

It is most strange that all of us seem ready to serve the cause of the fanatics by deciding to stand and wait.

It may be that these comments are extravagant. If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny.

I am greatly encouraged that all of us, as Africans, can count on your unwavering support in the common fight to save our continent and its peoples from death from AIDS.

Please accept, Your Excellency, the assurance of my response.

THABO MBEKI

Genre: The letter was addressed to “world leaders”, and sent to the United Nations Secretary-General Kofi Annan, US President Bill Clinton and British Prime Minister Tony Blair as a formal communique from the president of South Africa. Mbeki presumably assumed that the letter would be treated confidentially and was no doubt upset when it was leaked.

Discourses: The overwhelming political discourse Mbeki attempts to convey is that the South African government is seriously engaging with HIV and AIDS. However, at the same time, the letter attempts to legitimise Mbeki's investigation of AIDS dissidence as part of his quest for an African solution to the epidemic. Thus, the letter attempts to offer an explanation for Mbeki's behaviour, which had elicited a massive negative reaction from most of those in the HIV/AIDS field including those in the US and Europe. However, far from allaying the concerns of western governments, the letter exacerbated them. In addition, it also asserts the right of South Africa to look for its own solutions. This is fairly reflective of Mbeki's individualistic style in the international arena and his desire for South Africa to occupy a central position in the international political arena. However, what is unusual is the fact that Mbeki was either unaware that the letter would exacerbate the Western leaders' suspicion of him or did not care what the reaction would be. I think the former is more likely than the latter, given Mbeki's careful efforts to build up South Africa's international credibility. Should the latter be the case, it is indicative of how deeply Mbeki felt about the dissident arguments that he could lose perspective to the extent that he could not anticipate the backlash.

Style: The tone of the letter is formal and explanatory, but it is also written in a forthright style. Mbeki asserts strongly that it is the "responsibility" of any African government to examine all possibilities relating to the African manifestation of immune deficiency. He asserts his views forcefully and without apology. It is thus unusual and a departure from the useful diplomatic tone of official communiques.

Textual analysis: The first one third of the letter (not reproduced above) is taken up with an explanation of the measures South Africa has taken and is taking to address "HIV-AIDS". One of the most important indicators in this account of the influence of dissident thought on Mbeki is to be found in the sentence:

Similarly, we are doing everything we can, within our very limited possibilities, to provide the necessary medicaments and care to deal with what are described as 'opportunistic diseases' that attach to acquired immune deficiency.

This is one of the first public instances in which Mbeki mentions “acquired immune deficiency” rather than AIDS. By spelling this out rather than using the short cut, AIDS, Mbeki implies that such immune deficiency may be something other than the syndrome, AIDS. The use of quotation marks in the phrase “what are described as ‘opportunistic diseases’,” casts doubt on whether these diseases are simply opportunistic or whether they exist as diseases in themselves. In addition, the use of “opportunistic diseases” rather than the usual term, “opportunistic infections”, indicates that Mbeki recognises the conditions as diseases rather than simply infections as a result of HIV. This indicates a break with the orthodox view of the progression of HIV from an asymptomatic phase to a phase of illnesses, which steadily worsened.

By now, Mbeki’s use of a dash to separate HIV and AIDS (“HIV-AIDS”) rather than the conventional use of a backslash (HIV/AIDS) cannot be put down to ignorance of international conventions. It appears to be a deliberate grammatical device that serves to link HIV to AIDS, but not make the two inter-dependent and interchangeable conditions as the backslash does. According to the backslash version, a person would have either HIV or AIDS and the two would be linked. With “HIV-AIDS”, there is the possibility that a person can have HIV and AIDS simultaneously, namely a virus and an extremely weakened immune system. The dash also indicates that the two are closely related and perhaps could even be said to be the same thing. According to this version, the virus could be present at the same time as immune deficiency, which was or was not caused by the virus. This is consistent with the view of some AIDS dissidents who recognise that HIV exists and that it can be a co-factor in the development of immune deficiency, but that it is not the causal factor of immune deficiency. Thus, Mbeki can use “HIV-AIDS” and appear to be making references to the conventional understanding of the virus and the syndrome to appease world leaders, but at the same time have his own understanding of the term. AIDS dissident Anthony Brink, who claims to have worked closely with Mbeki on HIV/AIDS-related issues, also uses “HIV-AIDS” (personal correspondence, February – May, 2003¹⁶).

¹⁶ After a series of email discussions with Brink, which I initiated in an attempt to better understand Mbeki’s interest in the dissidents, Brink asked on May 4 2003 that our correspondence should not be “for third party reproduction”. As I had approached him with an explicit appeal for information for this dissertation. I did not agree to this and do not feel bound by his attempts to keep our interactions secret. Throughout our correspondence, Brink tried consistently to trade information with me, offering to

Aside from implying a similarity of ideas, it could also indicate Brink's hand in drafting various documents authored by Mbeki.

The initial account of the measures being taken by the South African government is prefaced by the phrase "as you are aware", but then goes on to spell out what the world leaders are supposedly aware of. The account of what government has done and is doing is written in the first person plural, implying a singleness of purpose between Mbeki, government and the nation. This is reinforced by phrases such as "as a government and a people". However, this is clearly not the case as Mbeki's stance on HIV/AIDS had become increasingly removed from both official government policy and general public sentiment.

South Africa's actions, says Mbeki, were in response to reports emanating from "international agencies such as UNAIDS" that Sub-Saharan Africa accounts for "two-thirds of the world incidence of HIV-AIDS". Mbeki returns to the international statistics about Africa in midway through the letter when he refers to "a SAPA-AFP report datelined Paris" which quotes "a Dr Awa Coll Seck of UNAIDS as saying there are 23 million carriers in Africa of HIV". He is thus making the point that the perceptions about AIDS in Africa are manufactured by foreign, outside bodies and press agencies. Prefacing Seck's name with "a" indicates that Seck is unknown to him and possibly unreliable or untrustworthy as a source.

The letter then goes on to compare "HIV-AIDS" in "the West" with "this uniquely African catastrophe", setting the two epidemics up as being the antithesis of one another. AIDS in the West is "said to be largely homosexually transmitted" whereas in Africa it is "transmitted heterosexually". He then lists three other characteristics of AIDS in Africa, repeating each time that these are "contrary to the West". Again, he repeats that it is heterosexually transmitted, but adds that "millions are said to have

supply me with information that may be of interest to my dissertation in exchange for views on Mbeki and HIV/AIDS that I might have got from people such as Malegapuru Makgoba and Olive Shisana. ("What did Makgoba tell you about his interactions with Mbeki? I'd love to know. Share that with me, and on my word of honour I'll reciprocate" ; "... and Shisana etc etc. I'd really be interested to hear her take on the President too.") He also wanted background information on fellow journalists and tried to interest me in writing newspaper articles about the dissidents' objections to the antiretroviral drug nevirapine. I did not co-operate and terminated the correspondence as his attempts to trade information made me extremely uncomfortable – all the more so when he asked that the email exchanges remain secret as if there was something clandestine about them.

died (of AIDS) in Africa” and that “even greater numbers of Africans are destined to die”.

This is one of the prime arguments of the dissidents, who say that it is impossible to ascribe the Western version of AIDS and immune deficiency in Africa to the same virus. Some dissidents argue that AIDS in Africa is a creation of the pharmaceutical companies who needed new markets for antiretroviral drugs after the failure of HIV/AIDS to explode in the developed world.¹⁷

A “simple superimposition of the Western experience on African reality would be absurd and illogical” and would entail “a criminal betrayal of our responsibility to our people”, argues Mbeki, as a means of establishing his right to examining less conventional views on AIDS. Giving up the “search for specific and targeted responses to the specifically African incidence of HIV-AIDS” would also entail “(condemning) our people to death”, he declares dramatically. Thus, he sets up an equivalence between simply accepting Western orthodox views on the epidemic and the deaths of Africans.

Having asserted what he believes to be at risk, Mbeki then turns to address those who have condemned his quest. Thus, he implies that those who condemn him are also prepared to “condemn” Africans to death. The analysis of this section lays the basis for the sub-section that follows. Mbeki frames his clash with the orthodox HIV/AIDS world in religious terms. He says he has been “stridently condemned” and there has been an “orchestrated campaign of condemnation”, implying again that there is a conspiracy against those who question convention.

He then sets up an equivalence between the AIDS dissidents (without mentioning them) and heretics that would have been “burnt at the stake” during medieval times and anti-apartheid activists, who were deemed to have “dangerous and discredited” views. History proved both the heretics and anti-apartheid activists to be right. However, the claim that “we are being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited” is

disingenuous. The “racist apartheid tyranny” was never a majority, but a minority that attempted to force its rule upon the South African majority. Nonetheless, the imagery is powerful in a world that has become so sensitive to racism and oppression.

The religious imagery is crucial as it sets up an equivalence between blind religious faith and orthodox views on HIV/AIDS. It develops from “the comfort of the recitation of a catechism” to censorship arising from “religious fervour born by a degree of fanaticism” and culminates in the image of “books burnt and their authors immolated” as part of “a holy crusade against the infidels”. Such religious fanaticism is, of course, the antithesis of rational scientific enquiry, which is what Mbeki tries to establish as being his own quest.

Mbeki goes further and accuses “scientists” of wanting to “freeze scientific discourse” on HIV/AIDS at the point at which it had reached in the West in 1984. This is a reference to the year in which both French scientist Luc Montagnier of the Pasteur Institute and US scientist Robert Gallo of the National Institutes of Health announced that they had isolated the retrovirus responsible for AIDS.¹⁸ In the following paragraph, Mbeki no longer refers to scientists but generalises this to “people who otherwise would fight very hard to defend the critically important rights of freedom of thought and speech”. Such people, he writes, are at the forefront of “the campaign of intellectual intimidation and terrorism” when it comes to HIV/AIDS. This is a very strong allegation that is not substantiated, but links to the earlier reference to “an orchestrated campaign”. It also implies that those who advocate democracy in the West are hypocrites. Building up these equivalences, Mbeki then says that “all of us seem ready to serve the cause of the fanatics by deciding to stand and wait”. Bearing in mind that he is addressing world leaders, Mbeki is thus accusing them of being part of the “fanatical cause”. To soften the accusation, Mbeki acknowledges that these comments may be “extravagant”, but then reminds the reader that it is because “in the very recent past, we had to fix our own eyes on the very face of tyranny”. This again

¹⁷ The Castro Hlongwane document deals with this at length as do various reports on www.virusmyth.net

¹⁸ There was a dispute about whether Montagnier or Gallo had isolated the retrovirus first, with allegations that Gallo had stolen genetic material from Montagnier. This was eventually resolved politically via a binational agreement signed by US president Ronald Reagan and French President Francois Mitterrand.

makes a link with the “tyranny” of HIV/AIDS orthodoxy and establishes Mbeki as one who is experienced at defying tyranny.

3.3 Mbeki and his critics

No longer will the Africans accept as the unalterable truth that they are a dependent people that emanates from and inhabits a continent shrouded in a terrible darkness of destructive superstition, driven and sustained by ignorance, hunger and underdevelopment, and that is victim to a self-inflicted "disease" called HIV/AIDS.

– ANC leader Peter Mokaba and anonymous others, writing in the “discussion document” curiously titled ‘Castro Hlongwane, Caravans, Cats, Geese, Front and Mouth and Statistics.’ (2002: 115)

Introduction

Mbeki’s interest and involvement in AIDS dissidence provoked a storm from civil society, the international community, the press, opposition parties and HIV/AIDS scientists. The reaction was often hostile, derisive and mocking – not the manner that a democratically elected president would expect. New York’s *Newsday* reported: “A certain open-mindedness is fine. But a person can be so open-minded that his brains fall out. At worst Mbeki is a callous demagogue - skilfully diverting attention from a public health crisis he can't control. Or maybe he's a misguided fool. In any case he's in deep trouble.”¹⁹ In a similar vein, the British *Spectator* magazine carried a column by R.W. Johnson in which he said that “many now believe that Mbeki is no longer playing with a full pack – that he’s off his rocker”. (Johnson 2000)

Mbeki reacted to this criticism with fury. The overriding theme in his reaction was that those who were against him were racist, reactionary and dancing to the tune of the pharmaceutical companies. It is not always possible to separate out Mbeki’s dissident sympathies detailed above, with his reaction to criticism. However, it is important to draw attention to the fact that there has been heated debate around the issue – that is, there are many other competing AIDS discourses in South Africa.

¹⁹ Quoted in Mail & Guardian (2000) ‘Editorial: Still failing to grasp Aids nettle: President Mbeki's second-guessing of science has set back the fight against Aids and it's time he left science to the scientists.’ June 9 2000.

Some of these will be touched on in the following chapter. An examination of Mbeki's reaction to criticism also gives insight into the underlying factors informing his point of view.

It should be noted that Mbeki generally does not accept criticism well. This is an example of his recent reaction to criticism:

Our opponents will oppose us, presenting their case with the greatest eloquence and erudition ... These opponents remain our opponents, however much they now pretend to be interested in the integrity and revolutionary purity of our movement and government, and the welfare of the masses of our people. Their task is to use all means at their disposal to oppose and defeat us. As long as we remain liberation fighters, so long will we refuse to be told by others, including these historic opponents and others, what we should think or do. (Letter from the President, October 10 2003).

In March 2002, a curious document titled "Castro Hlongwane, Caravans, Cats, Geese, Foot and Mouth and Statistics" started to be circulated in the ANC by National Executive Committee member Peter Mokaba. Mokaba claimed that he had written the document together with others who did not want to be identified. However, computer experts engaged by the *Mail & Guardian* found that it bore the embedded electronic signature of: "Author: Thabo Mbeki, Office of the Presidency" (Barrell 2002). Mbeki has never commented on this finding nor on the document itself, thus its authorship remains unclear. The Hlongwane document articulates an emotional version of Mbeki's own discourses against his detractors, based primarily on the claim that those who are against AIDS dissidents are inspired by racist beliefs about African promiscuity and of Africa being a place where diseases originate and strange sexual practices take place. It also insinuates that the pharmaceutical companies are manipulating those who were against the president. The document enjoyed extraordinary protection in the ANC, which again indicates that it was backed by powerful members of the party. Instead of it being denounced by the ANC hierarchy for contradicting the government's official position on HIV/AIDS, Mokaba was given free rein to distribute it to the ANC NEC, MPs and other leaders in the party. When former president Nelson Mandela met Mbeki to discuss, among other things, his

approach to HIV/AIDS in 2002, he was given a copy of the document which he then passed on to HIV/AIDS scientists to examine (interview with one of these scientists, who asked to remain anonymous). While it is not possible to attribute the Hlongwane document conclusively to Mbeki, it is clear that it enjoyed a fair degree of official sanction in the ANC despite the fact that it was supposedly simply an informal discussion document ostensibly written by a small group of people within the ANC. It is thus important to note as a significant text in the struggle over HIV/AIDS in South Africa.

These are the key themes in Mbeki's texts in reaction to criticism:

There is a sustained campaign to force government and the president to accept the orthodox view on HIV/AIDS

“In the controversy that has attended the questions our government has raised about various matters relating to HIV-AIDS, much has been said about us, in a sustained effort to force us uncritically to accept a so-called orthodox view... Whatever the intensity of the campaign to oblige us to think and act differently on the HIV-AIDS issue, the instinctive human desire in the face of such a barrage, to obtain social approval by succumbing to massive and orchestrated pressure, will not lead us to become proponents and blind defenders of dogma.” (Letter to Tony Leon, 1 July 2000).

Those who oppose the AIDS dissidents are fanatics who use tyranny rather than science to silence their opponents

(See “Letter to World Leaders”, above.)

Blacks who oppose Mbeki are “Uncle Toms” who are trying to impress their white masters

(See Z. K. Matthews memorial speech, below.)

The pharmaceutical industry is involved in the campaign against dissidents because it wants to secure its profits from anti-retroviral drugs

Mbeki accused the TAC of being in the pay of pharmaceutical companies in the US and that TAC members had infiltrated the unions, according to an article in the

Sunday Times (Paton and Rickart 2000). This is a very strong theme of the Hlongwane document, and was consistently argued by Parks Mankahlana, Mbeki's official spokesperson until his death, widely believed to be AIDS related, on October 26 2000. Mankahlana spoke of the "marauding military industrial complex"²⁰ pushing antiretroviral drugs as an answer to the epidemic in the same way that the Hlongwane document speaks of "the omnipotent apparatus", touting drugs to ensure large profits.

3.3.1 Specific analysis: Extract from Address by President Thabo Mbeki at the Inaugural ZK Matthews Memorial Lecture: "He Wakened to his Responsibilities" (University of Fort Hare, 12 October 2001)

Context: One of the most strident examples of Mbeki's reaction to his critics came in an address he made to a gathering at the University of Fort Hare on 12 October 2001. This took place almost two years after Mbeki had first raised questions about AZT in the NCOP. It was delivered at Fort Hare University, the alma mater of Mbeki's father, Govan, and a key institution in producing ANC leaders from the 1930s.

Extract: The best among (our own intellectuals) did not hesitate to say that Africa would, in time, gleam and shine as her sister lands with equal beam, that without Africa there could be no peace and security in the world and that our people everywhere, from north to south of the continent, were reclaiming their dignity as human beings. And yet, for everything that has been done and said, for all the indelible glory that belongs to the life and contribution of Z.K. Matthews, there are still some in our midst who would rather that they remain 'mis-educated Negroes or natives'.

There are those, among us, who have been 'taught from books of the same (racist) bias, trained by Caucasians of the same prejudices or by Negroes of enslaved minds, one generation of Negro teachers after another that have served for no higher purpose than to do what they are told to do.'

To quote Carter Woodson, these have studied in schools of theology where the Bible is interpreted by those who have justified segregation; law schools where they are told that they belong to the most criminal element in the country; medical schools where they are likewise convinced of their inferiority by being reminded of their role as

²⁰ Mankahlana, P (2000) Press release: 'Just stick to what Mbeki said.' Office of the Presidency. March 24 2000.

germ carriers; schools where they learn a history that pictures black people as human beings of the lower order, unable to subject passion to reason.

Thus does it come about that some who call themselves our leaders join a cacophony of voices that demand that we produce statistics that will show that, indeed, we belong to the most criminal element in our country.

And thus does it happen that others who consider themselves to be our leaders take to the streets carrying their placards, to demand that because we are germ carriers, and human beings of a lower order that cannot subject its passions to reason, we must perforce adopt strange opinions, to save a depraved and diseased people from perishing from self-inflicted disease.

These have no possibility to derive inspiration from what Pixley Seme said almost a century ago, that Africa is like some great century plant that shall bloom in ages hence.

Convinced that we are but natural-born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust.

There are some who thought that Fort Hare would become a place of mis-education that would produce Africans who would 'have the attitude of contempt toward their own people'. Z.K. Matthews proved them wrong.

Genre: This is a formal speech in tribute to Z. K. Matthews, a black academic with a long history in the ANC. The audience was primarily black academics and thus, the content and concerns addressed primarily concern black intellectuals. It is typical in style to most of Mbeki's speeches to such audiences.

Discourses: The political discourse of the speech is essentially to assert that there are only two types of black intellectuals: those, like Z. K. Matthews, who are progressive and prepared to engage with the "masses" and those who remain in intellectual slavery to their white colonial masters. By foregrounding his speech with the assertion of two types of intellectuals, Mbeki is trying to force his audience to choose sides. However, he is using the argument of racism to rather disingenuously get his audience to support the second discourse of his speech, namely that those who believe in the rampant spread of HIV/AIDS in the country are racists and thus, by implication, are

not progressive and stand against the masses. He is thus using one argument to win another unrelated one, by equating two issues that are not linked.

Style: The style of the address is both formal and academic, laced with many literary and political quotes to appeal to an academic audience. This is typical of Mbeki's formal style and serves to establish himself as being learned and well read, which would be important to impress upon the Fort Hare audience.

Textual analysis: In this extract, Mbeki creates a chain of equivalences between "Negroes of enslaved minds... who 'do as they are told' and 'others who consider themselves to be our leaders (and) take to the streets carrying their placards'" and "Africans who would 'have the attitude of contempt toward their own people'." Such people are the antithesis of "the best among (our own intellectuals)" such as Z. K. Matthews, who have a positive view about Africa and are involved in "reclaiming their dignity as human beings", a dignity that was deprived by their "Caucasian" teachers.

In contrast, the "Negroes of enslaved minds" and the "miseducated natives" believe in their own inferiority as "the most criminal element in the country... as germ carriers ... human beings of the lower order, unable to subject passion to reason". Thus, according to Mbeki, only black sell-outs with very low opinions about black South Africans including themselves can hold the opinion that immune deficiency is spread sexually. This is the heart of Mbeki's argument, in which he makes an equivalence between a black person with an inferiority complex and someone who believes that AIDS is a "self-inflicted" sexually transmitted disease. What he implies is that only black people who believe that they are dirty, diseased, depraved and inferior can believe that AIDS is self-inflicted. This equivalence between criminality and germ carriers with uncontrolled sexual urges links up to an earlier assertion by Mbeki that certain South Africans made a link between rape and the spread of HIV/AIDS. Mbeki serves to isolate such "miseducated natives" by the use of "we" and "they". "They" believe that "we" are "but natural-born, promiscuous carriers of germs" and that "our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust". This establishes the "natives" as outsiders opposed to

Mbeki and, by implication, to his audience with who he assumes a close relationship via the use of the first person plural.

As a consequence of this belief in their own depravity – an entailment – these people who “consider themselves our leaders take to the streets carrying their placards”, to “demand” that “we must perforce adopt strange opinions, to save a depraved and diseased people from perishing from self-inflicted disease”. By describing them as people who “consider themselves our leaders”, Mbeki is casting doubt on their leadership and implying that they are self-appointed. The reference to “carrying placards” implies that he is talking about the Treatment Action Campaign (TAC) and its allies including Cosatu, which have organised protests against government’s inability to tackle HIV/AIDS effectively. These placard demonstrations are aimed at getting government to “adopt strange opinions”, says Mbeki. While he does not elaborate on what this means, the only AIDS-related demands to have been delivered via placards are those relating to antiretroviral treatment. There is thus an implication that Mbeki believes that demanding such drugs to treat AIDS is strange and based on opinion rather than objective scientific fact.

Chapter 4: Civil society responses to Mbeki's views on HIV and AIDS

An analysis of Mbeki's changing views on HIV/AIDS would be incomplete without acknowledging and reflecting the reaction from those opposed to his dissident views. For reaction to Mbeki's views hardened into resistance, involving lobbying, protest marches and pickets, using the courts, public protests and, finally, a civil disobedience campaign. In this regard, Foucault's characterisation of modern resistance to institutional power, and his idea that power resides in a number of organisations not just institutions such as governments, is useful. While the democratic government has faced a number of small, localised struggles linked to its perceived lack of commitment to delivering social services to the country's poor – particularly focusing on water, electricity and housing – the struggle around HIV/AIDS became the first issue-based struggle since 1994 to assume a national character. This struggle has been led by the Treatment Action Campaign (TAC), supported by a wide range of civil society organisations and individuals, most notably the Congress of South African Trade Unions (Cosatu), religious organisations, health professionals and HIV/AIDS scientists, and backed by international organisations such as Medicins sans Frontieres, Oxfam, ACT-UP and others.

The TAC was launched on 10 December 1998, International Human Rights Day, by activist Zackie Achmat and others. Achmat had been inspired to form the organisation at the funeral of another anti-apartheid activist, Simon Nkoli, who had died of AIDS. The TAC's main objective is to campaign for greater access to "affordable, quality treatment" for all South Africans living with HIV/AIDS. In addition, it is committed to preventing new HIV infections and improve the affordability and quality of health-care access for all.²¹

The TAC has been careful not to frame its treatment demands as an attack on Mbeki's stance on HIV/AIDS, an attack on government generally or the ruling political party, the African National Congress (ANC), which enjoys widespread support. In

Foucauldian terms then, it has not attacked government as an institution of power, but rather attacked the way in which this power has manifested itself, particularly for people living with HIV/AIDS, who constitute a large portion of TAC's membership. Even during its civil disobedience campaign earlier this year, the TAC was at pains to assert that the campaign was "not promoting ungovernability", "gratuitous law-breaking" or "the overthrow of the government" (TAC pamphlet 2003).

However, other critics, particularly opposition politicians such as the Democratic Party's Tony Leon and Patricia de Lille, formerly of the Pan Africanist Congress (PAC) and now of the Independent Democratic Party, have used Mbeki's stance on HIV/AIDS as a political weapon to cast doubt on the president's general ability to rule the country. Thus, they have used Mbeki's controversial handling of HIV/AIDS as a weapon to achieve their own political ends which is in contrast to the TAC, which was formed with the explicit aim of getting better treatment for people living with HIV and AIDS.

US sociologist Steven Epstein's observations about the AIDS movement in his country are relevant for South Africa and shed light on the nature both of the AIDS movement and the kinds of people attracted to join such a movement. Epstein argues that the AIDS movement was "the first social movement in the United States to accomplish a large-scale conversion of disease 'victims' into activist-experts. In this sense, the AIDS movement stands alone, even as it begins to serve as a model for others". In asking what gives AIDS activism its distinctive character, Epstein points out that, "to some extent, the unique features of the clinical picture of AIDS have shaped the development of an activist response". HIV/AIDS predominantly affects young people who are not inclined to "lie down and wait to die". Those who test positive are told they will be asymptomatic for a number of years, whereupon they will start to become sick. This may make them resort to activism while they are healthy, as this is "not only feasible from a physical point of view, but may seem eminently practical from a political and psychological standpoint". Activism holds out "some tangibly immediate rewards, most notably access to potentially life-prolonging medications" (Epstein 1996: 8-11). This is certainly the case in South Africa where,

²¹ See the TAC's website, www.tac.org.za for more information about the organisation.

for the average person living with HIV/AIDS, the cost of antiretroviral treatment has been way beyond their means.

Finally, says Epstein:

AIDS has had a strikingly uneven impact, being disproportionately prevalent within specific groups, subcultures and communities... From the start – and up to the present day – AIDS has been understood as a disease of certain already-constituted social groups distinguished by their ‘lifestyle’, their social location, or both. The result is that the very meaning of AIDS has been bound up with the cultural understanding of what such groups are like, while the very identity of the groups has been shaped by the perception of them as ‘the sort of people who get this illness’.” (Epstein 1996:11)

This observation is more pertinent for the US, where AIDS has disproportionately affected minority groups such as gay men, intravenous drug users and African-American and Hispanic communities. However, certainly in the early history of activism, many HIV/AIDS activists in South Africa were gay men. More recently, the TAC has attracted membership from two distinct groups: poor black urban residents, generally young, who cannot afford treatment, and middle class activists, often students, who have a human rights orientation.

While the TAC’s statements and articles and TAC leaders’ speeches in response to Mbeki’s views have been important in defining the terrain of conflict over HIV/AIDS, it is not possible to apply the same tools of critical discourse analysis to them. There are two simple reasons for this. The first is that accurate records of most of these texts, particularly TAC leaders’ speeches, have not been kept. The second is that the texts available are often short statements dealing with concrete action-based campaigns, such as petitions in support of marches, submissions in support of court action and letters of demand to various government leaders, most notably the minister of health. They are not documents that have the depth of Mbeki’s articles, letters and speeches precisely because their “political work”, or their methods of engagement and contestation are not primarily discursive, but action-based. However, the inclusion of at least some of the TAC’s responses is necessary to show that there was a struggle

over HIV/AIDS and that there was not just a one-way monologue from the president. I have, however, relied on an extract of a text Edwin Cameron as an example of the intellectual, discourse-based opposition faced by Mbeki. Cameron has aligned himself closely with the TAC and its aims and the text involved is listed on the TAC's website.

My decision to include the TAC other of Mbeki's critics is also, in part, in response to critics such as Widdowson (1998) who says that CDA should not confine itself simply to what the discourse analyst says about the text, but should also involve discussions with the producers and consumers of texts if it wants to avoid simply being another form of literary criticism.

Treatment Action Campaign discourse

In dealing with the texts generated from the TAC, I have compiled a list of common themes as well as common genres. However, I have stretched the definition of genre to include texts that form part of the organisation's "social action" as this is where the political work of TAC takes place. I would thus argue that while language is an essential ingredient of the TAC's response to Mbeki's stance on HIV/AIDS, it operates to define and support the social action that has characterised the organisation and made it so successful. This social action has taken the form of lobbying (influential individuals and groups, including the media), delivering petitions (to both government and drug companies), staging marches and holding public meetings aimed at persuading South Africans to support its campaign for treatment for all people living with HIV/AIDS. The TAC's campaign has been based on moral and legal arguments developed from its interpretation of the human-rights spirit of South Africa's Constitution. This has been described as a legal-activist route "using the discourse of human and socio-economic rights to convey the voices and address the concerns of a particular constituency". (Greenstein 2003: 31). This rights-based constitutional approach is demonstrated by TAC vice-chairperson Mark Heywood (Heywood 2000) in an article in support of the demand that government provide anti-retroviral drugs to prevent HIV positive pregnant women from infecting their babies:

According to South Africa's Constitution, decisions of the government cannot be influenced by privately held suspicions or individual and controversial objections to the public use of anti-retroviral drugs. The government's actions must be rational. In the context of mother-to-child transmission, they must be dictated by the "best interests of the child", people's rights to equality, dignity and to make decisions concerning reproduction.

And, in the words of the Constitution, these duties "must be performed diligently and without delay". In a democracy such as South Africa's, the pressure of the electorate and our rights to freedom of expression are a vital duty that we must exercise to remind government of its priorities and duties.

In addressing HIV/AIDS, there are a number of common themes in the TAC's discourse that are relevant to Mbeki and government's position, namely:

Treatment for people living with HIV/AIDS is a moral and human right in line with the Constitution

This is demonstrated by this statement: "Millions of people with HIV/AIDS are dying unnecessary, premature and avoidable deaths. They die because they do not have access to anti-retroviral medicines and proper care. My conscience is guided by our Constitution that guarantees the right to life, dignity, equality and access to health care." (TAC 2003)

Denying access to treatment is a crime against the poor

- "This is a battle to stop a holocaust against the poor." (Achmat 2001)
- "Is our government treating the lives of over four million predominantly poor black people as dispensable?" (TAC press statement. June 1 2001)

TAC opposes government's HIV/AIDS policy, not government

"We voted for this government, we accept its legitimacy and its laws. But we cannot accept its unjust policy on HIV/AIDS that is causing the deaths of more than 600 people every day. Today we break the law to end an unjust policy not an unjust government." (TAC 2003)

The AIDS denialists distort facts to deny PWAs access to life-saving drugs

“Contrary to the rumours begun by AIDS denialists and perpetrated by others, (Nevirapine) is used in the US for mother-to-child transmission prevention with HIV-positive women go to a clinic late in their pregnancy as a part of combination therapy... The arbitrary interventions by the (Medicines Control Council) are fuelling the agenda of AIDS denialists, recalcitrant health MECs in the Northern Cape, Limpopo and Mpumalanga, and a minister of health who is intent on preventing the use of antiretrovirals, irrespective of the consequences to millions”. (Achmat 2000)

There is a lack of political will to address HIV/AIDS adequately

“Our four million people in South Africa live with HIV/AIDS. AT the moment, most of our people are condemned to die. They do not have access to life-saving medicines that allow most people with HIV/AIDS in North America, Europe and Brazil to live longer, healthier lives. The main reasons for this lack of access are the higher prices of patented medicines, poor health-care infrastructure and lack of political will to fight the HIV/AIDS epidemic.” (TAC 2001)

Government is trying to underplay the impact of HIV/AIDS

“No one in this country can afford to deny the terrible extent of this epidemic. The meeting expressed concerns over the attempts of some in government to downplay its impact. The data are clear, and must not be obscured by wishful thinking. No organisation or individual should try to suppress the facts – that way lies disaster... (Anglican Church et al 2001).

The government’s lack of urgency is linked to denial

- “... one must conclude that there are people in government who still do not believe that HIV causes AIDS. This demonstrates that some of this country’s leaders are hopelessly out of touch with the daily reality of HIV/AIDS faced by South Africans. (TAC June 2001)
- “We have agreed: to set up a working group that will develop shared campaigns to overcome the denial syndrome that has emerged in some official and unofficial circles; to work with representatives of civil society in the SA

National AIDS Council to guide and challenge our national leaders to take more positive action on AIDS, to replace the cycle of controversy and denial with co-operation, common purpose and courage in the common interest.” (Anglican Church, Southern African Catholic Bishops Conference, Cosatu and TAC 2001).

- “The WHO shows that antiretroviral drugs such as AZT and Nevirapine are safe and effective when used to prevent mother-to-child HIV transmission. The government constantly invents new obstacles and when they are resolved creates further obstacles to pursue an unscientific policy.” (TAC August 2000)

Government’s HIV/AIDS Strategic Plan does not adequately address treatment and must include antiretroviral drugs

“The current lack of policy and implementation of policy is leading to sick people with AIDS overwhelming hospital services with illnesses that can be treated and prevented... If South Africa does not adopt an appropriate treatment plan for HIV/AIDS, everyone will suffer.” (TAC June 2001)

HIV/AIDS should not be used for political gain

“What is truly obscene are the efforts of all politicians to use the lives of people with HIV/AIDS as political pawns to score points with voters ahead of the upcoming local elections.” (Anglican Church et al 2001)

“We have no truck with the opportunism of the Democratic Alliance or the buffoons Tony Leon, Peter Marais who lead them. They only discovered the causal connection between HIV and AIDS when our president doubted it.” (Achmat 2001)

TAC does not fear government accusations of being “unpatriotic” or “racist”

“Let us say clearly that accusations of lack of patriotism will not deter us from a critique of ‘patriotic’ wrong. We do not fear the accusations of racism for our accusers know that they are perpetuating racism.” (Achmat 2001)

Antiretroviral drugs work

“TAC repeats: antiretrovirals improve and prolong life. There are serious side-effects for a minority of people who use the drugs... TAC rejects the racist view that poor black people do not understand how to use medicines.” (TAC June 2001)

The pharmaceutical companies are immoral in their pursuit of profits

“We’ve challenged the giants Pfizer, Glaxo Smith Kline, Bristol Meyer Squibb, Abbott and Roche. We will never forget that millions of people have died and will continue to die because they profiteer from medicines. They have blood on their hands.” (Achmat 2001)

While the TAC represented organised action-based resistance to Mbeki’s dissident position, there was also resistance at an intellectual level. Few people took on Mbeki publicly. Those that did ran the risk of being singled out in public by Mbeki, as Michael Cherry from Rhodes University was. However, despite the risk of being publicly isolated for opposing the president, there have been a few intellectuals who have spoken out against his position. One of the most powerful and eloquent of these is Supreme Court of Appeal Judge Edwin Cameron. Cameron is one of the highest-profile South Africans to acknowledge that he is HIV positive, and has associated himself with the TAC by addressing a number of TAC-organised events and some of his speeches, including the one examined below, have been posted on the TAC website. For this reason, I have chosen to include Cameron as, in many senses, he is a “patron” of the TAC.

Example: Opening address of 'A Broken Landscape', a photo-exhibition about people living with and affected by HIV/AIDS, by Gideon Mendel South African National Gallery, Cape Town, April 13 2002.

Context: The speech was given at a time when relations between government and the non-governmental HIV/AIDS service organisations were at a low ebb over government’s ongoing failure to examine ways in which to introduce antiretroviral drugs into the public sector. It was delivered shortly after a statement from the ANC NEC ruling out providing the drugs as post-exposure prophylaxis (PEP) for rape survivors, a statement which had angered many activists. Ironically, it was delivered five days before a Cabinet announcement that acknowledged the drugs worked, and that government would look into introducing them in public health and would also

offer the drugs as PEP to rape survivors. Mendel's photographs in this exhibition depicted the effects of AIDS on poor households in Africa. He has photographed images such as parents washing their emaciated grown-up children, AIDS orphans, widows. The images were an immensely powerful display of how HIV/AIDS is affecting this continent, particularly as, says Cameron, Mendel "has involved himself with the extremity of his subjects' struggle, who are at the very edge of life".

Extract:

... In all of this the artist is depicting a truth. But his work also makes a call to action. The exhibition challenges those who view it to take a position on the lives and the deaths of those it represents.

That call to action echoes the most urgent current question in our national life. It is true that we have a 'crisis of AIDS' in our country. On the one hand that crisis is one of illness and suffering and dying - dying on a larger scale and in conspicuously different patterns from before; on a scale globally that dwarfs any disease or epidemic the world has known for more than six centuries. On the other hand that crisis is one of leadership and management - a challenge to every person with power and resources and skills to use them to alleviate and obviate suffering and death on this scale.

But most importantly, and most tragically, in our nation that crisis is also one of truth-telling. The most fundamental crisis in the AIDS epidemic is our nation's struggle to identify and confront and act on the truth about AIDS.

This third crisis in AIDS had been engendered by those in our country who deny the facts about AIDS. There are those who deny that AIDS has introduced disturbingly new patterns of disease and dying to our sub-continent. They deny that these new patterns are the result of an infectious agent, a virus, one that is mostly sexually transmitted; one that enters the human body, and attacks the immune system, and destroys it through retroviral activity, rendering it vulnerable to attack by a host of infections.

Crucially, these deniers also reject the most signal truth in the AIDS epidemic. This is that the destructive activity of the virus within the human body can be completely contained by carefully administered and properly monitored anti-retroviral medications.

The deniers revile those speaking the truth about AIDS for engaging in 'scare-mongering'. They attack them as agents of an 'omnipotent apparatus' engaged in 'a massive political-commercial campaign to promote anti-retroviral drugs'. They condemn those speaking the truth about AIDS for a supposed campaign 'to medicalise poverty

and underdevelopment'.

They depict the facts about AIDS as a monstrous plot against Africans because they are black. In this the denial of AIDS represents the ultimate relic of apartheid's racially imposed consciousness, and the deniers achieve the ultimate victory of the apartheid mindset. The cost is immeasurable. The acts and words of the deniers have at every level paralysed our national response to the epidemic. They have confused our planning and befuddled our strategies. They have confounded our insights, sapped our energies and dispirited our determination to act.

And, most significantly, they have silenced all too many voices amongst those who are experiencing the epidemic in their own bodies and their own families and in their own communities. The deniers have re-created shame, and re-imposed silence, in an epidemic where the struggle for twenty years has been to create voices and to defeat shame.

The denial of the facts about AIDS is not only an outrage against the truth. It is a profound insult to those South Africans who are living with and dying from the effects of the virus. They deny us the dignity of our suffering. They deny us the dignity of our struggle for life against the workings of a viral agent. Most importantly, they deny us the dignity of the truth, and the power and hope, and the opportunities for action, that acceptance of the truth brings.

In countless villages and townships and cities and settlements in South Africa, where the virus is taking its toll of health and life amongst our people, the terrible truth about AIDS is being born and lived and died. Our people are being born, are living with, and dying from that truth. They are living that truth in the rising fevers, the wasting of flesh and the slow, agonised cessation of bodily functions that result from the virus.

Their suffering is being increased and is being prolonged incalculably by the deniers. But, as we have seen today, from the terrible grief of those affected by the virus a terrible determination arises: a determination to defeat untruth and misrepresentation and distortion, and to assert hope.

That is the ultimate significance of the unforgettable images of this exhibition: that untruth and inaction are the greatest crimes of all. Let us take an angry inspiration, and a deep determination, from that.

Genre: The speech to open an art exhibition usually confines itself to discussion of the work itself so in a sense Cameron's speech was somewhat atypical. However, in the face of Mendel's carefully constructed photographic evidence of the effects of AIDS, denial of the disease seems incomprehensible, which is perhaps why Cameron chose to address this theme in opening the exhibition. The audience would have been made up of invited guests who shared an affinity with the subject or the photographer or were associated with the gallery in some way. Most would thus be a sympathetic audience open to the ideas Cameron, a well-respected judge, might have to offer.

Discourses: The central discourse of the speech is Cameron's assertion that the truth about AIDS is impossible to deny, and that while the "denialists" are doing a great deal of damage they are also inadvertently making people determined to take action against AIDS. His is an activist speech too as he calls inaction and untruth "the greatest crimes".

Style: Cameron's style is direct. He uses short sentences and constructs an argument that is lucid and compelling. The argument reaches a powerful pitch when he personalises the matter, reminding his audience that he too is living with HIV and that his reality is being denied. Shortly after this reminder, he calls on the audience to "take angry inspiration" from the photographs and the truth about AIDS.

Textual analysis: Throughout the speech, Cameron sets up "truth" (which is mentioned 11 times) as being the antithesis of "denial" (which, together with "deniers" and "deny", is mentioned 12 times). Truth is portrayed as pitiless and inescapable. "A truth" is to be found in Mendel's work. "The terrible truth" about AIDS is "being born and lived and died in countless villages and townships and cities and settlements". "Our people", an intimate description of citizens, are "being born, are living with and dying from" this truth. Yet there is also another truth, says Cameron. This is the "most signal truth" about the epidemic: that it can be "completely contained" by the proper use of antiretroviral drugs. Yet "our nation", again an intimate description, is struggling to tell the truth about HIV/AIDS. This would entail recognising ARVs and, by implication, treating people.

In contrast to the truth, there are “those who deny the facts about AIDS”. Those who deny these facts also “reject”, “revile”, “attack”, “condemn” and “silence” “the truth” and those who seek to tell the truth. These “deniers” seek to deny the patterns of death and dying being lived by people with HIV/AIDS. Cameron makes a reference to the Castro Hlongwane document, repeating the document’s claims about the “omnipotent apparatus” that is involved in “a massive political-commercial campaign to promote anti-retroviral drugs” as a view of the denialists. He then personalises that matter, drawing a direct antithesis between those to deny the facts about AIDS and those, including himself, who are living with the virus. Not only is denial “an outrage against the truth”, but it is also “a profound insult” to those living and dying with HIV. The deniers are “they”, outsiders who perpetrate injustice upon “us”, people living with HIV/AIDS. Denial has entailed a “recreation of shame and a reimposition of shame”. It has resulted in prolonging the suffering of those affected by HIV. But, in another antithesis, this denial has also resulted in “a determination to defeat untruth and misrepresentation and distortion” – all equivalences associated with those who deny “the truth” about AIDS.

Without responding directly to Mbeki, Cameron makes reference instead to his argument that the Western perceptions about Africa and African sexuality may be driving orthodox views about HIV/AIDS. Those who believe that AIDS could be a racist “plot against Africans because they are black” entails the deniers being victims of “apartheid’s racially imposed consciousness” as they have chosen a racial rationale for denial rather than engaging with the truth. By doing so, the deniers “achieve the ultimate victory of the apartheid mindset”, says Cameron, as this denial has entailed the “(paralysis of) our national response to the epidemic”, “confusing our planning”, “befuddling our strategies”, “(confounding) insights”, “(sapping) our energy and (dispiriting) our determination to act”. Most significantly, the deniers have silenced “too many voices” of those living with AIDS. Thus, Cameron sets up a powerful but subtle equivalence between those who deny the “truth” about AIDS and those of the “apartheid mindset” who sought to subjugate, silence and ultimately, to kill, black people. It is a chilling argument that is, in many ways, a curved ball in response to Mbeki’s questioning whether those who questioned him were serving a racist agenda.

5. Conclusion

This dissertation has mapped out Mbeki's views on HIV/AIDS, starting from his orthodox, conventional view that HIV causes AIDS in 1998 to a position, by early 2000, where he cast doubt on whether a single virus such as HIV could cause a syndrome such as AIDS. It aimed to establish as a matter of public record, and an examination of presidential communication, what characterised Mbeki's stance during his orthodox and dissident phases and how he reacted to his critics. By applying aspects of critical discourse analysis to texts produced by Mbeki – letters, articles and speeches – certain patterns emerge. These include Mbeki's fascination with science; his interest in considering unorthodox and unpopular positions; his desire to defend those who feel that the establishment was discriminating against them, from the Virodene researchers to the AIDS dissidents, his use of conspiracy theories to explain away opposition to his position and his intimidation of opponents by resorting to racism.

It has been argued that Mbeki had declared that HIV did not cause AIDS, that he had rejected Western science about HIV/AIDS because he believed it was based on racism and that he had cynically delayed anti-retroviral treatment because it was too costly for his government. However, this dissertation has tried to show that Mbeki's views were not that crude or simplistic. He genuinely engaged with the science of HIV/AIDS in an attempt to understand the epidemic and the forces driving it. In this sense, then, his interest in AIDS dissidents was not that of a sophist looking for excuses to disguise a neo-liberal economic policy aimed at cutting public health spending but one of a genuine believer, convinced by the scientific arguments advanced by dissidents such as David Rasnick and Anthony Brink. In addition, the controversy caused when Mbeki decided to defend and promote Virodene, and the subsequent discovery that the substance was little more than an industrial solvent, could have played a role in Mbeki's increasing scepticism of a drug-based response to HIV/AIDS. This scepticism could have ultimately led Mbeki to question the role of the pharmaceutical companies in addressing HIV/AIDS, and this could have led him to consider the theories propagated by the AIDS dissidents.

There is no doubt that Mbeki's stance on HIV/AIDS has cost him dearly in terms of local and international credibility. He has lost the trust of people living with HIV/AIDS and alienated orthodox scientists and international leaders. He has caused confusion within government and even prompted his predecessor, Nelson Mandela, to speak out against his views on HIV/AIDS. This loss of trust came within a year of Mbeki being elected as president of a country that is still developing its democratic traditions. In order to defend himself, Mbeki resorted to levelling race-based insults at his critics, implying that his white critics were racist and his black critics were mere "Uncle Toms". In dealing with his critics, he frequently denigrated as racist those who opposed his views on HIV/AIDS without dealing with the substance of their criticisms. This is a common tactic of Mbeki's that serves to deflect public attention from the content of the criticism to an emotive issue such as racism. Thus, although he claims that his positions on HIV/AIDS are based on scientific reasoning, he resorts to irrational, unscientific labelling to defeat his critics rather than defending his position using science. This form of defence has become a trademark of the Mbeki government, and does not bode well for future debate on important policy issues. Like the careful spin-doctoring of New Labour that serves to give the British public "the line" rather than involve citizens in genuine dialogue, such an approach serves to limit public debate by intimidating those with views that are opposed to the president. This approach is an example of the powerful denying space to, and thus effectively censoring, those with less power. This is precisely the charge that the dissident scientists level against the scientific establishment, and which struck such a chord with Mbeki that he took up their cause and apparent isolation with world leaders.

By late 2001, Mbeki had largely withdrawn from any public involvement with HIV/AIDS and delegated all presidential responsibilities on the epidemic to Deputy President Jacob Zuma. This was after he had admitted both in Parliament and to the ANC's National Executive Committee that his views on HIV/AIDS had caused confusion. Although his government is poised to implement the world's biggest anti-retroviral treatment programme, it is still unclear whether Mbeki has given up on his dissident sympathies. Mbeki has never publicly refuted his earlier position that a virus cannot cause a syndrome or stated his public support for the antiretroviral roll-out.

In a flash back to his dissident heyday, Mbeki disputed in an interview in June this year, that life expectancy in Africa had dropped to 47 years of age. In response to this statement from the interviewer, he said:

That statistic is wrong. I've seen it in another report and I've asked where it comes from. It's a perception. No one can substantiate that thing. There's no way that in a situation in which people have got better access to clean water, better access to medical services and all of those things, life expectancy would drop. It's illogical. What is it that is killing them? (Mahabane 2003)

During a trip to the US in September this year, he said that he did not know anyone who had died of AIDS or anyone who was HIV positive. "Personally, I don't know anybody who has died of AIDS. I really, honestly don't," he was quoted as saying (Slevin 2003).

Health minister Dr Manto Tshabalala-Msimang, a renowned supporter of Mbeki's bizarre stance on HIV/AIDS, has also sent out mixed signals this year. Earlier in the year, she appointed AIDS dissident Dr Robert Giraldo as a special advisor on nutrition to the health ministry. In addition, she attempted to get natural remedies and immune-boosters such as the African potato offered as an alternative to antiretroviral drugs as part of the national antiretroviral operational plan (personal interview, members of the team advising government on the ARV rollout).

However, Mbeki made a curious and very subtle appeal for behaviour change in February 2002, when he wrote: "We are waging the ABC ['Abstain, Be faithful, Condomise'] campaign with regard to AIDS. It can only succeed if the people themselves take responsibility for their lives and do the things raised by the campaign."²² Although framed very subtly, it was the first such appeal he had made since 1999, and possibly indicates a shift in position back to a more orthodox view on HIV/AIDS. In addition, the Cabinet has resolved that every health district in the country should offer antiretroviral drugs to those who need them but cannot afford to buy them. However, it is hard to tell whether such a remark and policy shift marks a genuine change in mindset or whether it is based on strategy. Next year is a general

election and the 10th anniversary of South Africa's democracy. Opinion surveys over the past few years have shown that Mbeki has lost popularity over his HIV/AIDS stance. The biggest HIV/AIDS study with a sample of 10 000 people released in November last year found that over 90% of South Africans of all races believed that government should supply citizens with ARVs in public health.²³ It is still unclear whether government's move towards ARV roll-out is supported by Mbeki and, if so, whether it demonstrates that he has changed his views or whether this is a calculated political decision to ensure that the ANC government does not lose support and votes.

While Mbeki's current personal views on HIV/AIDS are unknown, it is very significant that his government has embraced the idea that antiretroviral drugs are necessary and is operationalising their introduction at health districts throughout the country. This indicates that, although Mbeki was able to hold the centre stage with his dissident views for quite some time, the internal democracy within the ANC and government was able to ensure that this humane position, which is going to be very costly to the fiscus, was finally adopted. But although South Africa is about to launch a massive ARV programme in public health, the country still lacks the leadership to address HIV/AIDS adequately. Citizens are not sure whether Mbeki has changed his mind or whether he has simply opted to fall in line with the predominant view within government. If he has reverted back to an orthodox view on HIV/AIDS, it appears that he has not changed his decision to withdraw from addressing HIV/AIDS in public as he still does not mention the epidemic. However, the ARV roll-out is complicated and requires commitment and dedication from government officials if it is to be successful. Such commitment and dedication is necessary from high profile leaders. As long as doubt remains about whether Mbeki is an AIDS dissident or not, many government officials and ANC leaders are likely to be unsure about how vigorously they should support the ARV programme as they fear the president's wrath and the possibility of losing their positions.

There are many aspects of Mbeki's engagement with HIV/AIDS that need further investigation. This dissertation has sought to identify trends within Mbeki's speeches

²² Mbeki, T. (February 1 – 7 2002) Letter from the President: Letsema Volunteer Campaign – giving effect to the concept and goal of a new patriotism". ANC Today Volume 2, No 5.

²³ The HSRC/ Nelson Mandela Household Study on HIV/AIDS, released in November 2002.

and language-based devices he used to develop his arguments as an examination of presidential communication. However, there is a need to try to understand why Mbeki became interested in AIDS dissidents and what sparked this interest. Despite Mbeki's dissident position and the fact that it caused confusion and paralysis in government's campaign against HIV/AIDS, ultimately the orthodox position has won the day for a number of reasons. Not least of these are the intense lobbying within government and the ANC for the orthodox position, the mass mobilisation of citizens by organisations such as the TAC, Cosatu and faith-based organisations and the sheer weight of the HIV/AIDS epidemic which has fundamentally altered the patterns of disease and death in this country.

Primary sources: Mbeki's speeches, articles and interviews that deal with HIV/AIDS

Unless otherwise indicated, all listed speeches are available at

www.anc.org.za/ancdocs/history/mbeki

All transcripts of interviews and letters are available at

www.virusmyth.nct/aids/index/tmebki.htm (Note: 'mebki' is correct)

1995:

Address at the Development Planning Summit, 27 November 1995

1998:

March: Virodene article, *Mayibuye*

19 March: Address to ANC Youth League 20th Congress

9 October: Declaration of Partnership Against AIDS

1999

23 September: Address to Non-Aligned Movement Ministerial Meeting, New York

29 October: Address to National Council of Provinces

19 November: Millenium debate, Parliament

1 December: Address on World AIDS Day

31 December: New Year's Eve address

2000

4 February: State of the Nation address, opening of Parliament

10 February: Response to debate on State of Nation Address, Parliament

16 April: Interview by AIDS dissident Joan Shenton on Carte Blanche, M-Net

3 April: Letter to World Leaders on AIDS in Africa

6 May: Remarks at first meeting of Presidential Advisory panel on AIDS

9 July: Speech at the Opening Session of 13th International AIDS Conference, Durban

12 July: Address to National General Council, Port Elizabeth

11 August: Address at 2nd National Institute for Economic Policy Oliver Tambo Lecture

Aug/ Sept: Interview in *Time* magazine (See Karon, T in Bibliography)
19 September: Remarks in Parliament during question time: (“A virus cannot cause a syndrome”, admits causing confusion)
18 October: Report on ANC NEC meeting (See Paton, C. 2000 in Bibliography)
7 December: Statement on the conclusion of local government elections

2001

9 February: State of the Nation address, opening of Parliament
14 March: Response to Question from Leader of the Opposition, Parliamentary question time (to declaring a state of emergency on AIDS)
31 March: Address at Third African Renaissance festival, Durban
24 April: Interview with Debora Patta, “Off the Record”, e-TV
13 June: Address to Scottish Parliament
21 June: Budget Vote of Presidency, Parliament
12 October: Address at the inaugural ZK Matthews Memorial Lecture
2-8 November: Letter from the President, *ANC Today* (Vol 1 No 41)
19 November: Address to National Health Summit
28 December: New Year’s message

2002

6 January: Address on occasion of 90th anniversary of the ANC
1- 7 February: Letter from the President, *ANC Today* (Vol 2, No 5)
8 February: State of the Nation address, Parliament
5 – 11 April: Letter from the President, *ANC Today* (Vol 2, No 14)
16 June: National Youth Day address
18 June: Budget vote of the Presidency
9 July: Launch of the African Union, Durban
12 September: Address to UN General Assembly, New York
16 December: Opening of ANC 51st Congress, Stellenbosch
20 December: Closing of ANC 51st Congress, Stellenbosch

Bibliography

Achmat, Z. (2000) 'It's not just lives that are at risk.' *Sunday Times*, 25 January 2000

Achmat, Z. (2001) Address to AIDS in Context Conference. University of Witwatersrand. April 7 2001.

Anglican Church, Southern African Catholic Bishops Conference, Cosatu and TAC. Joint press statement. September 20 2001.

Altenroxel, L. (2000) 'AIDS debate may undermine youth sex habits.' *The Mercury* September 24 2000.

Barbour R and G Huby. (eds) (1998) *Meddling with mythology: AIDS and the social construction of knowledge*. Routledge: London.

Barnett, T and A Whiteside. (2002). *AIDS in the 21st century*. Hampshire. New York. Palgrave MacMillan.

Barrell, H. (2002) 'Would the real AIDS dissident please reveal himself.' *Mail & Guardian* November 8 2002.

Brink, A. (1999) 'Debating AZT: AZT and heavenly remedies'. www.virusmyth.com

Chothia, F and S Jacobs. 'Remaking the presidency: The tension between co-ordination and centralisation. in Jacobs, S and R Calland (eds). *Thabo Mbeki's World*. Pietermaritzburg, London: University of Natal Press, Zed books.

Crimp, D (ed). (1987) *AIDS: Cultural analysis, cultural activism*. Cambridge, Mass, London. MIT Press.

Department of Health. *National HIV and syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa, 1990 - 2002*. Pretoria: Department of Health, 1990 - 2002.

Donnelly, J. (2001) "Prevention urged in AIDS fight". *Boston Globe* June 7 2001.

Dorrington R, D Bourne, D Bradshaw, R Laubscher, IM Timaeus. *The impact of HIV/AIDS on adult mortality in South Africa*. Cape Town: Medical Research Council, 2001.

Eagleton, T. (1991). *Ideology: An introduction*. London: Verso.

Epstein, S. (1996) *Impure Science: AIDS, activism and the politics of knowledge*. Berkley and Los Angeles. University of California Press.

Fairclough, N. (1989) *Language and Power*. London: Longman

- Fairclough, N. (1992) *Discourse and Social Change*. Cambridge: Polity Press.
- Fairclough, N. (1995a) *Media Discourse*. London & New York: Arnold.
- Fairclough, N. (1995b) *Critical Discourse Analysis*. London & New York: Longman..
- Fairclough, N and R Wodak. (1997) *Critical Discourse Analysis*. In T van Dijk (ed) *Discourse as Social Interaction*. London: Sage.
- Fairclough, N. (1999) 'Democracy and the public sphere in critical research on discourse', in R. Wodak and C. Ludwig (eds) *Challenges in a changing world: Issues in critical discourse analysis*. Vienna: Passagen Verlag
- Fairclough, N. (2000) *New Labour, New Language?* London: Routledge.
- Foucault M. (2000) *Power* (third edition). London: Penguin.
- Foucault M. (1973) *The birth of the clinic: an archeology of medical perception*, London: Tavistock.
- Foucault, M. (1972) *The Archaeology of Knowledge*. (Translated by A.M. Sheridan-Smith), New York: Harper
- Gramsci, A. (1971) *The Prison Notebooks*. London: Lawrence and Wishart.
- Greenstein, R. (2003) 'Civil society, social movements and power in South Africa.' RAU Sociology seminar. Unpublished paper.
- Grundlingh, L. (2001) A critical historical analysis of government responses to HIV/AIDS in South Africa as reported in the media 1983 – 1994. Unpublished paper, presented at AIDS in Context conference, Johannesburg 2001.
- Grunwald, M. (2003) "In Echo of Apartheid Fight, Public Pushes S. Africa on AIDS". *Washington Post*. January 28 2003.
- Heywood, M. (2000) 'Something is missing in the debate about mother-to-child transmission.' *TAC News*. August 22 2000
- Huckin, T. 1997. *Critical Discourse Analysis*. In T. Miller (ed), *Functional Approaches to Written Text: Classroom Applications*. Washington DC: US Information Agency
- Jacobs, S and R Calland (eds). (2002) *Thabo Mbeki's World*. Pietermaritzburg, London: University of Natal Press, Zed books.
- Jessop, B. (2000). 'The Crisis of the National Spatio-Temporal Fix and the Ecological Dominance of Globalizing Capitalism', *International Journal of Urban and Regional Research*, 24(2), pp.323-360.

Jessop, B. (2000) 'The State and the Contradictions of the Knowledge-driven Economy. in J.R. Bryson, P.W. Daniels, N.D. Henry, and J. Pollard (eds) *Knowledge, Space, Economy*, London: Routledge, pp. 63-78

Johnson, K. (2002) 'State and civil society in contemporary South Africa: Redefining the rules of the game' in Jacobs, S and R Calland (eds). *Thabo Mbeki's World*. Pietermaritzburg, London: University of Natal Press, Zed books.

Johnson L and D Budlender. *HIV risk factors: a review of the demographic, socio-economic, biomedical and behavioural determinants of HIV prevalence in South Africa*. Cape Town: Centre for Actuarial Research, University of Cape Town, 2002.

Johnson RW. (2000) 'The New Apartheid'. *The Spectator*. August 26 2000.

Karon, T. (2000) 'You Cannot Attribute Immune Deficiency Exclusively to a Virus.' *Time* September 11 2000.

Kirby, M. (2001) 'Political commitment, governance and HIV/AIDS'. *Canadian HIV/AIDS Policy and Law Review*. 2001. Vol 6, 1/ 2.

Lifeline, Medicins sans Frontieres, Radio Zibonele, Rape Crisis, Treatment Action Campaign, Wola Nani. 'Joint NGO press release on the recent mis-characterisation of AIDS-related treatment in Khayelitsha'. 25 October 2000.

Magkoba M. (2000) HIV/AIDS: The peril of pseudoscience. *Science*. 2000, 288: 1171.

Marais, H (2000) *To the edge: AIDS Review 2000*. Pretoria. University of Pretoria.

Martin, J. R. (2000) 'Close reading: functional linguistics as a tool for critical discourse analysis. In Unsworth, L. (ed) *Researching Language in Schools and Communities: Functional Linguistic Perspectives*. London and New York: Cassell.

Martin. J. and Rose, D. (2002) *Working with Discourse*. Sydney: Continuum International Publishing Group.

Masland, T. (2002) 'South Africa's lonely rebel'. *Newsweek*. March 11, 2002.

Mbali, Mandisa (2001) 'A Long Illness: Towards a History of NGO, Government and Medical Discourse around AIDS policy-making in South Africa.' *Honours Mini Thesis* University of Natal: 1-119

Mokaba, P and anonymous others. (2002) 'Castro Hlongwane, caravans, cats, geese, foot and mouth and statistics: HIV/AIDS and the struggle for the humanisation of the African.' Unpublished paper.

Mouffe, C. (1993) "Democratic Citizenship and the Political Community". In *Dimensions of Radical Democracy: Pluralism, citizenship, community*. Mouffe, C (ed). London: Verso.

- Paltridge, B. (2000) *Making sense of discourse analysis*. Brisbane: Antipodean Educational Enterprises.
- Paton, C and C Rickard. (2000) 'Mbeki links AIDS to US drug conspiracy.' *Sunday Times*. October 1 2000.
- Richards JC, J Platt and H Platt. (1992) *Longman Dictionary of Language Teaching and Applied Linguistics* (Second edition). Essex: Longman.
- Robins, S. (2002) 'Race, cultural identity and AIDS.' *Sunday Independent*. September 6, 2002
- Schneider, H. (2002). "On the faultline: the politics of AIDS policy in contemporary South Africa". *African Studies* Vol 61 No 1 July 2002. 145-167
- Schneider H, Fassin D. (2002) Denial and defiance: a socio-political analysis of AIDS in South Africa. *AIDS* 2002; 16 (suppl): S1-S7
- Slevin, P. (2003) 'Mbeki says Diplomacy Needed for Zimbabwe.' *Washington Post* September 25 2003.
- Threadgold, T. (2003) 'Cultural Studies, Critical Theory and Critical Discourse Analysis: Histories, Remembering and Futures' *Linguistik online* 14, February 2003.
- Treatment Action Campaign.(2000) 'Statement of legal action against the Minister of Health on mother-to-child transmission prevention of HIV/AIDS.' August 21 2000
- Treatment Action Campaign. (2001) "Meeting with Minister of Health reveals serious divisions", TAC statement, June 12 2001.
- Treatment Action Campaign (2002) 'Memorandum to Mbeki and other government leaders in Parliament.' February 12 2001.
- Treatment Action Campaign (2003) TAC Volunteer form: 'Volunteer for TAC civil disobedience.'
- Triechler, P. (1991) 'AIDS, homophobia and the biomedical discourse: An epidemic of signification.' in Crimp, D. *AIDS: Cultural analysis, cultural activism*. Third edition Cambridge, Mass, London. MIT Press.
- Triechler, P. (1999) *How to have theory in an epidemic: Cultural chronicles of AIDS*. Durham and London: Duke University Press
- Van Dijk, T. (1993) Principles of Critical Discourse Analysis. *Discourse and Society* 4 249-283.
- Ward, D. (1999) *The AmFAR AIDS Handbook: The Complete Guide to Understanding HIV and AIDS*. New York, London: W.w. Norton & Company.

Wallace, C. (1992). 'Critical Awareness in the EFL Classroom'. In Fairclough, N. (ed) *Critical Language Awareness*. London and New York: Longman.

Widdowson, H. (1998.) 'Review Article: The Theory and Practice of Critical Discourse Analysis.' *Applied Linguistics* 19 1:136-51

Wodak, R (1996) *Disorders of Discourse*. London: Longman.

World Health Organisation. (1986) 'Acquired Immunodeficiency Syndrome (AIDS): WHO/CDC case definition for AIDS'. Weekly Epidemiological Record. Geneva: World Health Organisation March 7 1986.

Appendix: Chronology of HIV/AIDS treatment access debate 1998-2003

1998:

March: Virodene article, Mayibuye

9 October: Declaration of Partnership Against AIDS, an alliance of the public and private sector.

10 December: Treatment Action Campaign is launched

1999

29 October: Thabo Mbeki addresses National Council of Provinces and warns that AZT is toxic

2 December: AIDS dissident Dr Charles Gesheker meets Health Minister Dr Manto Tshabalala-Msimang

2000

19 January: Mbeki's office faxes a list of eight questions about HIV/AIDS to leading AIDS dissident David Rasnick.

20 January: Rasnick faxes a reply to Mbeki, suggesting that the president consider 5 "fundamental" questions

21 January: Mbeki phones Rasnick in the US and asks whether Rasnick will assist him to answer queries about HIV, AIDS and AZT.

20 March: Presidential spokesperson Parks Mankhalana defends Mbeki's stance in *Business Day*.

20 April: Mbeki refuses to take an HIV test.

23 April: Mbeki defends his HIV/AIDS position in a letter to world leaders

22 May: Mbeki meets Clinton and denies saying AZT is toxic.

July: South Africa hosts the International AIDS Conference in Durban. Prominent scientists publish the Durban Declaration setting out that HIV causes AIDS. Mbeki's spokesperson, Parks Mankhalana, says the declaration belongs in the dustbin.

20 September: Mbeki asks in Parliament how a virus can cause a syndrome.

26 October: Presidential spokesperson Parks Mankhalana dies, allegedly of an AIDS-related illness.

2001:

March: Opposition leader Tony Leon asks government to declare AIDS an emergency.

21 August: TAC, Dr Haroon Saloojee and the Children's Rights Centre file a notice of motion in the Pretoria High Court that they intend to compel the Minister of Health and her provincial MECs to make Nevirapine available to pregnant women with HIV who give birth in the public health sector, and to their babies, where in the judgment of the attending medical practitioner or health professional this is medically indicated

September: Mbeki asks the health minister to investigate the incidence of death statistics.

December - The Pretoria High Court orders the South African government to provide antiretrovirals (ARVs) to all HIV-positive pregnant women after a court case brought against the government by the Treatment Action Campaign (TAC).

2002:

21 January - The KwaZulu-Natal provincial government announces that HIV-positive pregnant women in state hospitals will receive nevirapine.

1 February - Medecins Sans Frontieres (MSF) and TAC announce they are importing generic drugs from Brazil for their pilot ARV programmes.

28 March - The government announces it will appeal the Pretoria High Court judgement, ordering them to provide nevirapine to HIV-positive pregnant women, in the Constitutional Court.

5 April - The 2001 High Court decision ordering the state to roll out nevirapine is upheld by the Constitutional Court.

17 April - In a Cabinet briefing, government announces that survivors of sexual assault and rape can finally receive ARVs.

9 June: Outspoken ANC dissident Peter Mokaba dies of "natural causes", according to the ANC.

August - Mining giant Anglo American says it will pay for ARVs for its workers, as part of its expanded HIV/AIDS strategy.

October - During the launch of its "Campaign of Hope" for AIDS, cabinet issues a statement acknowledging that ARVs could "improve the condition of people living with HIV/AIDS" and says government is addressing challenges such as drug prices "to make it feasible and effective

to use antiretrovirals in the public health sector".

14 October - Deputy-President Jacob Zuma meets TAC for the first time.

25 December - The National Association of People Living with HIV/AIDS launch a fasting protest outside the offices of GlaxoSmithKline as part of its 'Black Christmas' campaign to demand free ARVs.

2003

14 February – Over 10 000 AIDS activists march to the opening of parliament to call for a national treatment plan to provide free ARVs to all those who need them.

27 February - Finance minister Trevor Manuel announces plans to almost double the amount spent on HIV/AIDS to extend preventative programmes and finance "medically appropriate" treatment for HIV/AIDS.

28 February - Government misses the TAC deadline for signing the NEDLAC framework agreement for a national HIV/AIDS treatment and prevention plan.

March - AIDS dissident Roberto Giraldo appointed as health minister's nutritional adviser.

20 March - TAC launches its civil disobedience "Dying for Treatment" campaign and lay charges of culpable homicide against Tshabalala-Msimang, and Minister for Trade and Industry Alec Erwin, for failing to prevent an estimated 600 AIDS-related deaths every day.

23 April - South Africa's AIDS policies are failing and the government urgently needs to make drugs freely available, a report by the South African Human Rights Commission (SAHRC) says.

1 May - Following a meeting with Deputy-President Zuma, TAC announces it will suspend its civil disobedience action.

28 July - The Medicines Control Council (MCC) gives pharmaceutical company Boehringer-Ingelheim 90 days to provide new data on the safety of nevirapine.

August - TAC decides to resume the civil disobedience campaign.

8 August - Cabinet issues a statement instructing the health department to develop a "detailed operational plan" for the ARV rollout.

19 November: Cabinet gives the ARV rollout operational plan the go-ahead.